



Registration Evaluation Team
 Instructor Briefing Sheet
 Epi- pen Form

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EPI- PEN FORM

STUDENT NAME: _____

INSTRUCTOR NAME: _____

ALLERGEN(S): _____

Date	Time	Epi-Pen at poolside	Expiration Date	Person Authorized to Administer Epi- Pen Signature	Instructor Signature
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

HOW THIS MAY AFFECT LESSONS

The instructor cannot give the lesson if:

- the Epi- pen is not present at the poolside
- it has expired
- a person who is authorized to administer the Epi- pen is not present at the poolside

If Epi- pen administration is required at the poolside, lessons must stop and EMS activated.

NOTIFY RET via the RET Emergency Number

If Epi- pen use is required between lessons, notify RET via the MLU