

STANDING ORDER CERTIFICATION FORM:

Practitioner Name:
Practitioner Address:
Practitioner Phone:
Date:
<i>Shipment Information</i>
Recipient Name:
Recipient Title:
Recipient Address:

By signing this Certification form, I certify that, under applicable state law, I may (1) purchase and possess quantities of EpiPen® (epinephrine) or EpiPen Jr® Auto-Injectors (the "Product"), (2) prescribe, furnish and administer the Product to patients, (3) issue standing orders or otherwise delegate to appropriate persons the authority to prescribe, furnish or administer the Product to a student at a School or involved in a School-related activity, and (4) ship, or direct shipment of, quantities of the Product to a School for prescribing, furnishing or administering to a student at the School or involved in a School-related activity.

Practitioner Signature: _____ Date: _____