

Epi Pen Administration

(To be completed by person who administered epinephrine injection)

Date: _____

Student Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Telephone: _____

Emergency Contact (if notified): _____

Epi Pen #1 Time Given: _____ Epi Pen #2 Time Given: _____

Time 911 Call was placed: _____ By : _____

The following people have been notified: _____ Parent/Guardian or Emergency Contact Person
_____ Building Administrator _____ ISD Supervisor

Child transported via: _____ EMS _____ Parent/Guardian/Emergency Contact

Staff Members involved with incident (please list all staff witness/participants):

Additional Information

Print Name

Title

Signature

Date

***Send completed form to your supervisor at the Menominee County ISD**