



ST ALBANS  
SCHOOL

SCHOOL NURSES – MEDICAL ROOM  
Abbey Gateway, St Albans, Hertfordshire AL3 4HB  
T: 01727 515271 F: 01727 843447  
E: [nurses@st-albans.herts.sch.uk](mailto:nurses@st-albans.herts.sch.uk)

[st-albans.herts.sch.uk](http://st-albans.herts.sch.uk)

Headmaster: Jonathan W J Gillespie MA (Cantab) FRSA

January 2021

## CONSENT FOR THE USE OF THE SCHOOL HELD EMERGENCY ADRENALINE AUTO INJECTOR (AAI)

Student's Name: \_\_\_\_\_ Form: \_\_\_\_\_

1) I confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector by their GP/Consultant.

2) I will provide the School Nurses with a copy of my child's Allergy Action Plan ([allergy-action-plans/](#)) from their last allergy clinic visit. Where there is a delay providing this, I will inform [nurses@st-albans.herts.sch.uk](mailto:nurses@st-albans.herts.sch.uk) in writing.

3) My child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which they will bring with them to school every day. The AAI will have a copy of their care plan with it.

4) In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector is not readily available or is unusable, I consent for my child to receive an adrenaline auto-injector held by the school for such emergencies.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (Print): \_\_\_\_\_

Parent's address and emergency contact details:

\_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**Please note that the School held "spare" AAIs can only be used for pupils known to be at risk of anaphylaxis IF medical authorisation and written parental consent have been provided.**

**We will ask you to complete this form annually.**