

**Consent Form:
Use of Emergency Adrenaline Auto-Injector**

Student's name: Tutor group:

Child showing symptoms of allergic reaction / anaphylaxis.

1. I can confirm that my child has been diagnosed with allergies and has been prescribed an adrenaline auto-injector.
2. I will ensure my child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which will be present in school every day.
3. In the event of my child displaying symptoms of anaphylaxis and their adrenaline auto-injector is not available or is un-usable, **I consent for them to receive an adrenaline from an emergency adrenaline auto-injector held by the school for such emergencies.**

Signature:..... Date:

Name (print):

Parents/Carer's address and contact details:

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Telephone:

E-mail: