CONSENT FORM

Use of emergency epipen at Elveden C of E Primary Academy.

Child showing symptoms of anaphylaxis.

1. I can confirm that my child has been diagnosed with an allergy that requires epipen treatment /and has been prescribed an epipen [delete as appropriate].

2. My child has a working, in-date epipen, boxed and clearly labelled with their name. This will be left at school in their classroom.

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

Signed: ……………………………………………………………. Date: ………………………………………………

Name (print): ……………………………………………………………………………………………………………………

Child’s name: ………………………………………………………………………………………………………………….

Class: ………………………………………………………………………………………………………………………………

Parent’s address and contact details: ………………………………………………………………………….

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Telephone: …………………………………………………………………………………………………………………….