



Alexander Hosea Primary School

'Roots to grow, wings to fly'

Honeyborne Way, Wickwar, South Gloucestershire, GL12 8PF

Tel: 01454 294239 or 01454 294638

Email: AlexanderHoseaPrimary@sgmail.org.uk

www.alexanderhoseaprimary.co.uk

Headteacher: Mrs D Williams



21 June 2023

Dear Parents/Carers

Spare Adrenaline Auto Injectors (EpiPens) in School – Emergency Use

Following an amendment to the 'Human Medicines Regulations 2017' enabling schools to hold spare AAIs (epipens) (containing adrenaline) we have now purchased two EpiPens (Adrenaline) Auto-Injector 0.3 mg (age 7 to 12 yrs of age) and one EpiPen (Adrenaline Auto-Injector 0.15 mg (age under 7 yrs of age), which could be administered in the case of a child experiencing anaphylactic shock.

In the event of a severe allergic reaction in a pupil who has not previously been alerted to the school as being at risk of anaphylaxis, we would ring 999. We would take advice from the ambulance service as to whether administration of the spare emergency AAI (epipen) is necessary. This action would only be taken as a potentially lifesaving action, on the express direction of a 999 call handler or paramedic.

If you have already alerted the school that your child is at risk of anaphylaxis, the spare AAI (epipen) would only be used in the unlikely event that your child's prescribed epipen(s) are not available (e.g. because they are broken, have expired or have misfired). This scenario is extremely unlikely as the AAIs (epipens) held in school are checked termly.

It is of vital importance that you inform school of any new medical issues/conditions or any changes to pre-existing issues/conditions that you have already told us about as soon as possible. This ensures that we have all the relevant medical information to give to the emergency services in the event that we have to seek their help.

Please complete the attached form to indicate whether or not you give consent for the spare AAIs (epipen/s) to be administered to your child. This consent form will be valid for the duration of your child's attendance at Alexander Hosea School, unless we receive new instructions from you.

Please return the form to the school office.

If you have any concerns regarding this, please don't hesitate to contact me.

Yours sincerely

Debbie Williams
Headteacher



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CONSENT FORM

USE OF EMERGENCY ADRENALINE AUTO INJECTOR (EPIPEN)

In the event of my child displaying symptoms of anaphylaxis and that staff have been given express direction by a 999 call handler or paramedic to administer the AAI (epipen)

I **GIVE** consent for my child to receive the emergency AAI (epipen) held by school for such emergencies.

Child's name _____ (D.O.B) _____

Parent's signature: _____

Parent's name (print): _____ Date: _____

In the event of my child displaying symptoms of anaphylaxis and that staff have been given express direction by a 999 call handler or paramedic to administer the AAI (epipen)

I **DO NOT GIVE** consent for my child to receive the emergency AAI (epipen) held by school for such emergencies.

Child's name _____ (D.O.B) _____

Parent's signature: _____

Parent's name (print): _____ Date: _____

Reason/s for not giving consent:
