



## Crossflatts Primary School

### CONSENT FORM: USE OF EMERGENCY Epinephrine Auto Injector (EpiPen)

I can confirm that my child has been diagnosed with anaphylaxis / has been prescribed an Epinephrine Auto Injector (EpiPen)

2. My child has a working, in-date Epinephrine Auto Injector (EpiPen) clearly labelled with their name, which will be kept in school

3. In the event of my child displaying symptoms of anaphylaxis, and if their Epinephrine Auto Injector is not available or is unusable, I consent for my child to receive Epinephrine Auto Injector from an emergency (EpiPen) held by the school for such emergencies.

Signed: ..... Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

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.....  
.....

Telephone: .....

E-mail: .....