

is person has a potentially l	ife-threatening allergy (a	naphylaxis) to:							
	(Check the appropriate boxes.)								
	Food(s):								
	Insect stings	Other:							
INSERT PHOTO	Epinephrine Auto-Injector: Expiry Date://								
HERE	Dosage: EpiPen Jr® 0.15 mg EpiPen® 0.3 mg ALLERJECT® 0.15 mg ALLERJECT® 0.3 mg EmeradeTM 0.3 mg EmeradeTM 0.5 mg Location of Auto-Injector(s): Previous anaphylactic reaction: Person is at greater risk. Asthmatic: Person is at greater risk. If person is having a reaction and has difficulty								
						breathing, give epine	phrine auto-injector befo	ore asthma medication.	
					oerson having an anaphylac	tic reaction might have A	NY of these signs and sy	mptoms:	
					Skin system: hives, swelling	(face lins tongue) itchin	g warmth redness		
					Respiratory system (breath		_	st pain or tightness, thro	at tightness, hoarse
					voice, nasal congestion or ha	ay fever-like symptoms (ru	nny, itchy nose and wate	ry eyes, sneezing), troub	le swallowing
Gastrointestinal system (st	·								
Cardiovascular system (healightheadedness, shock	art): paler than normal ski	n colour/blue colour, wea	ak pulse, passing out, diz	ziness or					
Other: anxiety, sense of doo	m (the feeling that someth	ing bad is about to happe	en), headache, uterine cr	amps, metallic taste					
E	arly recognition of symptoms and	immediate treatment could sav	ve α person's life.						
t quickly. The first signs of a	roaction can be mild bu	t symptoms can got wor	so vory guickly						
t quickly. The hist signs of a	reaction can be illia, bu	t symptoms can get wor	se very quickly.						
ve epinephrine auto-inject	or (e.g. EpiPen®. ALLERJEC								
nhvlactic reaction (See attac		CT®, EmeradeTM) at the fi	rst sign of a known or su	spected					
•	ched instructions.)		-						
all 9-1-1 or local emergency	ched instructions.) medical services. Tell ther	n someone is having a lif	e-threatening allergic rea	action.					
all 9-1-1 or local emergency ive a second dose of epinep	ched instructions.) medical services. Tell ther hrine as early as 5 minute	n someone is having a lif s after the first dose if the	e-threatening allergic rea ere is no improvement in	action. symptoms.					
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Date

Physician Signature

On file

Date

Patient/Parent/Guardian Signature