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

2200 E. Grass Lake Road, Lindenhurst, Illinois 60046
Main Phone – 847-356-6011 x1010
Cell – 847-812-3738
Email - 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
Office Phone – 847-356-6011 x1010
Cell Phone – 847-812-3738
Email – 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 and follow these tabs:

- Programs then click Registration and 2022/2023 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 (6:30am-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 **MANDADORY** 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 – 6:30am – 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 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 $40 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.

Registration Deadlines
August – Wednesday, August 10 – Oakland, Thursday, August 18 – Milburn, Monday, August 22 – D41
September – Thursday, August 25 – All Schools
October – Saturday, September 24 – All Schools
November – Tuesday, October 25 – All Schools
December – Saturday, November 26 – All Schools
January – Tuesday, December 27 – All Schools
February – Wednesday, January 25 – All Schools
March – Wednesday, February 22 – All Schools
April – Saturday, March 25 – All Schools
May – Monday, April 24 – All Schools
June – Thursday, May 25 – All Schools

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. Participants 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) 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 and pick up will be done at the upper (east) parking lot. Please park in a legal parking spot and then enter the building and a staff member will meet you in the main entrance to the Park District to check in or pick up your child.

A face-mask is optional for daily use during the Before & After School Program.

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 starting 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. 1004 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 **24 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 will 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's return to the program will be based on current guidance from local health officials; the Recreation Program Manager will work with families individually in these situations. Further, to the extent 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 6:30am 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.

1st Half of School Year	**2nd Half of School Year**
Wednesday, August 17	Friday, February 17
Thursday, August 18	Friday, March 10
Friday, August 19	
Monday, August 22	
Tuesday, August 23	
Wednesday, August 24	
Thursday, August 25	
Friday, August 26	
Friday, October 7	
Tuesday, November 8	

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 <u>will utilize weather data and safety guidelines to determine attendance for inclement weather.</u>** The Park District will announce Before & After School Program closings on the Park District website: www.lindenhurstparks.org, through email, and on our Facebook page (Lindenhurst Park District). Please go to 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.

Thanksgiving Break –
Monday, November 21
Tuesday, November 22
Wednesday, November 23

Winter Break –
Tuesday, December 27
Wednesday, December 28
Thursday, December 29
Friday, December 30
Tuesday, January 3
Wednesday, January 4
Thursday, January 5
Friday, January 6

Spring Break –
Monday, March 27
Tuesday, March 28
Wednesday, March 29
Thursday, March 30
Friday, March 31

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 optional and can 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 us or consumption of alcohol or illegal substances on District property is prohibited unless approved for selected events. If alcohols 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 Ordinace 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 2022-2023

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 2022-2023

Child's Name (Please Print): _____

Nickname(s): _____

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

If no, please explain.

_____

_____

Tell us about your child's personality.

_____

_____

_____

What does your child like to do for fun?

_____

_____

_____

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

_____

_____

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
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 2022-2023 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
Medication Dispensing Information

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

BACKGROUND INFORMATION

Participant's Name:_____ Age:_____

Address:_____

Parent's/Guardian's Name(s)_____

Daytime Phone:_____ Other Phone:_____

Program Name:_____

Doctor's Name:_____ Phone:_____

MEDICATION INFORMATION

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

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**

Revised 6/1/2016

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

FARE
Food Allergy Research & Education

PLACE PICTURE HERE

Name: _____ D.O.B.: _____

Allergic 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
Shortness of breath, wheezing, repetitive cough

HEART
Pale or bluish skin, faintness, weak pulse, dizziness

THROAT
Tight or hoarse throat, trouble breathing or swallowing

MOUTH
Significant swelling of the tongue 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 or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea or 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: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

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

_____

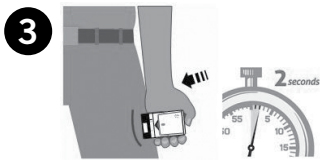
PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020

FARE
Food Allergy Research & Education

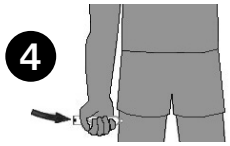
FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO



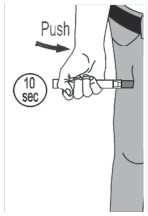
1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.

HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN



1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS



1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

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: _____

NAME/RELATIONSHIP: _____ PHONE: _____

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020