

Epinephrine Auto-Injector (EpiPen) Consent Form

Patient Name:

Date of Birth:

Allergies (if known):

Consent

I acknowledge that I have been informed about the use and administration of the Epinephrine Auto-Injector (EpiPen) for the emergency treatment of severe allergic reactions (anaphylaxis).

- I understand the indications for use.
- I have been instructed in proper administration technique.
- I understand the importance of seeking immediate medical attention after use.
- I consent to the administration of epinephrine in the event of anaphylaxis.

Additional Instructions or Notes:

Signature of Patient/Guardian:

Date:

Signature of Healthcare Provider:

Date: