

Individual Specific Training form for Epinephrine Auto-Injector

Individual's Name: _____

Person's allergies: _____

*Brand of epinephrine auto-injector _____

Review of manufacturer's instructions for this brand of auto-injector.

Person's known symptoms of allergic reactions

Location of auto-injector at home: _____

at work: _____

other: _____

Checks to be done every time staff or setting changes:

- ✓ Expiration date
- ✓ Where checks are to be documented
- ✓ Color of fluid
- ✓ EAI properly stored

Who to contact after epinephrine auto-injector has been administered: _____

How to get a replacement for an expired or used epinephrine auto-injector or if the liquid in the window is pink, brown or cloudy or not visible:

IST provided by _____ to _____ on _____

IST provided by _____ to _____ on _____

IST provided by _____ to _____ on _____

IST provided by _____ to _____ on _____

IST provided by _____ to _____ on _____