



REQUEST FOR SCHOOL TO ADMINISTER AN ADRENALINE AUTO INJECTOR

Form to be completed by parents/carers so the school can administer Adrenaline Auto Injectors. Please return this form to school by

Details of child or young person

Surname:

Forename(s):

Date of Birth:

Medication

Name of Adrenaline Auto Injector:

Dosage:

- I confirm that I am happy for school staff to administer the prescribed dosage to my child in an emergency
- I will supply two auto injectors to the school
- In School one auto injector will be held by staff member working with the child, and one in the appropriate medication cupboard

All medication must be sent in to school in its original packaging, with the prescription label stating the child's name, and dosage.

Date:

Signature(s):

Relationship to child or young person: