

Hunters Glen Childhood Learning Center (HGCLC)

Student Enrollment Application 2024-2025

4001 Custer Road, Plano TX 75023 * Phone – 972-519-0365 * Fax – 972-519-8336 * Website: www.huntersglen.org/clc/

Child's Name: _____

Preferred Name: _____ Gender: _____

Address: _____

Date of birth: _____

Mother's (or guardian) Information:

Name: _____

Occupation/Employer: _____

Address: _____

Email address: _____

Cell Phone#: _____

Work Phone #: _____

Driver's License Number: _____

Father's (or guardian) Information:

Name: _____

Occupation/Employer: _____

Address: _____

Email address: _____

Cell Phone#: _____

Work Phone #: _____

Driver's License Number: _____

Family Information:

Child lives with: Both Parents Mom Dad Guardian (note: custody documentation may be required)

Church membership: _____ Primary language spoken at home: _____

Siblings: _____

Emergency contact & authorized to pick up information (other than parent):

Name: _____

Relationship to student: _____

Address: _____

Phone number: _____

Driver's License Number: _____

Authorized to pick up: I authorize HGCLC to release my child to leave the childcare center ONLY with the following persons. Children will only be released to a parent or guardian or to a person designated by the parents or guardian after verification of ID.

Name: _____

Relationship to student: _____

Address: _____

Phone number: _____

Driver's License Number: _____

Name: _____

Relationship to student: _____

Address: _____

Phone number: _____

Driver's License Number: _____

Physician Information:

Name: _____

Hospital Information:

Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone number: _____

Emergency Medical Authorization In the event I cannot be reached, or if the emergency is such that time does not permit such contact, I give consent for HGCLC to secure any and all necessary emergency medical care for my child.

Signature of Mother / Father / Guardian

State of Texas, County of _____

Before me, the undersigned authority, on this day appeared _____ known to me to be the person whose name is subscribed above and acknowledged to me that he / she executed the same for the purpose therein expressed.

Sworn and subscribed before me the _____ day of _____, 20____.

Notary Signature: _____

To be completed by HGCLC Staff: Date _____

Received by: _____

Child's Name _____

Today's Date _____

Tuition Information:**REGISTRATION FEE: \$175**

(registration fee is non-refundable)

MONTHLY TUITION INFORMATIONTuition is billed on the 1st of each month and is considered late if not paid in full by the 10th.A late fee of \$35 will be applied to account if not paid in full by the 10th

| # of days a week | 9am – 2pm | 7am – 9am (must be enrolled in 9-2 option) | 2pm – 6 pm (must be enrolled in 9-2 option) |
|------------------|-----------|---|--|
| 2 | \$365 | \$80 | \$172 |
| 3 | \$459 | \$111 | \$222 |
| 4 | \$571 | \$137 | \$274 |
| 5 | \$713 | \$172 | \$342 |

DAYS REQUESTED

| CLC Day 9am - 2PM | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------------------|--------|---------|-----------|----------|--------|
| Before Care 7am – 9am | Monday | Tuesday | Wednesday | Thursday | Friday |
| After Care 2pm – 6pm | Monday | Tuesday | Wednesday | Thursday | Friday |

I understand that every attempt will be made to accommodate this request, but that this request is not finalized until confirmed by the HGCLC office.

Allergy Statement:

My child has a sensitivity intolerance allergy to _____

My child has a sensitivity intolerance allergy to _____

If allergy is indicated above, I will provide:

Allergy action plan signed by a doctor; EpiPen with prescription ; Benadryl ; Other _____

I understand I must provide the above items **PRIOR TO THE FIRST DAY OF SCHOOL**. I understand my child will not be able to attend HGCLC without an allergy action plan signed by a physician if allergy is selected above. The preferred allergy action plan is included in this packet. Allergy action plan must be approved by HGCLC director prior to first day of school.

