

EMERGENCY CONTACTS

TRAINED STAFF MEMBERS

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____

Name: _____

Name: _____

Name: _____

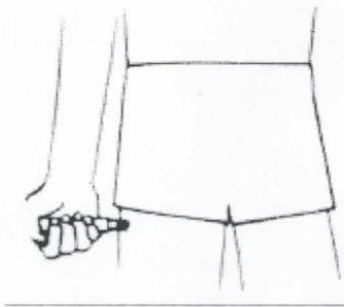
Name: _____

**EpiPen® and EpiPen® Jr.
Directions**

⌚ Pull off gray activation cap.



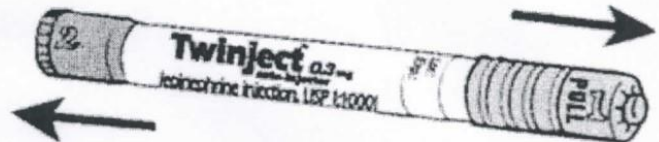
⌚ Hold black tip near outer thigh
(Always apply to thigh).



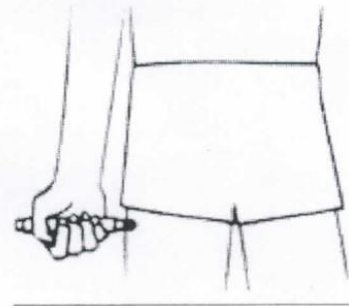
⌚ Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**Twinject® 0.3 mg and Twinject® 0.15 mg
Directions**

⌚ Remove caps labeled "1" and "2."



⌚ Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds and then remove.



I give permission for my son/daughter to self-administer their EpiPen as prescribed by his/her physician.
Yes No

I give permission for the school nurse (or appropriately trained school personnel) to administer EpiPen and share information as deemed necessary for my child's health and safety.

Hospital Preference: _____

Parent Signature: _____ Date: _____

Nurse Signature: _____ Date: _____

Epi-Pen Location(s): _____ Expiration Date(s): _____

