

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off gray safety cap
2. Place black tip on outer thigh (always apply to thigh)

Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. The EpiPen® unit should then be removed and discarded. Massage the injectin area for 10 seconds.

CONTACTS:

Parent/Guardian: _____ Home# _____ Work# _____ Cell# _____

Parent/Guardian: _____ Home# _____ Work# _____ Cell# _____

Physician/Clinic: _____ Phone# _____

Hospital of choice: _____

***I give Health Service Personnel permission to consult with the above named student's physician regarding any questions that arise about the medical condition and/or medications/treatments/procedures being used to treat the condition.**

***It is recommended that the parent/guardian complete a transportation form from the bus company.**

Parent/Guardian signature: _____ Date _____

*Physician signature: _____ Date _____

*(Only necessary if medication or treatment needed at school)

Health Service Personnel _____ Date _____

- We ask you to complete this form at the beginning of every school year to ensure we have the most current information on your child
 - The school district intends to use the requested information to provide for you child's health and safety while at school.
 - You may refuse to supply the requested personal information. There will be no consequences for not providing the information. It may result in an incomplete health plan for your child.
 - The information you provide will be shared only with staff in the school district where jobs require access to this information to ensure your child's safety
 - If we are unable to reach you or your designee during an emergency we will call 911 for assistance if needed.
 - I give permission for the school health service staff to consult with my child's physician about any questions regarding the listed medication(s) or medical condition(s) being treated,
 - Please contact you school promptly with any changes of information on this form.
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