



Consent Form - Use of Emergency Adrenaline Auto Injector

Consent for use of emergency adrenalin auto injector for pupils who have been diagnosed with severe allergies and have a prescribed personal adrenalin auto injector.

Name of pupil:.....Date of Birth:

Class:

1. I can confirm that my child has been diagnosed with an allergy:

food allergy (please state which food.....)

wasp/bee sting allergy

latex allergy

other allergy (please state what to.....)

and has been prescribed an adrenalin auto injector.

2. My child has an in-date adrenaline auto injector, clearly labelled with their name, which they will have with them at school every day.

3. In the event of my child displaying symptoms of anaphylaxis shock, and if their own adrenaline auto injector is not available or is unusable, I consent for my child to receive an injection from an emergency adrenaline auto injector held by the school for such emergencies.

Parent/carer signature.....Date.....

Parent/carer name.....