

**Consent form for the use of Wixams Academy’s emergency adrenaline auto-injector (Epi-Pen)**

**For a child showing symptoms of anaphylaxis**

The school will not administer medicine to your child unless you complete and sign this document, and the school has a policy for supporting students with medical conditions.

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| --- | --- |
| **Date for review to be initiated by** | **(School office)** |
| **Name of school** | **Wixams Academy** |
| **Name of Child** |  |
| **Date of birth** |  |
| **Class** |  |
| **Medical condition or illness** | **Anaphylaxis** |

I confirm that my child has been diagnosed with an allergy which could cause anaphylaxis and has been prescribed an adrenaline auto-injector (Epi-Pen)

My child has a working, in-date adrenaline auto-injector (Epi-Pen), clearly labelled with their name, which they will bring to school with them every day.

In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector (Epi-Pen) is not available or is unusable, I consent for my child to receive adrenaline from an emergency auto-injector held by Wixams Academy for such emergencies.

**Contact Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Emergency contact telephone number** |  |
| **Relationship to child** |  |

*Signature:­­­­­­­­ ………………………………………………………………………………………………. Date: …………………………*