

Appendix III

**CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO-INJECTOR
Charlton Kings Infants' School, Charlton Kings, Cheltenham GL53 8AY
Child showing symptoms of allergic reaction / having an allergic reaction**

1. I can confirm that my child has been diagnosed with allergies and has been prescribed an auto adrenaline auto-injector (AAI) [delete as appropriate].
2. My child has a working, in-date AAI, clearly labelled with their name, which they have in school that is kept in the designated area in the classroom.
3. In the event of my child displaying symptoms of an allergic reaction today, and if their AAI is not available or is unusable, I consent for my child to receive the adrenaline from an emergency AAI 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:.....