



Penwortham Girls' High School

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(Appendix F)

CONSENT FORM FOR THE USE OF EMERGENCY ADRENALINE AUTO-INJECTOR IN PENWORTHAM GIRLS' HIGH SCHOOL

Child showing symptoms of anaphylaxis.

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

Signed: _____ Date: _____

Name (print): _____

Child's name: _____ Form: _____

Emergency Contact tel no 1: _____

Emergency contact tel no 2: _____

Signed (Parent/Carer): _____

Print Name: _____

