



CONSENT FORM:

Use of school's own emergency EpiPen

Child's name.....

DOB.....

Class

1. I can confirm that my child has been diagnosed with a severe allergy/allergies and has been prescribed an EpiPen.
2. I will ensure my child has a working, in-date EpiPen, clearly labelled with their name, which will be in school every day.
3. In the event of my child displaying symptoms of an allergic reaction, and if their EpiPen is not available or is unusable, I consent for my child to receive medical treatment using the school's EpiPen held by the school for such emergencies.

Signed.....

Date.....

Name (print).....

Relationship to child.....