

Fulford School

Fulfordgate, Heslington Lane, Fulford, York. YO10 4FY

T: 01904 633300 E: office@fulford.york.sch.uk W:www.fulford.york.sch.uk

**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 schools central 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 □** |
| **SIGNED:** |  |
| **DATE:** |  |
| **PRINT NAME:** |  |



The South York Multi-Academy Trust.

Registered address: Fulfordgate, Heslington Lane, Fulford, York YO10 4FY.

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