



CONSENT FORM FOR USE OF EMERGENCY ADRENALIN AUTO-INJECTOR
HOLY TRINITY COFE PRIMARY SCHOOL

CHILD'S NAME: _____ **CLASS:** _____

CHILDS' DATE OF BIRTH: _____

AUTO-INJECTOR PRESCRIBED: Emerade EpiPen Jext

- 1) I can confirm that my child, named above, has been diagnosed with allergies and has been prescribed an adrenaline auto-injector by their GP.
- 2) I will ensure my child has two working, in date, adrenaline auto-injectors in school every day. They will be in their original box (as dispensed by the Pharmacist) and will be clearly labelled with my child's name.
- 3) In the event of my child displaying symptoms of anaphylaxis and their auto-injector being unavailable, or unusable, I consent for my child to receive adrenaline from the emergency adrenaline auto-injector held by the school for such emergencies. **I note that this device may be different to their prescribed medication, but I am aware that all auto-injectors (Emerade, EpiPen and Jext) contain the same active ingredient (epinephrine).**

NAME OF PARENT/CARER: _____

SIGNATURE: _____

DATE: _____

EMERGENCY CONTACT NUMBER: _____