

BEACONSFIELD HIGH SCHOOL - HEALTHCARE PLAN

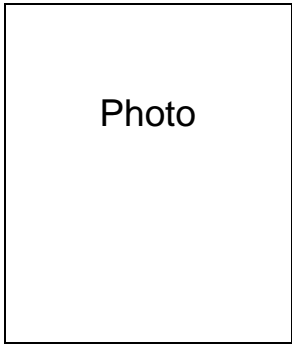
ALLERGIES AND ADRENALINE AUTO-INJECTORS (AAI's)

Surname:

Forenames:

Date of Birth:

Allergen:



I consent to a member of staff administering

.....
(name of medication as described on the container)

Dosage and method of administration:

Describe in detail when medication should be administered and any emergency actions
(call ambulance, parents etc.):

IT IS THE PARENT'S RESPONSIBILITY TO ENSURE THAT MEDICATION IS IN DATE.

Emergency Contact 1

Emergency Contact 2

Name:

Name:

Contact No:

Contact No:

I consent to the administration of the schools emergency adrenaline
to my child if their medication is not available. (delete as appropriate)

Yes/No

Signed (parent/carers): Date:

I consent to my photo (and details of allergens and the AAI to be used)
being displayed in the staffrooms at school. (delete as appropriate)

Yes/No

Signed (student): Date:

I have reviewed the form and am happy for my child to consent to their
Image being used by the school in this way.

Signed (parent/carers): Date: