	Epi-pen Medication Authorization and Car Authorization for the Administration of Medicine by C Homes and Child Day Care Centers) and Section 19a-87b- Authorization for the Administration of Medicine by Y for Connecticut State Agencies.	hild Day Care	e <b>pers</b> y Car	onnel must comp e Homes) of the I	oly with Section 19a-7 Regulations for Conne	79-9a (Group Day Care ecticut State Agencies.	
PATIEN	PATIENT'S NAME:		DATE OF BIRTH:				
			TELEPHONE:				
	HYSICIAN'S NAME:						
ASTH							
IF PAT		ED THE ABO	VE N	IAMED FOOD:			
	ylaxis* can occur up to 2 hours following ingesti						
-	Administer <b>adrenaline</b> before symptoms occur, IM			_	Twinject Jr.	Twinject Adult	
	Administer <b>adrenaline</b> if symptoms occur, IM	-		-	=	-	
	Alice Bill I I I I I I I I I I I I I I I I I I	•		-	_	-	
-	Administer tsp/	-		-	-		
	Call 911, transport to ER if symptoms occur for furth	-			-		
a life-th	symptoms of anaphylaxis can potentially progress to a life-threatening situation!  1. Is this a controlled drug? Yes No  2. Medication shall be administered (if applicable) dur		Physician's Signature  Time of administration:  ring school year				
3.	Relevant side effects, if any, to be observed:						
	SELF ADMINISTRATION OF N						
Prescri	ber's authorization for patient to carry/self administer:	Yes		No	Signature		
Parent's	s authorization for patient to carry/self administer:	☐ Yes		No			
SYMPTON	AS OF ANADHYI AYIS				Signature	Date	
Mouth: Skin: Gut: Ihroat: Lungs:	<ul> <li>Hives, itchy skin, swelling about face, eyes         Nausea, vomiting, cramps, diarrhea</li> <li>Itchy throat, tightness in throat, hoarseness,         drooling, hacking cough</li> <li>Shortness of breath, wheezing, repetitive cough         profuse runny nose</li> <li>Lightheadedness, dizziness, passing out: Put fe</li> </ul>			UNDERSTAND I request that to my child a	IVED, REVIEWED D THE ABOVE INF It medication be a s described and d red by school / cl	ORMATION administered	
	head when giving adrenaline			Patient/parent/	/guardian signature	/_/ Date Signed	
hysician's	Renewal Date/				ionship to Child		

Child Care Teachers/youth camp staff Signatures: