



PARENTAL CONSENT FORM:

USE OF EMERGENCY ADRENALINE AUTO-INJECTOR

Pupils name:

Class:

Child showing signs of anaphylaxis

1. I can confirm that my child has been prescribed an Adrenaline auto-injector for his/her allergies [delete as appropriate].
2. I have supplied the schools medical room with in-date Adrenaline auto-injector, anti-histamine in a clear container, clearly labelled with my child's name.
3. I understand the importance of ensuring that the school is provided with an in-date Adrenaline auto-injector at all times during the course of my child's time at the school and will endeavour to provide the school with an in-date Adrenaline auto-injector
4. In the event of my child displaying signs of anaphylaxis, and if their Adrenaline auto-injector is not available or is unusable, I consent for my child to receive adrenaline from an emergency Adrenaline auto-injector held by the school for such occasions.

Contact Details:

Name of Parent/carer:

Relationship to pupil:

Daytime Tel: No.

Signature(s): Date: