

D.O.B.: \_\_\_\_

PLACE PICTURE HFRF

Allergy to:

Name:

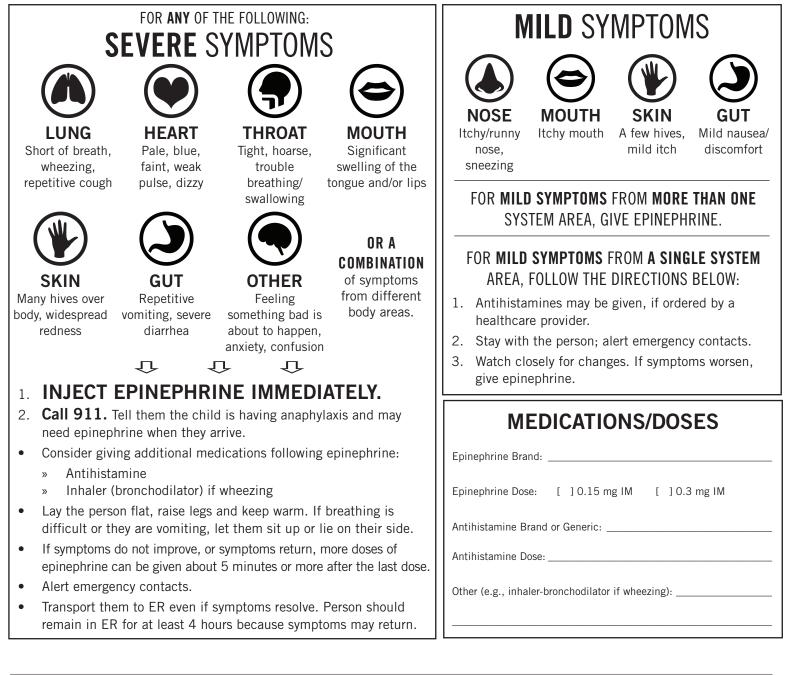
Weight: \_\_\_\_\_ Ibs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

## Extremely reactive to the following foods:

THEREFORE:

- [] If checked, give epinephrine immediately for ANY symptoms if the allergen was likely eaten.
- [] If checked, give epinephrine immediately if the allergen was definitely eaten, even if no symptoms are noted.



PARENT/GUARDIAN AUTHORIZATION SIGNATURE



## **EPIPEN®** (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS

- 1. Remove the EpiPen Auto-Injector from the plastic carrying case.
- 2. Pull off the blue safety release cap.
- 3. Swing and firmly push orange tip against mid-outer thigh.
- 4. Hold for approximately 10 seconds.
- 5. Remove and massage the area for 10 seconds.

## AUVI-Q<sup>™</sup> (EPINEPHRINE INJECTION, USP) DIRECTIONS

- 1. Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
- 2. Pull off red safety guard.
- 3. Place black end against mid-outer thigh.
- 4. Press firmly and hold for 5 seconds.
- 5. Remove from thigh.



- 1. Remove the outer case.
- 2. Remove grey caps labeled "1" and "2".
- 3. Place red rounded tip against mid-outer thigh.
- 4. Press down hard until needle penetrates.
- 5. Hold for 10 seconds. Remove from thigh.



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**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

EMERGENCY CONTACTS — CALL 911		OTHER EMERGENCY CONTACTS
RESCUE SQUAD:		NAME/RELATIONSHIP:
DOCTOR:	PHONE:	PHONE:
PARENT/GUARDIAN:	PHONE:	NAME/RELATIONSHIP:
		PHONE: