

Saint Thomas Academy
Epi-Pen Letter

Date: _____

Re: _____

Birthdate: _____

To the Physician:

Please indicate specifically how you would like us to administer the Epi-pen.

The Epi-pen is to be used after exposure to the following allergens:

Administer the Epi-pen as follows (check one):

_____ Immediately after exposure to the above listed allergen(s)

_____ Only if the following symptoms are exhibited:

Whenever an Epi-pen is administered, 911 is called immediately.

If you have any additional instructions please list them:

Signed: _____

Physician

Phone Number: _____

Date: _____