



County of Residence

Name  Email Address

Cell Phone Number  Current Epi-Pen User

Please select your occupation  Birthdate: MM  DD  1956

- Please select your occupation
- I am healthcare personnel
- I am a caretaker of someone 65 years of age or older
- I am a resident or staff of a long-term care facility
- I am law enforcement, fire, EMS personnel or 911 Operator
- Pre-K, K-12, and DECAL Licensed or Exempt Childcare Programs Educators and Staff
- Adults with Intellectual & Developmental Disabilities & their Caregivers
- Parents of Children with Complex Medical Conditions
- No, I am none of above

**SEND ME UPDATES**