Required Medical Information:

I will provide a current immunization record PRIOR to my child's first day of school - OR

I have attached a signed and dated affidavit stating that I decline immunizations for reasons of conscience, including religious beliefs.

If my child is 4 years or older, I will provide documentation of a vision & hearing screening upon enrollment.

By signing below, I agree to the terms and conditions stated on this form:

Parent / Guardian Signature_____
Date**HGCLC Office Use Only:**

Start Date: _____ Payment Received: _____ Amount: _____ Withdrawal Date: _____

Child's Name _____

Today's Date _____

Parent Acknowledgment

Please initial by each statement and sign at the bottom of this page. A copy of the Parent Handbook can be viewed online at www.huntersglen.org/clc/

Parent Handbook Statement

_____ I have read the Parent Handbook and will abide by the policies and procedures.

Notice of Parent Rights

_____ I have read and understand the Notice of Parents Rights which have been included in the Parent Handbook

Health and Safety Statement

_____ I have read, understand, and agree to the illness policies as stated in the Parent Handbook. I understand that an illness report will serve as notification of the reason/s a child is excluded from care and when the child can return to care. In most cases, it is 24-hours fever free and/or symptom free without the aid of any medication. We will do our best to inform parents of confirmed cases of communicable diseases in a classroom through ProCare. The health and safety of children is our number one priority, we reserve the right to amend or exclude from care or alter our illness policies during flu season or other similar related health outbreaks or concerns.

_____ I will provide a written allergy plan signed by a physician before my child attends HGCLC. I will also provide the required medications to administer in case my child has an allergic reaction while in care at HGCLC. I give permission for HGCLC staff/teachers to administer medication and or Epi pen if necessary.

_____ I give permission for my child to participate in age-appropriate water activities including water table play and sprinkler play.

_____ I have signed, read, understand, and agree with the policy on Infant Safe Sleep as stated in the parent handbook. (attached to this packet – NOTE: for 8 weeks to 12 months students only).

Permission to Photograph or Video

_____ I give permission to HGCLC to photograph my child and use the resulting photographs for any purpose HGCLC deems proper including social media (Facebook, Instagram, and Twitter, etc.)

Snack Policy

_____ I understand that HGCLC provides snacks for children 12 months and older. Food/snacks are served every 3 hours per license. Snacks served at HGCLC will be Cheerios, Pretzels Chips, Goldfish, Cheez-its, Graham Crackers, Veggie Straws. Snacks will be provided to my child while at HGCLC morning snack, afternoon, evening.

Gang Free Zone

_____ I understand that HGCLC is a Gang Free Zone and have been notified as such.

Parent / Guardian Signature

Date

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at Hunters Glen Childhood Learning Center (HGCLC) and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: <http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>

Safe Sleep Policy

All staff, substitute staff, and volunteers at HGCLC will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing _____ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

Signatures

This policy is effective on: August 12, 2024 Child's name: _____

Signature — Director/Owner_____
Date Signed_____
Signature — Staff member_____
Date Signed_____
Signature — Parent_____
Date Signed

Hunters Glen Childhood Learning Center (HGCLC)

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Medical Form & Physician Statement

Child's Name _____

Date of Birth _____

HEALTH INFORMATION & HISTORY (to be completed by parent)

Allergies _____

EPI PEN ☐ Yes ☐ No (HGBC must have an allergy action plan on file if "Yes" is checked)

Existing Illness _____

Previous Illness _____

Physical or Mental Impairment _____

Special Needs _____

Has your child ever been hospitalized or visited the ER? (Please explain) _____

Before your child attends classes at HGCLC, you must present a current immunization record and a statement of good health from the child's physician.

PHYSICIAN'S STATEMENT (to be signed by a physician & parent)

I have examined the above-named child within the past year and find that he/she is physically able to take part in the preschool program at HGCLC.

