## **RIVERVIEW SCHOOL DISTRICT NO. 407**

## EMERGENCY INSTRUCTIONS - INJECTABLE MEDICATION, EpiPen

Student Name:				Date:			
School:					Grade:	Room:	
Allergic to:							
Observe for:	1. 2. 3. 4. 5.	Difficulty in Weak, rapid Difficulty in		nal cramps			
Action steps:	1. 2.						
		Mother/Fath	ner/Guardian		Iome Phone	Work Phone	
		Name of En	nergency Cont	act P	Phone		
	3.	Give EMER	GENCY MED	DICATION (	(Injection)		
Medication In	structi	ons:Name of M		Dosage	How Given	Where Stored	
Persons Train <u>Name</u>		Give Injection:		<u>Location</u>		Date Trained	
Licensed Hea	lth Car	e Provider:	Name			Phone Number	
Preferred Hos	spital:		Name			Phone Number	
Other Instruct	tions:						
		School	ol Nurse			Date	