



North Stainley Primary School



Consent form for the use of emergency adrenaline auto-injector (epi-pen)

For a child showing symptoms of anaphylaxis

The school will not administer medicine to your child unless you complete and sign this document, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by:	Rachel Stelling (school office)
Name of school:	North Stainley Primary School
Name of child:	
Date of birth:	
Class / Year:	Class _____ Year _____
Medical condition or illness:	Anaphylaxis

In the event of my child displaying symptoms of anaphylaxis, I consent for my child to receive adrenaline from an emergency adrenaline auto-injector held by the school for such emergencies.

Contact details

Name:	
Emergency contact telephone number:	
Relationship to child:	

Signature: _____ Date: _____