Physician Signature

Date

Parent / Guardian Signature

Date



Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

- 1) individualized and consistent for each child;
- 2) appropriate to the child's level of understanding; and
- 3) directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:

- 1) using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) reminding a child of behavior expectations daily by using clear, positive statements;
- 3) redirecting behavior using positive statements; and
- 4) using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) corporal punishment or threats of corporal punishment;
- 2) punishment associated with food, naps or toilet training;
- 3) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures

(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) what behaviors would warrant the use of these measures; and
 - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date: August 12, 2024

Signed by: _____

Role: ☐ Parent ☐ Caregiver or Employee ☐ Household Member (CH. 747 only)

Minimum Standards Related to Discipline

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
 - (A) staff training records; and
 - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
 - (A) video recordings of the alleged incident are available;
 - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
 - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.



Signature of Parent or Guardian

Date

Hunters Glen Childhood Learning Center 2024-2025 At a Glance Calendar

August

08/08/2024

Meet the Teacher 3 PM – 5 PM

08/12/2024

HGCLC Begins

08/27/2024

Family Picnic on the Playground 5:30 PM – 6:30 PM

September

09/02/2024

Labor Day NO SCHOOL

09/16/2024

Grandparents Day Chapel 9:30 AM – 10:00 AM

October

10/10/2024

Family Picnic on the Playground 5:30 PM – 6:30 PM

10/14/2024 – 10/16/2024

Fall Break NO SCHOOL

10/17/2024

HGCLC Resumes

Week of 10/28/2024

Classroom Pumpkin Parties

November

11/05/2024

Election Day NO SCHOOL

11/15/2024

HGCLC Parents Night Out 6:30 PM – 9:00 PM

Week of 11/18/2024

Classroom Thankful Fest *Twos - PreK

11/25/2024 – 11/29/2024

Thanksgiving Break NO SCHOOL

December

Week of 12/02/2024

Bible Days *Twos - PreK

12/13/2024

HGBC Kids Night Out 6:30 PM – 9:15 PM

12/17/2024

Happy Birthday Jesus Program 6:00 PM – 7:00 PM

Week of 12/16/2024

Classroom Happy Birthday Jesus Parties

12/23/2024 – 01/05/2025

Christmas Break NO SCHOOL

January

01/06/2025

HGCLC Resumes

01/20/2025

MLK Day NO SCHOOL

Week of 1/27/2025

City Heroes *Threes - PreK

February

02/07/2025

HGCLC Parents Night Out (Valentines) 6:30 PM – 9:00 PM

02/10/2025

Open Enrollment for 2025-2026 School Year

Week of 02/10/2025

Classroom Valentines Day Parties

02/17/2025

President Day NO SCHOOL

March

03/17/2025 – 03/21/2025

Spring Break NO SCHOOL

03/24/2025

HGCLC Resumes

Week of 03/24/2025

Literacy Day

03/27/2025

Open House 6:00 PM – 7:00 PM

April

04/08/2025

Donuts with Dad

04/18/2025

Good Friday NO SCHOOL

May

05/06/2025

Muffins with Mom 7 AM – 9 AM

05/09/2025

PreK Mother's Day Tea 12 PM – 1 PM

Week of 5/12/2025

Teacher Appreciation Week

05/21/2025

PreK Clap Out 9:30 AM – 10:00 AM

05/23/2025

Last Day of HGCLC



FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

PLACE
PICTURE
HERE

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

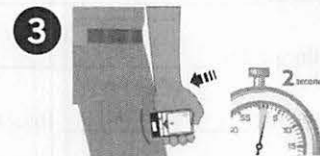
PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE



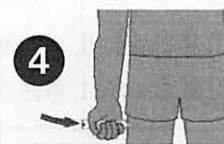
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

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.



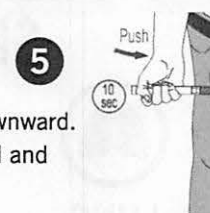
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

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 ADRENALINE®), 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 SYMJEPITM (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 SYMJEPITM by finger grips only and slowly insert the needle into the thigh. SYMJEPITM 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: _____