



**Use of Emergency Inhalers and Adrenaline Auto Injectors**

In exceptional circumstances it may be necessary for our School's First Aiders to administer the school's Emergency Inhaler / Adrenaline Auto Injectors. In order to do this we need written permission. You will **always** be notified when we have to use this medication. Please fill out the relevant sections below.

I give consent for the school's **emergency Inhaler** to be used for my child \_\_\_\_\_ if necessary in an emergency scenario.

Signature of Parent / Carer \_\_\_\_\_

Relation to child \_\_\_\_\_

Date \_\_\_\_\_

I give consent for the school's **emergency Adrenaline Auto Injector** to be used for my child \_\_\_\_\_ if necessary in an emergency scenario.

Signature of Parent / Carer \_\_\_\_\_

Relation to child \_\_\_\_\_

Date \_\_\_\_\_