St. John Fisher R.C. Primary School
Head Teacher: Janine Kenna
Grand Drive, West Wimbledon, SW20 9NA
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Medication in school for Allergy Sufferers

Name of Child……

Class…….

Type of Allergy……

Type of Medication……

Please indicate below when/how often your child needs their medication:

……

……

If your child is diagnosed with an allergy that could lead to an anaphylaxis reaction, please provide school with any prescribed medication and an allergy action plan.

Please add any other information you think is necessary:

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☐ **I will update the school if my child's allergy symptoms, triggers or medication change**

☐ **I have provided school with the relevant medication and will replace them when needed**

☐ **I consent for my child to receive medication from a kit held by the school for emergencies - including adrenaline auto-injectors (EpiPen or Jext Pen). Please note that this is not an alternative to having their own medication in school.**

Signed……

Date……