North River Collaborative
198 Spring Street
Rockland, MA 02370
Phone: (781) 982-9787
Fax: (781) 421-0010

ANAPHYLAXIS & EPIPEN TRAINING FOR UNLICENSED PERSONNEL – SIGNATURE PAGE

2026 – 2027 School Year

Staff Name: _____

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

- ☐ I watched the required 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.

Staff Signature: _____ **Date:** _____

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

Please return to your program nurse.