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Consent/Verification/Training of EpiPen Jr. and EpiPen

A separate form must be filled out for each person who administers the medication to the child.

I, _____, give consent for _____
(Print Name of Authorized Representative) (Print Name of Individual Staff)

who work(s) at _____
(Print Name and Address of Child Care Facility)

to deliver the EpiPen Jr. and the EpiPen prefilled automatic injection device for allergic emergencies only for my child: _____
(Print Name of Child)

In addition, I certify that I have personally instructed the above named agency staff on when and how to use the EpiPen Jr and EpiPen.

I have also provided the child care facility with written instructions from my child's physician, or from a health care provider working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner, or registered nurse) on how to deliver the EpiPen Jr and EpiPen.

These instructions include:

- How to properly use the EpiPen Jr. and the EpiPen in accordance with the directions and as prescribed by the physician.
- Keeping the EpiPen Jr. and the EpiPen ready for use at all times. Protecting from exposure to light and extreme heat.
- Known symptoms and side effects
- Noting the expiration date on the unit and replacing the unit prior to that date.
- Replacing any auto-injector if the solution is discolored or contains a precipitate.

(Signature of Authorized Representative)

(Date)

(Address of Authorized Representative)

(Phone number)