

Consent for EpiPens to be Administered in School

Pupil's name:	Form:
Has an allergy to:	• • • • • • • • • • • • • • • • • • • •
Parent/Guardian contact numbers:	
Tarchio Guar diam contact numbers.	
Home:	•••••
Mobile:	
Work:	
Below is an example plan of action should your daughter show signs of anaphy 1) Give Piriton 2) Administer EpiPen 3) Call 999 4) Contact parent	rlaxis:
Please write below the steps we need to take for your daughter. It is extremely important that we have this individualised information.	
1)	
2)	
3)	
4)	
5)	
Parent/Guardian:	