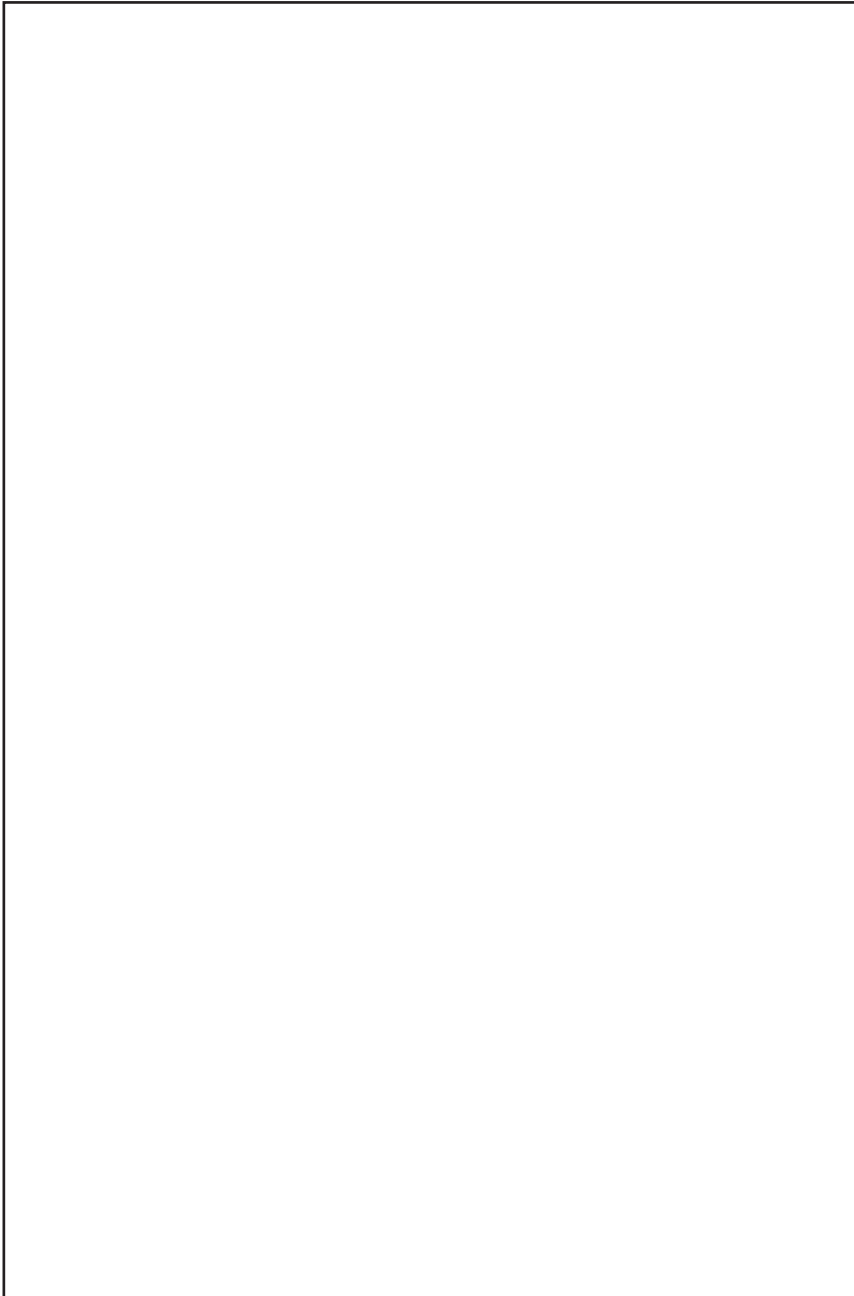


Name: _____ D.O.B.: _____

PLACE

Allergy to: _____

Weight: _____ lbs. Asthma: [] Yes (higher risk for a severe reaction) [] No



EPIPEN® A

1. Remove
2. Remove twisting
3. Swing
4. Hold r
5. Remove 10 sec

ADREN

1. Rem
2. Rer
3. Plac
4. Pre
5. Ho



OTHI

...ine, may self-administer epinephrine, etc.)