



ST MARGARET'S C of E JUNIOR SCHOOL

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Web site: www.stmargaretsonline.net



Headteacher: Mr Williams

A founding member of MAST

Allergic Reaction Medical Form

The health, safety and welfare of your child/children are a major concern to us particularly while he/she/they are in our care. This form has been designed to enable staff to take appropriate action if/when your child suffers a severe allergic reaction. Please complete the form and return it to the school office as soon as possible.

Name: _____ has an allergic reaction to

If he/she has an allergic reaction while at school or during a school trip, I give my permission for the following prescription treatment to be administered:

(Please name the product/prescription above)

If your child has an Epipen we would like to keep **two** in school. One will be located in our Medical Room and the other will be kept in your child's class.

My son/daughter has an Epipen

Product name _____ Pen One Expiry date:/...../.....
Pen Two Expiry date:/...../.....

To ensure that all staff are made fully aware of your child's needs and be able to administer the appropriate treatment swiftly, your child will have his/her photo taken; this will be used to familiarise all staff with your child.

We will immediately dial the emergency services (ambulance) and contact you if your child suffers a severe allergic reaction necessitating the use of the Epipen while in our care.

By signing this form you are agreeing to all the measures outlined above.

Signed

Date



"Growing and achieving in God's love"

