



School Health Program

Student Checklist

Administration of Epinephrine Auto-Injector for Severe Allergic Reaction

Student Name: _____ DOB: _____

School Nurse: _____ Date: _____

The student has demonstrated understanding and competency consistently:

SKILLS	YES	NO	COMMENTS
States name of medication			
States why the medication is needed			
States when to call 911			
States personal symptoms of an allergic reaction			
Demonstrates the correct procedure for using an auto-injector (using trainer): A. Remove from the outer case (if applicable) B. Remove safety cap C. Proper site for administration D. Understands that the auto-injector can be used through clothing E. Presses tightly against the thigh until it clicks F. Holds in place for 3 seconds G. Rubs/massages thigh for another 10 seconds H. Understands that auto-injector is used one time I. Notifies teacher/adult to call 911 J. Gives the used auto-injector to EMS			

The student agrees to follow the safety precautions with medication compliancy and to report any discomfort or distress.

Student Signature _____ Date: _____

Parent Name/Signature _____ Date _____

Quarterly review acknowledges that the student listed above demonstrates the listed skills

School Nurse Signature _____ Date _____

Review Dates: _____