



North River Collaborative
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**MEDICAL PRECAUTIONS, ANAPHYLAXIS, & EPIPEN TRAINING
FOR UNLICENSED PERSONNEL – SIGNATURE PAGE**
2025 – 2026 SY

Staff Name: _____

By signing this page, I certify that I have completed the following steps in my training for recognizing medical precautions, severe allergic reactions and anaphylaxis, and the administration of epinephrine via auto-injector:

- ☐ I watched the required Epi-Pen training video.
- ☐ I understand and can identify the signs and symptoms of anaphylaxis.
- ☐ I have been informed of those in my program who have a diagnosed allergy and can follow their *Anaphylaxis Emergency Care Plan*.
- ☐ I know where my program's epinephrine auto-injectors are located.
- ☐ I have completed the practical training on the administration of the EpiPen auto-injector with my school nurse, using the EpiPen trainer.
- ☐ I have reviewed the Bloodborne Pathogen informational link.
- ☐ I have reviewed the Basic Health Concerns for NRC Learning Center Classrooms informational link (Learning Center Staff Only).

Staff Signature: _____ **Date:** _____

School Nurse Signature: _____ **Date:** _____

Please return to your program nurse.