



## Community Pharmacist Support for Alberta's Schools and Students Application Form

Please complete the below form and email to Krystal Whyznyk at [krystal.Wynnyk@rxa.ca](mailto:krystal.Wynnyk@rxa.ca).

Pharmacy Name: \_\_\_\_\_ ACP Pharmacy License #: \_\_\_\_\_

Pharmacy Licensee: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ School Email: \_\_\_\_\_

Authorized School Board Representative: \_\_\_\_\_

### Pharmacist Requirements

- Must be a RxA Member in good standing
- Self-assessment of anaphylaxis management competence
- Available Epinephrine Training Kit
- Complete and retain copy of Designation of Authorized School Form
- Initial training of recognition and response to anaphylaxis provided to school representative
- Complete follow-up survey and distribute surveys to school staff
- Serve as an ongoing resource for the school

I have read and agree to provide services outlined in the *Community Pharmacist Support for Alberta's Schools and Students* Letter of Intent for the distribution and training of epinephrine auto-injectors and ongoing support of Alberta school staff and students.

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Pharmacist Name Printed

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Pharmacist Signature

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Date

Please email completed form to Krystal Whyznyk at [krystal.Wynnyk@rxa.ca](mailto:krystal.Wynnyk@rxa.ca).