

# Lindenhurst Park District's Before & After School Program Parent Handbook



2200 E. Grass Lake Road, Lindenhurst, Illinois 60046

Main Phone – 847-356-6011 x112

Cell – 847-812-3738

Email - [beforeandafter@lindenhurstparks.org](mailto:beforeandafter@lindenhurstparks.org)

Website - <http://www.lindenhurstparks.org/>

## Our Program

The Lindenhurst Park District's Before & After School Program provides supervised recreational activities for a child or children grades Kindergarten through Fifth grade. Children will participate in a variety of engaging activities during their time with us, which includes crafts, games and sports, as well as have the option of quiet space for homework or passive activities.

## How to Reach Us

Lindenhurst Park District  
2200 E. Grass Lake Road  
Lindenhurst, Illinois 60046  
[www.lindenhurstparks.org](http://www.lindenhurstparks.org)  
Office Phone – 847-356-6011 x112  
Cell Phone – 847-812-3738  
Email – [beforeandafter@lindenhurstparks.org](mailto:beforeandafter@lindenhurstparks.org)

## How to Register

Registration needs to be completed online through our registration software, Amilia. A household account will need to be made prior to registration.

In order to register for the Before & After School Program, please visit [www.lindenhurstparks.org](http://www.lindenhurstparks.org) and follow these tabs:

- Programs then click Registration and 2021/2022 Before and After School Program.
- Once you are on our Before & After registration page please select the days that you would like to register your child(ren) for and add those days to your cart.
- You will then be prompted to pay in full for the days that you selected.

## Registration Highlights

- Daily Fees
  - Care (7:00am-bus pick-up) \$10 per day
  - PM Care (bus drop-off – 5:30pm) \$16 per day
- A \$50 non-refundable registration fee per child is required to participate.
- A **MANDATORY** credit card authorization form must be completed along with a credit card on file with the Park District is required to participate in this program.
- Register by month – you have the flexibility to choose your days and times – this can change month to month. Each registration is due 7 days before the new month begins.
- Flexibility to register for days off school as needed.
- Early dismissal, half days, and late start days are included in the fee of the month
- Parents are responsible for contacting the school and bus service to make bussing arrangements.

## Program Hours

AM Care – 7:00am – Bus Pick Up  
PM Care – Bus Drop Off – 5:30pm

### **Who Can Attend?**

We serve families attending the following schools listed below. However, our schedule follows the District 41 school calendar.

District #41 –  
BJ Hooper, & \*Thompson  
District #34 –  
Oakland  
District #24 –  
Millburn  
\*limited spots available for Thompson

### **Location**

Children enjoy activities in our Thomas J. Lippert Community Center located at 2200 E. Grass lake Road in Lindenhurst.

### **Refund Policy**

A refund request must be given 7 days prior to the start of the program to receive a refund (less a \$5 or \$10 service fee).

### **Registration Process**

A \$50 non-refundable registration fee is due along with all the necessary paperwork before a child is allowed to register for the program. This fee is charged once per school year, per child. All Before & After School Program registrations can be done online! Be sure to set up your Amilia household account prior to registration.

Participants must pre-register and pre-pay for each month of the school year; registration must be received on the **registration deadline date, which is 7 days before the new month**. If there is additional space available, late registration will be permitted, but a \$25 late-fee will be charged.

When registering, please indicate which days your child(ren) will be attending. Registration is completed month to month. Fees are listed per child, there are no multi-child/sibling discounts. Please see online all available options for registering including all School Days Off.

### **Participation Requirements**

Children must be the appropriate grade (must start Kindergarten) by the first day of the Before & After School Program in order to participate. Participant must also be potty trained and self-sufficient for all toileting needs to be able to participate in our program.

### **Arrival & Pick-Up**

Each day a parent/guardian or authorized adult must sign-in the child(ren) and complete a health questionnaire, before leaving them in our care and/or sign-out the child(ren) before leaving our care. For the child(ren)'s safety, children will **ONLY** be released to anyone listed on their emergency form provided to us before they start our program. If someone other than the individuals listed on the emergency form will be picking up your child(ren), a phone call, email, or a note **MUST** be made to notify staff. For the safety of your child(ren), staff will ask for a photo ID from anyone they do not recognize as an authorized person.

Drop off will be done at the upper (east) parking lot. Please park in a legal parking spot and a staff member will meet you outside the main entrance to the Park District to check in your child, make sure they have a facemask, and complete a health questionnaire. For pick up, please call the Before & After cell phone at 847-812-3738 to pick up your child at the end of the day in the upper (east) parking lot.

