



Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Date \_\_\_\_\_

To Whom It May Concern;

As Medical Director of \_\_\_\_\_, I strongly support efforts to implement a program, which includes training, where basic EMT personnel will be allowed to administer Syringe Epinephrine (SEK). I have reviewed their policy regarding this treatment, quality assurance process, and the required documentation when the Syringe Epinephrine (SEK) is used for patient care.

Sincerely, Agency Chief/EMS Capt.:

\_\_\_\_\_  
Print Sign Date

Agency Medical Director:

\_\_\_\_\_  
Print Sign Date