

E P I - P E N S

STUDENT CONTRACT FOR SELF-CARRY/ADMINISTRATION

Name of Student _____ Grade _____

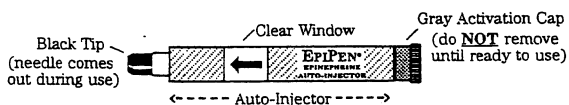
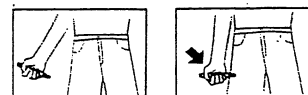
Prescribed Medication _____ Dose _____

Allergy for which Epi-Pen is prescribed _____

INSTRUCTIONS FOR EPIPEN & EPIPEN JR

Use for the emergency treatment of severe allergic reaction (anaphylaxis).

1. Form fist around the auto-injector (black tip down).
2. With your other hand, pull off the gray activation cap.
3. Hold black tip near the outer thigh.
4. Swing and jab firmly into outer thigh so that auto-injector is perpendicular (at a 90 degree angle) to the thigh.
5. Hold firmly in thigh for several seconds.
6. Check the black tip: -if needle is exposed, you received the dose
-if not, repeat steps #3-5
7. *Note:* Most of the liquid (about 90%) stays in the auto-injector
8. Put the unit back into the carrying tube.
9. Go immediately to the nearest hospital or call 911.
10. Tell the physician you have received a dose of epinephrine and give the used auto-injector to the physician.



STUDENT AGREEMENT

In order to carry my medication in the school environment, I agree to the following:

- I understand the above instructions.
- I will not remove my epi-pen from its case unless needed for use.
- I will not allow other students to handle my epi-pen.
- I will keep my epi-pen in a safe location where other students cannot get it.
- I will go directly to the health clinic/office if I am having symptoms that may require the use of my epi-pen.

Student Signature

____/____/____
Date

School Personnel

____/____/____
Date