

**Statement for rescue medication**  
**EpiPen® (adrenaline auto-injector)**

**Patient's personal data:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

Telephone: \_\_\_\_\_



EpiPen® is used for the emergency treatment of sudden and life-threatening allergic reactions (anaphylactic shock) to insect stings and bites, foods, drugs, latex and exercise. EpiPen® contains a sterile solution of adrenaline (epinephrine) for emergency intra muscular self – injection.

The patient \_\_\_\_\_ (name) is suffering from a life threatening \_\_\_\_\_allergy. The EpiPen® adrenaline auto-injector is the prescribed rescue medication that the patient has to take along **all of the time**, so that in the case of an emergency (a life threatening anaphylactic shock or a serious allergic reaction) the adrenaline can be administered and further damage caused to the patient's health can be avoided.

I, \_\_\_\_\_ (name, address of the physician), the patient's treating physician hereby confirm that the patient must take along the EpiPen® for the medical reasons that are stated above.

Date \_\_\_\_\_

Signature of the treating physician \_\_\_\_\_

Stamp of the treating physician \_\_\_\_\_