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Executive Director

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Prescription for Undesignated Epinephrine Auto-Injectors for School Use Pursuant to Public Act 97-0361

• **PHYSICIAN:**

NAME: Pryadarshini Verma, MD
STREET ADDRESS: 1240 N. Highland Ave.
CITY, ZIP CODE: Aurora, IL 60506
PHONE NUMBER: (630) 208.3801
DEA NUMBER: BP8595970

• **ISSUED TO:**

NAME OF SCHOOL DISTRICT (PUBLIC) OR NAME OF SCHOOL (NONPUBLIC)

STREET ADDRESS

CITY, ZIP CODE

QUANTITY

QUANTITY

INSTRUCTIONS:

To be administered, as needed, to an individual exhibiting symptoms of anaphylaxis in accordance with the "Standing Order for the Administration of School Supplied (Undesignated) Epinephrine Auto-Injectors for Potentially Life-Threatening Allergic Reactions (Anaphylaxis) in Individuals Pursuant to Public Act 97-0361."

Must be administered by a school nurse unless an Individual Health Care Action Plan, Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, or plan pursuant to Section 504 of the federal Rehabilitation Act of 1973 for the student is on file with the school.

DATE ISSUED

PHYSICIAN SIGNATURE