**Epipen Protocol Form**

Keston Primary School, part of PACE Academy Trust is covered by the ‘Risk Protection Arrangement’ (RPA) provided by the Department for Education. The RPA provides unlimited cover for both employers and third party liability and therefore provides indemnity in the same way previously provided by the LBC.

Consent Form – Use of Emergency Anaphylaxis in school.

I can confirm that my child has been diagnosed with an allergy for which they are prescribed an adrenaline auto injector/ epipen.

Please complete the table below.

|  |  |  |
| --- | --- | --- |
| Name/mg | Date runs out | Parents signature |
|  |  |  |

Delete as appropriate.

My child has a supply kept in the classroom in case of an emergency.

My child has a supply kept in the medical room at the school office in case of an emergency.

Signed:…………………………………………. Dated:……………………………..

Name: Print………………………………………………………..

Child’s name:……………………………………………………... Class:……………

Parents address and contact details:

…………………………………………..

…………………………………………..

…………………………………………..

Telephone number: mobile……………………………. Home………………………..

**Allergy register for children authorised to use an epipen in an emergency**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of child | D.O.B | Date consent obtained | Allergies | Epipen location | Ambulance called (date/time) | Parents called (date/time) |
|  |  |  |  |  |  |  |
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Agreed and signed on behalf of Keston Primary School

Parents ……………………………………………………………………… Date:………

Inclusion Manager …………………………………………………………. Date:……….