**CONSENT FORM:**

**USE OF EMERGENCY ADRENALINE AUTO-INJECTOR**

**Child showing symptoms of severe allergic reaction/anaphylaxis**

1. I can confirm that (please tick):

|  |  |
| --- | --- |
| my child has been diagnosed as being at risk of anaphylaxis and **has** been prescribed an adrenaline auto-injector (AAI). |  |
| my child has been diagnosed as being at risk of anaphylaxis and **has not** been prescribed an adrenaline auto-injector (AAI). |  |

2. My child has two working, in-date AAIs, which we have provided for accessibility within school every day and clearly labelled with their name.

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

4. I am aware that, in accordance with the guidance recommended by the Department of Health, ‘Guidance on the use of emergency adrenaline auto-injectors in school’ (Department of Health, 2017) and guidance the school has received from the Public Health Nursing Team, if I do not consent for my child to receive the emergency AAI, staff will call 999 for instruction in the event of my child showing symptoms of severe allergic reaction/anaphylaxisand their own AAI being unavailable or unusable.

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

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child (print): \_\_\_\_\_\_\_\_\_\_\_

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_