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Stokenchurch Primary School

George Road
Stokenchurch
Buckinghamshire HP14 3RN

Headteacher: Mr Nick Stevens



Administration of Epi-pen (Adrenaline) – Consent Form

To be completed by a Doctor (Family Doctor, School Medical Officer, Consultant etc)

NAME OF PATIENTD.O.B.....

Address

.....

.....

I confirm that Epi-pen (Adrenaline) has been prescribed for the above-named patient. Specific recommendations are:

Dose

Indications

Further Information

.....

.....

Signed: Date:

For completion by a parent or guardian

I consent to the administration of Epi-pen (Adrenaline) as detailed above.

Signed Date

HAPPY VALUED CURIOUS AMBITIOUS TOLERANT RESPECTFUL CONFIDENT
CONSIDERATE INDEPENDENT RESILIENT ENTHUSIASTIC SUCCESSFUL