



# Mercenfeld Primary School

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## CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO INJECTOR

Child's name: ..... Class: .....

Child showing symptoms of anaphylaxis shock

1. I can confirm that my child has been diagnosed with a food (please state which food.....) / wasp/bee sting / latex allergy / [other allergy] and has been prescribed an adrenalin auto injector. *[Delete as appropriate]*.
2. My child has an in-date adrenaline auto injector, clearly labelled with their name, which they will have with them at school every day.
3. In the event of my child displaying symptoms of anaphylaxis shock, and if their own adrenaline auto injector is not available or is unusable, I consent for my child to receive an injection from an emergency adrenaline auto injector held by the school for such emergencies.

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

Name (print): .....

Parent's address and contact details:

.....  
.....

Telephone: .....

E-mail: .....