

Today _____, I am working as a Pediatric Observation Nurse at
_____ Affiliated Physicians Vaccination Clinic. Prior to the event start time,
Head Clinician/ Managing Lead _____ completed a training on the emergency
medication standing orders. I am aware of the dosage of all pediatric emergency medications, how to
administer them and when to activate EMS. I am capable and prepared to take vital signs during any
medical emergency.

Pediatric Observation Nurse Names: (print and sign)

_____	_____
_____	_____
_____	_____
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_____	_____

Head Clinician / Managing Lead: (print & sign)

_____	_____
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Site Manager: (print & sign)

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