

FOREST BRIDGE SCHOOL



CONSENT TO ADMINISTER 'EMERGENCY' MEDICATION

(Epipen – Jext Pen – Inhaler – Antihistamine)

Pupil Name	
Class	
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:	<i>EPIPEN</i>		<i>JEXT PEN</i>	
		<i>ASTHMA INHALER</i>		<i>ANTI HISTAMINE</i>	
(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.....

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