

**TO BE COMPLETED BY THE PARENT**

I, the undersigned, parent/guardian of \_\_\_\_\_ request that an EpiPen® be administered to my child, as prescribed by the physician. I understand that the school administration will designate trained staff to perform this procedure. It is my understanding that in performance of the procedure, the designated person(s) will be using a standardized procedure that has been approved by the physician. I will notify the school immediately if the health status of my child changes, I change physicians, or the procedure is canceled or changed in any way. I also give my consent to release medical/health records and permission for appropriate school staff to contact the physician/health care provider for additional information if needed.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
FOR SELF-ADMINISTRATION ONLY

I, the parent/guardian of \_\_\_\_\_ request that he/she be allowed to self-administer the EpiPen®. I understand that the school administration will designate trained staff to monitor the procedure. It is my understanding that in performing this procedure my child will be using a standardized procedure that has been approved by the physician.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

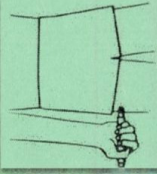
**EMERGENCY CONTACTS**

- 1. \_\_\_\_\_ Relation: \_\_\_\_\_ Daytime phone \_\_\_\_\_
- 2. \_\_\_\_\_ Relation: \_\_\_\_\_ Daytime phone \_\_\_\_\_
- 3. \_\_\_\_\_ Relation: \_\_\_\_\_ Daytime phone \_\_\_\_\_

**FOR OFFICE USE ONLY**

How to Use an Epinephrine Auto-Injector

- 1. Pull off gray safety cap
- 2. Place black tip on outer thigh (always apply to thigh)
- 3. Using a swing and jab motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10.
- 4. Remove and bend needle back on hard surface. Place back in plastic tube and send EpiPen® with patient to hospital.



**MEMBERS**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_