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| **ANAPHYLAXIE**  **Renseignements propres à l’enfant pour les séances de formation** | | | |
| **Programme communautaire :** | | | **Date** |
| **Nom de l'enfant** | **Allergène(s)** | **Auto-injecteur d’épinéphrine** | |
| **Type** | **Emplacement** |
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| **LÉGENDE** | **EP – EpiPen®** | **SD – Sac à dos** |
|  | **AJ – Allerject®** | **SC – Sacoche de ceinture** |
|  |  | **SM – Sac à main** |