



Alwyn Infant School, Mulberry Walk, Maidenhead, Berkshire, SL6 6EU

Tel: 01628 622477 Email: office@alwyn.org.uk Head of School: Miss K Grierson

**AGREEMENT FOR THE EMERGENCY ADMINISTRATION OF ANTI-HISTAMINE/ADRENALINE
FOR TREATING AN ALLERGIC/ANAPHYLACTIC REACTION**

Pupil's Name:DOB:

Address:

Next of Kin/Emergency Contact:

Relationship:

Telephone Numbers: (in case of emergency)

1.
2.
3.

Name of Medication.....

Reason for Medication.....

.....

Symptoms.....

.....

.....
In the event of my above-named child suffering, or appearing to suffer, from an allergic/anaphylactic reaction, the undersigned, give consent for him/her to be given the prescribed adrenaline pen OR the school adrenaline pen (JEXT 150mg) by a member of school staff. The school adrenaline pen is for emergency use only and will only be given if the prescribed adrenaline pen is empty or faulty. I understand that it is my responsibility to ensure that the prescribed adrenaline pen is in date.

Name of Parent/Guardian:

(please print)

Signature: Date:

Signature of HeadteacherDate:

Alwyn Infant School is part of the Alwyn and Courthouse Federation

Executive Headteacher Mr Nick Hart