**A FACE MASK MUST BE BROUGHT DAILY FOR USE DURING BEFORE & AFTER. THE FACEMASK WILL NEED TO BE SHOWN AT DROP OFF OR THE PARTICIPANT WILL NOT BE PERMITTED TO ATTEND BEFORE & AFTER THAT DAY. NO REFUND WILL BE ISSUED FOR MISSING BEFORE & AFTER.**

### **Late Pick-Up Fee**

Parents/Guardians should also be aware that our late fee policy will be strictly enforced in the event of late pick-ups. A \$10 late pick-up fee will be charged, for every 10 minutes of tardiness. You will receive a copy of the charges and will see any of these charges reflected on your household account. You will receive a warning on your first infraction as a courtesy. If you know you are running late, we appreciate and encourage a call stating how late you will be. When you do contact the staff members, we will notify your child(ren) of your tardiness and the you will be there as soon as possible.

### **Attendance/Absences/Illnesses**

Reporting your child(ren)'s absence from the program is **essential** to the safety and accountability of all participants. Refunds will **NOT** be given for days missed due to injury, illnesses, or vacations. Parents/guardians whose children develop communicable diseases; i.e. chicken pox, head lice, measles, Covid-19, etc. are asked to notify the Recreation Program Manager, Katie Kozuch, at 847.356.6011 ext. 108 as soon as the child is diagnosed. The name of the affected child is not released; however, parents are notified of the occurrence of a contagious illness. A doctor's note is required for your child to return to our program.

Children should be kept at home if they exhibit any of the following symptoms:

- Fever
- Rash
- Diarrhea/vomiting
- Discharge from ears, eyes, or nose
- Any Covid-19 symptoms (see CDC website for list of symptoms)

Please keep child(ren) home until they are fever and/or symptom free (without the use of fever reducing medicine) for **72 hours**. A fever is classified as having a temperature of 100.4 degrees or higher. If a child becomes ill at the Before & After School Program, a parent, a guardian, or authorized person must be notified to pick-up the child(ren) immediately.

Any participant exhibiting symptoms while participating in a program will be quarantined to a designated room until they can be picked up by a parent, a guardian, or authorized person.

Please understand that if we see staff or patrons exhibiting Covid-19 symptoms as identified by the CDC and applicable public health agency guidance while on-site, we will be sending them home. The participant will be permitted to return to the program only once all symptoms have

subsidized and after an approved return-to-program note has been received by the district from your physician. We realize this may be an inconvenience; however, we are trying to proactively do our part to prevent community spread during this unprecedented situation. Further, to the extend you are in an agency program or using an agency facility, please immediately notify your teacher or a Park District staff person if you:

- Have a suspected or diagnosed case of Covid-19.
- Have had close contact with an individual, including (but not limited to) a member of your household, who has a confirmed or suspected case of Covid-19.
- Are experiencing symptoms of Covid-19, which can include cough, shortness of breath or difficulty breathing, fever, chills, fatigue, muscle or body aches, headache, sore throat and/or new loss of taste or smell, as well as gastrointestinal symptoms, such as nausea, vomiting and/or diarrhea. (For a current list of symptoms, please visit the CDC's website on Symptoms of Coronavirus).

### **Tax Information**

The Lindenhurst Park District's Tax ID Number is 36-3586427. All payment and registration information is available to you via your household account on our website. Contact Lori, our Guest Services Manager, for details addressing this information.

### **School Days Off/Early Dismissal Days**

The Before & After School Program will offer Days Off care options for you and your child(ren).

Separate registration and payment is required for these days; please see online for registration.

Days Off programs run from 7:00am to 5:30pm, and will include supervised play, field trips, or special activities. Children should bring a **NUT-FREE** sack lunch, two **NUT-FREE** snacks, and a pre-filled water bottle, unless told otherwise. For field trips, participants will be transported, via a 15-passenger bus provided by the Lindenhurst Park District for close-by field trips. All drivers are 21 years of age, submitted a driver's background check, and go through a vehicle safety training course. Early dismissal, half days, early release, and late start days are no additional charge to you and they are built into the fee each month.

### **Program Closings**

The Before & After School Program will observe school holidays and institute days in accordance with Lake Villa District 41. **During winter, Before & After will utilize weather data and safety guidelines to determine attendance for inclement weather.** The Park District will announce Before & After School Program closings on the Park District website:

[www.lindenhurstparks.org](http://www.lindenhurstparks.org), through email, and on our Facebook page (Lindenhurst Park District). Please go to [www.lindenhurstparks.org](http://www.lindenhurstparks.org) to see if we are canceling class on days with questionable weather.

We will also be closed on the following days: Labor Day, Columbus Day, Thanksgiving Day, Day After Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, and Memorial Day.

