

CONSENT FORM 2026-2027 Use of Emergency Auto Adrenaline Injectors (AAI) Pupil showing symptoms of allergy and anaphylaxis

I, (Name of Parent or Guardian)	
Of (permanent address)	
Child's name and date of birth	
• I confirm that my child has been diagnosed with an allergy and has a prescribed an auto adrenaline injector. • I confirm my child has a working in date auto adrenaline injector clearly labelled and has been advised to keep it with them at all times. • In the event of my child displaying symptoms of anaphylaxis and if their AAI is not available or is unusable I consent to my child receiving adrenaline from an emergency AAI held by the school for such emergencies.	
Signature of Parent or Guardian:	
Date:	

Or, If NOT WISHING TO CONSENT

I do NOT give my consent to the above	Please tick BOX ☐
Signed	
Date:	
PRINT NAME:	

We will ask you to update this form each school year.