



# PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER EMERGENCY ADRENALINE AUTO-INJECTORS

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Class \_\_\_\_\_ Date of Birth \_\_\_\_\_

The school stores an emergency Adrenaline Auto-Injector which can be used if a child is showing symptoms of a severe allergic reaction, and the child's own prescribed Auto-Injector is unavailable.

1. I can confirm that my child has been prescribed an Adrenaline Auto-Injector due to an allergy.
2. My child has a working, in-date Auto-Injector, clearly labelled with their name, which they will have in school every day.
3. In the event of my child displaying symptoms of a severe allergic reaction, and if their Auto-Injector is not available or is unusable, I consent for my child to receive the Emergency Adrenaline Auto-Injector provided by the school.

This form must only be signed by someone with parental responsibility for the child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parents address and contact details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency telephone: \_\_\_\_\_