CONSENT FORM

USE OF EMERGENCY AAI



**Child / staff member showing symptoms of anaphylaxis:**

1. I can confirm that my child has been / I have been diagnosed with an allergy and has / have been prescribed an AAI.

2. My child has / I have a working, in-date inhaler, clearly labelled with their / my name, which they / I bring to school every day.

3. In the event of my child displaying / that I display symptoms of anaphylaxis, and if their / my AAI is not available or

is unusable, I consent for my child receive / to receiving medication from a school AAI held by the school for such emergencies.

Signed: ……………………………………………

Date: ………………………………………………

Name (print)……………………………………………………………………………………………………………………

Child’s name: ………………………………………………………………………………………………………………….

Class: ………………………………………………………………………………………………………………………………

Address and contact details:

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Telephone: ……………………………………………………………………………………………………………………..

E-mail: …………………………………………………………………………………………………………………………….