



Fulford School

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CONSENT FORM

Use of emergency Adrenaline Auto-Injector (AAI) Student showing symptoms of allergy and anaphylaxis

- I can confirm that my child has been diagnosed with an allergy and has a prescribed AAI.
- My child has a working, in date AAI, clearly labelled and has been advised to keep it with them at all times.
- In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or unusable.
- I consent to the use of AAI Brand "EPIPEN" dose 0.3mg.

Signature of Parent/Carer:	
Date:	

I, Name of Parent/Carer	
Of (permanent address)	
Hereby give consent for my son/daughter (Full name and date of birth)	

OR, IF NOT WISHING TO CONSENT

I do NOT give my consent to the above	Please Tick BOX <input type="checkbox"/>
SIGNED:	
DATE:	
PRINT NAME:	



The South York Multi-Academy Trust.
Registered address: Fulfordgate, Heslington Lane, Fulford, York YO10 4FY.
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