## **Specialty Camps**

The Before & After School Program offers specialty camps throughout the year to accommodate your schedule. Winter Break, Spring Break, and Post-Break Camps are all offered as an additional fee. During the summer, we offer Camp Exploration, which is held at the Lindenhurst Park District this summer. See Lori, our Guest Services Manager, or visit our website for any additional information.

## **What to Bring**

### **Clothing**

- Activities are planned inside and outside, so please plan your child(ren)'s clothing accordingly for the different weather and seasons. We will be outside as much as possible, but will also offer active play in the gymnasium when we cannot go outside during the cold or inclement weather. In order for your child(ren) to go down to the gymnasium, they must have gym shoes.
- Face masks are required to be worn during the duration of the program when participants are inside the Thomas J. Lippert Community Center building.

### **Food**

- On Days Off School – your child(ren) should bring a **NUT-FREE** sack lunch, two **NUT-FREE** snacks, and a pre-filled water bottle. Please mark your child(ren)'s name clearly on their belongings.

Personal items brought from home are the responsibility of the child(ren). The Lindenhurst Park District staff members are **NOT** responsible for any broken, lost, or stolen items. However, we do, provide a lost and found for any items your child(ren) may lose.

## **Medication**

Children requiring **ANY** type of medication, must have a signed medication consent form on file. This form is available upon request or in this handbook. Medication cannot be administered without the form. Parents **MUST** provide the Before & After School Program AM or PM Coordinator, with the child (ren)'s medication in the **ORIGINAL** container including: the label with the doctor's name, patient's name, pharmacy, type of medication, strength, and dosage amount on it. Medication and instructions must be given to either the AM or PM Coordinator at any time of the school year. All medication given, is kept locked up in the Before & After School Program room.

## **Special Recreation Services/Inclusion**

Inclusion assistance for the Before & After School Program is provided by the SRSNLC (Special Recreation Services of Northern Lake County), to those individuals wishing to participate in a Lindenhurst Park District program. When registering, parents should inform the Guest Services Manager of ANY special accommodations necessary for their child (ren) to successfully participate in the program.

## **Behavior Code of Conduct**

It is the responsibility of the parents/guardians to discuss the Code of Conduct with their child(ren) and to reinforce the importance of appropriate behavior at the Before & After School Program at the beginning and middle of each school year.

## **Code of Conduct**

- Show respect to all participants, staff and volunteers.
- Use appropriate language when communicating with participants, staff, and volunteers. Foul and obscene language will not be tolerated.
- Don not purposely cause bodily harm to participants, staff and volunteers.
- Do not communicate threats, inappropriate comments or actions that may be considered as any type of harassment, direct threats or actions that pose a threat by gesture, words or actions.
- Exhibit tolerance and courtesies and commonly accepted behavior towards our diverse community.
- Exhibit good sportsmanship at athletic events, whether as an active participant or spectator.
- The use, suspected use or consumption of alcohol or illegal substances on District property is prohibited unless approved for selected events. If alcohol is approved for on or off property events, it is expected that all participants and spectators will exhibit good judgment and exercise moderation when alcohol is consumed.

It is the belief of the Lindenhurst Park District that discipline should only be used when children are a threat to themselves or others. Methods used to encourage appropriate behavior include: positive reinforcement and removal from a group for a short period of time. Parents will be notified of any behavioral issues. If there are any repeated incidents or greater concerns, staff will contact parents to schedule a meeting.

## **Discipline Procedures**

- Children exhibiting inappropriate behaviors can expect:
  - A verbal warning by staff members
  - Given a time-out that is equal time or less of the child's age
  - A loss of a privilege
  - A conduct report with an explanation of the behavior and consequences
  - A phone call to parents if the behavior is severe or consistent

The Lindenhurst Park District reserves the right to suspend or dismiss a participant of whose behavior endangers the safety of themselves, staff, or others, or if the behavior negatively affects the experience of other participants. **NO** refunds, will be issued, in a behavior-related dismissal.

## **Firearms/Weapons**

In accordance with Section 8: Weapons of Ordinance 14-08-05, no person shall bring, carry or use knives, firearms, explosive substances or weapons.

## **Bus Behavior**

Please discuss bus safety rules with your child. Appropriate behavior is expected at all times to maintain safety. If **ANY** inappropriate behavior persists, your child (ren) will be written up. After three write-ups from the driver, your child (ren) will **NO** longer be able to ride the bus.



# Before & After School Program Student Pick-Up Form School Year 2021-2022

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relation: \_\_\_\_\_

## Authorized Pick-Up/Emergency Contact Information

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Number: \_\_\_\_\_

## Parent Handbook Acknowledgement

I recognize and acknowledge that I have read and understand the Before & After School Program Parent Handbook. I agree to adhere and abide by the policies and procedures outlined in the handbook. Additionally, I will review the policies and procedures with my child to ensure their success in the program.

