Please Print.

Company / School Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: ( ) _____ - _____ Fax: ( ) _____ - _____

Please also include a signed Purchase Order with this form, for the product(s) being ordered.

This Certificate of Authority is executed on behalf of the above named Company/School as well as other locations listed in attached list which are authorized to purchase the Medical Device(s) and/or prescription drug(s) (checked below) from School Health Corporation.

Medical Devices being ordered*: Please check boxes

☐ **Ultrasound Unit** ☐ **Muscle Stimulator/T.E.N.S.**

The Company/School named above is solely responsible for meeting all federal, state, and local training requirements and laws concerning said medical device(s).

Physician/Licensed Practitioner Name: _____ *State License**/Cert. No.:* _____

Signature: _____ *Date:* _____

AEDs* being ordered: Please check box

☐ **AED**

The Company/School named above is solely responsible for meeting all federal, state, and local training requirements concerning emergency response procedures and use of automated external defibrillator(s).

Physician/Authorized Prescriber Name: _____ *State License Number**:* _____

Signature: _____ *Date:* _____

Prescription Pharmaceuticals* being ordered: Please check boxes

☐ **EpiPen® Regular/Junior** ☐ **Auvi-Q** ☐ **Prescription Drugs:** _____

This is to certify that all such drugs will be prescribed, dispensed or administered under the supervision of a practitioner licensed by law to prescribe, dispense and/or administer such drugs.

Physician/Licensed Practitioner Name: _____

DEA Registration Number: _____ *State License Number**:* _____

Signature: _____ *Date:* _____

The Food & Drug Administration considers defibrillators to be prescription devices pursuant to 21 CFR 801.109 and medical authorization is required. Most states provide immunity from civil liability to the physician prescribing an AED. State legislation can be accessed through your state's website, medical board or on http://www.aedhelp.com.

* If medical devices, AEDs, and prescription pharmaceuticals are to be used in other locations besides the address listed, please attach a separate list and submit with this form. **Please include a copy of the State License for the above named practitioner.