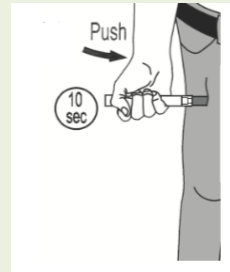


Child's name	DOB
Allergic to	

Mother's #	Father's #
Doctor's #	Others' #

1. Remove Epipen from the clear tube
2. Grasp in your fist (blue pointing towards the sky)
3. Remove the blue safety by pulling up (use other hand)
4. **Push the Epipen firmly** into the middle of the **outer thigh** until you hear a click
5. Count 10 seconds (1001, 1002 ... 1010)
6. Remove and call for help



Mild symptoms (IF > 1)	Severe symptoms (ANY of them)
Itchy or runny nose, sneezing	Shortness of breath, wheezing, repetitive cough
Itchy mouth	Pale/bluish skin, faintness, weak pulse, dizziness
Few hives	Tight/hoarse throat, trouble breathing or swallowing
Mild nausea or discomfort	Swelling of tongue or lips
↓	Many hives over body, widespread redness
Give Epipen if more than 1 mild symptom	Repetitive vomiting, severe diarrhea
	Anxiety, confusion
	↓
	Give Epipen for ANY of the severe symptoms