Epi-Pen Care Plan

|  |  |
| --- | --- |
| Name (Student)AddressTelephone |  |
| EmergencyContact x1 |  |
| EmergencyContact x2 |  |
| **Triggers** |  |
| **Emergency Medication**How much/how to give |  |
| **Daily Medicine** | We need to know this so this information can be passed to ambulance services. |
| Any other information you would like us to share with the contractors |  |

**This form will be shared with the contractor providing transport.**