



Patient name _____ Age _____

Injector Expiration Date _____

Emergency contact information:

Name _____ Phone number _____



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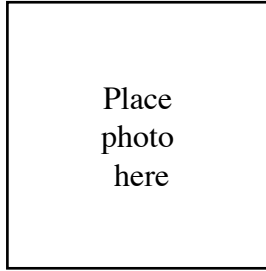


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Cut along dotted lines and insert this sheet face down into plexiglass. To download additional printable reference sheets go to schoolhealth.com