



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
(909) 388-5823 FAX: (909) 388-5825

DRUG AND EQUIPMENT WAIVER REQUEST FORM

Date: _____

Provider Name: _____

Requested By: _____
Name, Title (Please Print)

Name of Medication or Equipment: _____

Concentration (mg/ml): _____

Attempted to locate approved equip. or meds from other sources: Yes No

Substitution Request (Alt. equipment/packaging, concentration, or amount): Yes No N/A

Requested Substitution: _____

Concentration (mg/ml): _____

Training provided for substitution: Yes No N/A

You are advised that your agency and ordering medical director is solely responsible for full compliance with all local, state, and federal regulations governing purchase, distribution, storage and administration of all medications including controlled substances. Any loss or diversion of such substances must be immediately reported to ICEMA and appropriate state or federal agencies. The provider agency must provide adequate education to staff to prevent potential medication errors and document the completion of this education on an approved ICEMA Education Roster.

Provider must notify ICEMA immediately if the shortage or substitution adversely impacts the care of any patient.

ICEMA USE ONLY

Date Received: _____

Waiver Requirements Verified: Yes No

Waiver Granted: Yes No

Waiver Length: 30 Days.

Date Granted: _____

Approved by: _____