



FARNBOROUGH HILL

WHOLEHEARTEDLY

Consent for Auto-Injectors to be Administered in School

Pupil's name: Form:

Has an allergy to:

Parent/Guardian contact numbers:

Home:

Mobile:

Work:

Below is an example plan of action should your daughter show signs of anaphylaxis:

- 1) Give Piriton
- 2) Administer Auto-Injector
- 3) Call 999
- 4) Contact parent

**Please write below the steps we need to take for your daughter.
It is extremely important that we have this individualised information.**

- 1)
- 2)
- 3)
- 4)
- 5)

Parent/Guardian: Date:

Signature