



# ST MARGARET'S C of E JUNIOR SCHOOL

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Headteacher: Mr C P Gabbett



## 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 .....

