## **EpiPen / EpiPen Jr**

### **Student Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name | | | | | | MaleFemale | |
| Date of Birth | School | | | | | Class | |
| Name of Parent/Guardian | | Place student’s photo here | | | | | |
| Phone (Home) | |
| Phone (Work) | |
| Phone (Mobile) | |
| Name of Alternative Contact | |
| Relationship to Student | |
| Phone (Home) | |
| Phone (Work) | |
| Phone (Mobile) | |
| Name of Doctor / Surgery | | | | | Telephone (Surgery) | | |
| List your child’s allergies | | | | | Site of Medical Alert Bracelet  Left arm Right arm  Neck Other | | |
| What are the early warning signs for your child if experiencing an allergic reaction? | | | | | When is this allergic reaction like to occur? | | |
| How do you manage your child’s allergies (EpiPen, tablets, diet?) | | | | | | | |
| Does your child give own EpiPen injection? Yes No | | | | | | | |
| Medication Name | Dosage | | | Frequency | | | Side effects |
|  |  | | |  | | |  |
| Additional information / instructions | | | | | | | |
| Permission for school staff to administer EpiPen in an emergency Yes No | | | | | | | |
| Signature of Parent / Guardian  Date | | | Signature of Principal  Date | | | | |
| Signature of School Nurse  Date | | | Signature of First Aid Officer  Date | | | | |