

GORSE RIDE JUNIOR SCHOOL

CONSENT TO ADMINISTRATION OF EPINEPHRINE (ADRENALINE) IN THE EVENT OF A SEVERE ALLERGIC REACTION

Pupil's Name or <i>Staff's Name</i>	
D.o.B	
Address	

Parent / Guardian's Name	
Emergency Contact Number	

General Practitioner	
Address	
Telephone Number	

Allergy to	
Prescribed Emergency Treatment & Dose	

Hospital Consultant	
Hospital Address	

EPIPEN EXPIRY DATE	
---------------------------	--

Please ensure that your child's EpiPen is renewed before the above expiry date.

Parent's agreement to the administration of prescribed emergency treatment by trained volunteer staff.

Signature Date

Headteacher Date

Details of trained volunteer staff to be retained by school.

