

LINDEN PRIMARY SCHOOL

Linden Road, Gloucester, GL1 5HU
Tel: (01452) 527020 Fax: (01452) 541026
admin@linden.gloucs.sch.uk



CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO-INJECTOR DEVICE

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

1. I can confirm that my child has been diagnosed with an allergy and has been prescribed an auto injector device (delete as appropriate).
2. My child has a working, in-date auto injector, in a bag clearly labelled with their name, which they will bring into school every day.
3. In the event of my child displaying signs of ANAPHYLAXIS, and if their own auto injector device is not available or is unusable, I consent for my child to receive adrenaline from an emergency auto-injector device held by the school for such emergencies.

The following devices are in school. Please tick which dosage your child requires.

Brand name*		Dose* (state milligrams or micrograms)	Please tick
EMERADE	Adrenaline auto-injector device	150 microgram	
EMERADE	Adrenaline auto-injector device	300 microgram	

Signed:

Date:

Name (print):

Child's Name:

Class:

Parent's address and contact details:

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Telephone:

E-mail:

Mrs L Collins - Headteacher

Growing Together To Create Lifelong Learners