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

I confirm that my child has been diagnosed with an allergy which could cause anaphylaxis and has been prescribed an adrenaline auto-injector (epi-pen).

My child has a working, in-date adrenaline auto-injector (epi-pen), clearly labelled with their name, which is kept in school and will be replaced when it is out of date.

In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector (epi-pen) 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 emergencies.

Contact details

Name:	
Emergency contact telephone number:	
Relationship to child:	

Signature: _____ *Date:* _____