Participant Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Before & After Child Information Form School Year 2020-2021

Child's Name (Please Print): \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Is this your child's first experience in a Before & After School Program? \_\_\_\_\_

If no, please explain.

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Tell us about your child's personality.

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What does your child like to do for fun?

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Is there anything else we need to know about your child?

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## Special Accommodations

Please list any special needs, allergies, chronic illness, medications/dosages and time, medical information or accommodations (i.e. ADA) and any additional information necessary to understand and care for your child.



## Lindenhurst Park District

2200 East Grass Lake Road, Lindenhurst, Illinois 60046

847.356.6011 847.356.6063 Fax

www.lindenhurstparks.org

### Before & After School Payment Form – Mandatory Credit Card Authorization Form

#### Parent Acknowledgement

I am aware of the monthly charges for the school year 2021-2022 implemented by the Lindenhurst Park District. The registration total is dependent upon the number of drop-ins (AM/PM Care or Days Off School) that I am registering for and is due seven days prior to the start of the program or month. I agree and understand that a \$25 late fee will be charged if payment is rejected due to insufficient funds or an expired card on file. Dismissal from the program will follow if payment is not received by the end of the month and no refund will be issued.

\_\_\_\_\_

Print Child's Name

\_\_\_\_\_

Parent/Guardian Signature & Date

#### Payment Authorization

Family Last Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Circle One:            Visa                            MasterCard                            Discover Card

Cardholder # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Name \_\_\_\_\_

*I hereby authorize the Lindenhurst Park District to remit payments via credit card and I authorize the below named financial institution to credit payments to the class(es) enrolled in. I understand that a new authorization form must be completed if I close the referenced credit card, or if I wish to designate a different account. If my credit card information changes, I am aware that it is my responsibility to notify the Park District of my current card information.*

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

**Lindenhurst Park District  
Permission to Dispense Medication**

The Lindenhurst Park District will not dispense medication to a minor child or other Park District participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian. The agency's internal procedures on dispensing medication are available for review.

**NAME OF PROGRAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_  
(Print Name) (Print Name)

give permission to the staff of the Lindenhurst Park District

**to administer to my child** \_\_\_\_\_  
(Name of Medication)

**I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:**

**PARTICIPANT'S NAME:** \_\_\_\_\_

**NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:**

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

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to the Lindenhurst Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

**WAIVER & RELEASE OF ALL CLAIMS**

**I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.**

**In consideration of the Lindenhurst Park District administering medication to my minor child, I do hereby fully release or discharge the Lindenhurst Park District and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

**Lindenhurst Park District  
Medication Dispensing Information**

*This form must be completed for each program session or when medication changes.*

**BACKGROUND INFORMATION**

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Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATION INFORMATION**

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1. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

2. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

3. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I understand that it is my responsibility to give the medication directly to program staff with full instructions in individual dosage containers, clearly labeled envelopes, or in original prescription bottles.**

**In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.**

**I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in the dispensing of medication change.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent or Guardian**

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: [ ] Yes (higher risk for a severe reaction) [ ] No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

THEREFORE:

[ ] If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for ANY symptoms.

[ ] If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



**LUNG**

Short of breath, wheezing, repetitive cough



**HEART**

Pale, blue, faint, weak pulse, dizzy



**THROAT**

Tight, hoarse, trouble breathing/ swallowing



**MOUTH**

Significant swelling of the tongue and/or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A COMBINATION** of symptoms from different body areas.



1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**



**NOSE**

Itchy/runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea/ discomfort

FOR **MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS FROM A SINGLE SYSTEM AREA**, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: [ ] 0.15 mg IM [ ] 0.3 mg IM

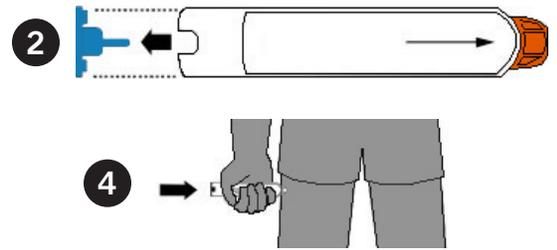
Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

## EPIPEN® AUTO-INJECTOR DIRECTIONS

1. Remove the EpiPen Auto-Injector from the clear carrier tube.
2. Remove the blue safety release by pulling straight up without bending or twisting it.
3. Swing and firmly push orange tip against mid-outer thigh until it 'clicks'.
4. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove auto-injector from the thigh and massage the injection area for 10 seconds.



## ADRENALICK® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR DIRECTIONS

1. Remove the outer case.
2. Remove grey caps labeled "1" and "2".
3. Place red rounded tip against mid-outer thigh.
4. Press down hard until needle enters thigh.
5. Hold in place for 10 seconds. Remove from thigh.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_