PROTOCOLS FOR EPI-PEN TRAINING

Name of School:_____ **Nurse:**_____

1. Review "Signs and Symptoms" of Severe Allergic Reactions (Section III page 6)
2. Demonstrate use of Epi-Pen using Epi-Pen Trainer (Training shall be done at least once a year for staff potentially responsible for Epi-Pen administration).
3. Have staff person give return demonstration
4. Review procedures to follow if administer Epi-Pen
    1. Call 911
    2. Stay with student
    3. Notify School

EPI-PEN TRAINING DOCUMENTATION		
DATE	**TEACHER**	**NURSE'S SIGNATURE**

REV 9/07