



CONSENT FORM
USE OF EMERGENCY EPIPENS

Child showing symptoms of an allergic reaction/anaphylaxis

1. I can confirm that my child has been diagnosed with an allergy and has been prescribed an Adrenaline Auto-injector device.
2. My child has a working, in-date Adrenaline Auto-injector device, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of an allergic reaction, and if their Adrenaline Auto-injector device is not available or is unusable, I consent for my child to have use of the emergency Adrenaline Auto-injector device held by the school for such emergencies.

Child's Name: Form:

Signed by:
(Parent/Carer)

Print Name:

Date: