



# St. Joseph's

Catholic Primary School

## Parental agreement for use of School Emergency Auto - Injector

I confirm that my child has been prescribed an Auto Injector to be used if showing signs of Anaphylactic Shock.

I agree for the School Emergency Auto – Injector to be administered to my child in an emergency if their own Auto – Injector has been used or cannot be located quickly in an event such as an emergency evacuation.

Signed: .....Date: .....

Name (print).....

Child's name: .....

Class: .....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....