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# Stokenchurch Primary School

George Road  
Stokenchurch  
Buckinghamshire HP14 3RN

Headteacher: Mr Nick Stevens



## Parental Agreement Form for School to Administer Emergency Epi-pen.

The school will not give your child medicine unless you complete and sign this form.

Name of child: \_\_\_\_\_

Class: \_\_\_\_\_

### Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector
2. My child has a working, in-date adrenaline auto-injector, clearly labelled with their name, which will be held in school.
3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto-injector is not available or is unusable, I consent for my child to receive an adrenaline auto-injector held by the school for such emergencies.

### Contact details

Name \_\_\_\_\_

Daytime Telephone number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Parent's address and contact details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand that I must notify the school of any changes in writing.

Date \_\_\_\_\_

Signature(s) \_\_\_\_\_

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