Dear Parent/Carer

We have recently purchased some antihistamine (**Piriton**) for minor allergic reactions and an auto injector pen (**EpiPen**) if your child has been prescribed one from the GP for anaphylaxis to have in school in case of emergencies. Although your child may already have these in school, we would be grateful if we could have your written permission to administer them if necessary. First aid staff are trained in the event of a severe allergic reaction and the procedures involved in helping a pupil to administer the auto injector in an emergency.

For us to use the school Piriton or Epi-Pen we need to have your permission, please complete the form below and return to Miss Pearson.

Should you have any queries regarding this form then please contact Miss Pearson on 01722 335380 or alternatively by email at spe@sjcs.org.uk.

Kind regards

Miss S Pearson

**Lead First Aider**

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**Permission for use of antihistamine and/or auto injector**

Name of pupil: …………………………………………………………………………………………………………………………………………………………

Year/Form: ………………………………………………………………………………………………………………………………………………………………

Allergy(ies): …………………………………………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………….

**Please tick one or both boxes and sign below.**

**I consent to my child being given antihistamine in the event of a minor allergic reaction.**

**I consent to my child using an auto injector (Epipen) in the event of a severe allergic reaction (anaphylaxis), only for those who have been prescribed one by GP.  An adult may administer if necessary.**

**Signed: …............................................................................ Print Name: ………………………………………………….**

**Relationship to pupil: ….........................................................Date: ……………………………………………………….**