

**Visitation School**  
Epi-Pen Letter

Date: \_\_\_\_\_

Re: \_\_\_\_\_

Birthdate: \_\_\_\_\_

To the Physician:

Please indicate specifically how you would like us to administer the Epi-pen.

The Epi-pen is to be used after exposure to the following allergens:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administer the Epi-pen as follows (check one):

Immediately after exposure to the above listed allergen(s)

Only if the following symptoms are exhibited:

Whenever an Epi-pen is administered, 911 is called immediately.

If you have any additional instructions please list them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Physician

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_