

THE PIGGOTT SCHOOL



CONSENT TO ADMINISTER 'EMERGENCY' MEDICATION

(Epipen – Jext Pen – Inhaler – Antihistamine)

Pupil Name	
Tutor Group	
DoB	
Address	

Parent/Guardian Name	
Home Telephone Number	
Mobile Telephone Number	
Emergency Contact Number	

Allergy to:					
Prescribed Emergency Treatment and Dose:					
	Please tick which you consent to being administered:	EPIPEN		JEXT PEN	
		ASTHMA INHALER		ANTI HISTAMINE	
(You MUST provide this medication from home if you complete this form)					

General Practitioner's Name	
Address	
Telephone Number	

Parental agreement to the administration of above prescribed emergency treatment by school staff.

Signed..... (Parent/Guardian) Relationship to Student.....

Print Name..... Date.....

Confirmation of Insurance Cover for staff to administer prescribed emergency treatment.

Head Teacher..... Date.....