

This form must only be completed by parents/guardian

Form MM6

Consent form: Use of emergency adrenaline auto-injector

Name of Academy	The Burgess Hill Academy	
Child's name		
Year Group/tutor		
Address		
Contact Information		
Name		
Daytime phone no.		
Relationship to child		

Please answer all questions below and delete as appropriate:

1.	I can confirm that my child has been prescribed an adrenaline auto- injector.	YES / NO
2.	In the event of my child not having their own auto-injector or a malfunction of either of the auto-injectors (the second one is kept in the medical room), I consent for my child to receive the school held emergency adrenlin auto-injector for such emergencies.	YES / NO

Date: Signature of Parent/Carer:

The Burgess Hill Academy is part of the University of Brighton Academies Trust, a charitable company limited by guarantee, registered in England and Wales with company number 7185046. Registered address: Multi Academy Trust Office, University of Brighton, Room WHSR1, Watts House, Moulsecoomb Campus, Lewes Road, Brighton, BN2 4GJ.