



# EpiPen Verification Form

Form 19F

STUDENT NAME: \_\_\_\_\_ ALLERGEN: \_\_\_\_\_

Must have EpiPen (or other brand auto-injector) and completed form daily in order to have a lesson. Parent or person authorized to give injection must be present at lessons daily.

WEEK OF:	TIME	EpiPen AT POOLSIDE Y/N	EXPIRATION DATE	SIGNATURE OF PARENT/ CAREGIVER	SIGNATURE OF INSTRUCTOR
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

WEEK OF:	TIME	EpiPen AT POOLSIDE Y/N	EXPIRATION DATE	SIGNATURE OF PARENT/ CAREGIVER	SIGNATURE OF INSTRUCTOR
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					