



## **CONSENT FORM:**

### **Use of schools own emergency auto-injector**

Child's name:

DOB:

Class/form:

1. I can confirm that my child has been diagnosed with allergies/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 in school every day.
3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive treatment from an emergency adrenaline auto-injector held by school for such emergencies.

<b>Name (print):</b>	
<b>Signed:</b>	
<b>Relationship to child:</b>	
<b>Date:</b>	