

This form must only be completed by parents/guardian

Form MM6

Consent form: Use of emergency adrenaline auto-injector

Name of Academy

The Burgess Hill Academy

Child's name

Year Group/tutor

Address

Contact Information

Name

Daytime phone no.

Relationship to child

Please answer all questions below and delete as appropriate:

1.	I can confirm that my child has been prescribed an adrenaline auto-injector.	YES / NO
2.	In the event of my child not having their own auto-injector or a malfunction of either of the auto-injectors (the second one is kept in the medical room), I consent for my child to receive the school held emergency adrenalin auto-injector for such emergencies.	YES / NO

Date: Signature of Parent/Carer: