

Christian Brothers Grammar School

Consent Form

USE OF EMERGENCY ADRENALINE AUTO –INJECTORS (AAIs)

- **Adult EpiPen 0.3mg**

1. I can confirm that my son has been diagnosed with an Allergy / and is known to be at risk of Anaphylaxis requiring the administration of AAI device as prescribed by GP.
(delete as appropriate)
2. My son has working, in-date AAIs x 2, clearly labelled with his name, which are required to accompany him at all times during the school day.
3. In the event of my son displaying symptoms of severe reaction (Anaphylaxis) and if his AAI s are unavailable or unusable.
4. I consent for my child to receive School Emergency AAI –Adult EpiPen 0.3mg x 2, (as recommended by School Health Department) held by the school for such emergencies.

Signed: _____ Date: _____

Name: _____

Pupils Name: _____

Date of Birth: _____

Parents Address:

Telephone: _____

E-mail: _____