Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA2185**
December 2026

| **APPLICANT** (stamp or sticker acceptable) | **PATIENT** NHI: ..... | **REFERRER** Reg No: ..... |
|---|---|---|
| Reg No: ..... | First Names: ..... | First Names: ..... |
| Name: ..... | Surname: ..... | Surname: ..... |
| Address: ..... | DOB: ..... | Address: ..... |
| ..... | Address: ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |

## Adrenaline

**Initial application — anaphylaxis**
Applications from any relevant practitioner. Approvals valid without further renewal unless notified.
**Prerequisites**(tick boxes where appropriate)

☐ Patient has experienced an anaphylactic reaction which has resulted in presentation to a hospital or emergency department

**or**

☐ Patient has been assessed to be at significant risk of anaphylaxis by a relevant practitioner

**and**

☐ Patient is not to be prescribed more than two devices in initial prescription

**I confirm the above details are correct and that in signing this form I understand I may be audited.**

Signed: ..... Date: .....

**Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz**