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Headteacher: Mrs Jane Sherwood  
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## CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO INJECTOR

Dear Parents and Carers

We have received new government guidelines that will allow us to keep an adrenaline auto injector in school and administer this in an emergency to any child displaying the symptoms of anaphylaxis, where their adrenaline auto injector is not available or unusable.

Your child is bringing home this letter as they have been prescribed with an adrenaline auto injector. Please could you complete and return the slip below to the school office asap.

Yours sincerely

A handwritten signature in black ink that reads "Jane Sherwood".

Mrs J. Sherwood  
Headteacher

To the school office:

**Child showing symptoms of anaphylaxis.**

1. I can confirm that my child needs an adrenaline auto injector and has been prescribed one.
2. My child has two working, in-date adrenaline auto injectors, clearly labelled with their name, which are in school every day.
3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto injectors are not available or are unusable, I consent for my child to receive a dose of adrenaline from an emergency adrenaline auto injector held by the school for such emergencies.

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

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

Child's name: \_\_\_\_\_ Class: \_\_\_\_\_

*Achievement*

*Celebration*

*Teamwork*

