

**CERTIFICATION FORM:
EpiPen4Schools® Replenishment Offer**

Mylan Specialty will replenish your school's supply of EpiPen or EpiPen Jr Auto-Injectors prior to your annual eligibility date and at no additional cost, provided that your school used the *EpiPen4Schools®* free product to treat a life-threatening allergic reaction (anaphylaxis) in your school.

First, please complete all of the fields below.

School Name/District Name:
School Address:
City/State/Zip:
School Phone:
School Contact Name:
School Contact Email:
What was the date of the anaphylactic event? MM/DD/YYYY
Where did the anaphylactic event occur? <ul style="list-style-type: none"> • Class room • Cafeteria • Playground • Gym • Other _____
What was the suspected cause of the anaphylactic event? <ul style="list-style-type: none"> • Food • Bee sting • Latex • Medication • Other _____
Did the person who experienced anaphylaxis have a known life-threatening allergy? <ul style="list-style-type: none"> • Yes • No
Was the person who experienced anaphylaxis a: <ul style="list-style-type: none"> • Student • Staff member • Visitor • Other
Was an EpiPen or EpiPen Jr Auto-Injector administered to treat the anaphylactic event? <ul style="list-style-type: none"> • EpiPen Auto-Injector • EpiPen Jr Auto-Injector
Was more than one EpiPen or EpiPen Jr Auto-Injector administered to treat the anaphylactic event? <ul style="list-style-type: none"> • Yes • No
Who administered the EpiPen or EpiPen Jr Auto-Injector to the person experiencing anaphylaxis (please do not name people directly)? <ul style="list-style-type: none"> • School Nurse • Student • Staff member • Visitor
Was 911 called? <ul style="list-style-type: none"> • Yes • No
Did the person who experienced anaphylaxis receive emergency medical care? <ul style="list-style-type: none"> • Yes • No

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Was the person who experienced anaphylaxis taken to the hospital? <ul style="list-style-type: none">• Yes• No
How were the EpiPen or EpiPen Jr Auto-Injectors disposed?
If school policies permit, would you be willing to speak with us about the event? <ul style="list-style-type: none">• Yes• No

- I confirm that the EpiPen or EpiPen Jr Auto-Injector used in the anaphylactic event described above was received through the *EpiPen4Schools* program.
- I certify that the information above is true and accurate.

Signature:	Date:
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