

**CONSENT FORM  
USE OF  
EMERGENCY ADRENALIN AUTO-INJECTOR (EPIPEN)  
The Judd School**

**Child showing symptoms of severe allergic reaction / anaphylaxis**

1. I can confirm that my child has been diagnosed with allergies and has been prescribed an adrenaline auto-injector.
2. I will ensure my child has a working, in date adrenaline auto-injector, clearly labelled with their name, which will be present in school every day.
3. In the event of my child displaying symptoms of anaphylaxis and their auto-injector is not available or is unusable, **I consent for my child to receive adrenaline from the emergency adrenaline auto-injector held by the school for such emergencies.**

Name of Parent /Carer (print): .....

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

Emergency Contact Number: .....

Child's name: .....

Date of Birth:..... Form: .....

Office Use Only: SIMS \_\_\_\_\_ WALLETT \_\_\_\_\_