HILLTOP PRIMARY SCHOOL

Emergency Adrenaline Auto-injector (AAI) Consent

As of 1 October 2017, new guidance from the Department of Health – 'Guidance on the use of adrenaline auto-injectors in schools' – states that schools are allowed to keep spare AAIs for emergency use on pupils who have been assessed as being at risk of a severe allergic reaction (anaphylaxis).

Schools may need to administer emergency AAIs if a pupil does not have their medication on them, if the prescribed AAI is out of date, or if it is not working.

Examples of AAIs we store in school include EpiPen/ Emerade / Jext. Please ensure your child can be administered these AAIs before completing this consent.

Hilltop Primary School will not administer emergency AAIs unless you have given consent.

I can confirm:

1. My child has been assessed by a medical professional as being at risk of anaphylaxis.

2. I consent to my child being administered an emergency AAI if my child does not have an AAI with them, if theirs is out of date, or it is not working.

3. I understand that, in the event of a severe allergic reaction where an AAI needs to be administered as soon as possible, a trained first-aider may not be available to administer the medication. In this instance, the nearest member of staff with access to an AAI is able to administer the medication.

4. In the event that my child is administered an AAI, I will be notified as soon as it is possible.

5. I understand that any medication administered to my child is in line with our Supporting Pupils with Medical Conditions Policy.

6. I understand I am able to withdraw my consent at any time.

Signed: _____ **Date:** _____
(parent/carer)

Parent / Carer Name: _____
(please print)

Medicine In School

In order for the school to consider whether or not they agree to request to give your child medicine during the school day, it is necessary for you to complete and sign this form.

We are unable to administer any medicine / Adrenaline Auto-injector (AAI) in school unless this form has been completed fully by a parent / carer.

Child's Details:

Surname:	Forename:
Class:	Date of Birth:

Name of Medicine To Be Taken:	Reason Medicine Is Needed:
Dose To Be Taken:	What Time Medicine Is To Be Taken:
To Be Stored In The Fridge: Yes ☐ No ☐	
Any Other Instructions:	
Parent/Carer Signature:	Parent/Carer Name:

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Declaration

I request that the above medication is to be given in accordance with the above information by a responsible member of staff who has received any necessary training. I understand that it may be necessary for this treatment to be carried out during educational visits and other school activities, as well as on the school premises.

I undertake to supply the school with medicines in properly labelled containers.

I accept that whilst my child is in the care of the school, the school staff stand in the position of the parent/carer and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency but I will be informed of such action as soon as possible.

Doctor's Name:	Telephone Number:
Surgery:	

Emergency Contact Details:

Contact 1:	Contact 2:
Relation to Child:	Relation to Child:
Home Telephone Number: *(please provide dialling code):*	Home Telephone Number: *(please provide dialling code):*
Work Telephone Number: *(please provide dialling code):*	Work Telephone Number: *(please provide dialling code):*
Mobile Telephone Number:	Mobile Telephone Number:

Medicine should not be sent in to school via your child's bag, a parent or carer must hand this into the school office directly.