

**AGREEMENT FOR THE EMERGENCY ADMINISTRATION OF  
ADRENALINE FOR TREATING AN ANAPHYLACTIC REACTION**

**Pupil's Name:** .....**DOB:** .....

**Address:** .....

**Next of Kin/Emergency Contact:** .....

**Relationship:** .....

**Telephone Numbers: (in case of emergency)**

1. ....

2. ....

3. ....

**Reason for Adrenaline.....**

.....

**Symptoms.....**

.....

**We, the undersigned, give consent for the above child to be given Adrenaline by appropriately trained staff, in the event of him/her suffering, or appearing to suffer, from an Anaphylactic Reaction.**

**Name of Parent/Guardian: .....**  
*(please print)*

**Signature: ..... Date: .....**

**Signature of Headteacher .....Date: .....**