

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title/Position]
[Organization/School Name]
[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: EpiPen Emergency Procedures

I am writing to outline the emergency procedures in the event of an allergic reaction requiring the use of an EpiPen for [Child/Individual's Name].

1. ****Recognition of an Allergic Reaction****

Signs of a severe allergic reaction may include difficulty breathing, swelling of the face or throat, hives, rapid heartbeat, or dizziness.

2. ****Immediate Action****

- Call for help or notify [Designated Person's Name/Title].
- Retrieve the EpiPen from [specific location].

3. ****Administering the EpiPen****

- Hold the EpiPen with the orange tip pointing down.
- Remove the safety cap.
- Firmly press the EpiPen against the outer thigh and hold for 3

seconds.

- Remove the EpiPen and massage the injection area for 10 seconds.

4. ****Post-Administration****

- Call 911 or have someone take the individual to the nearest hospital.
- Notify [Emergency Contact's Name, Relationship, and Phone Number].

5. ****Monitoring****

- Stay with the individual and monitor their condition until emergency personnel arrive.

Please ensure that all staff members are aware of these procedures and that the EpiPen is easily accessible in case of an emergency. Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title/Relationship to the Individual]

[Signature (if sending a hard copy)]