

<u>Medicines Form 4 : Individual protocol for an</u> <u>EMERADE adrenaline auto injector</u>

CHILD'S NAME	
D.O.B.	School use attach photo
Class	here
Nature of Allergy (Please include type of allergy, expected react	ion

when the allergy was first noticed, any relevant history):

Contact Information

Name				Relation pupil	onship to		
Phone numbers	Work	Hor	ne	Mobile		Other	

If I am unavailable please contact:

Name			Relationship to pupil					
Phone numbers	Work		Home		Mobile		Other	

<u>GP</u> Name:	<u>Clinic/ Hospital Contact</u> Name:
Phone No:	Phone No:
Address:	Address:

MEDICATION: Emerade

Name on Emerade & expiry date:

.....

• It is the parents responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired

Dosage & Method: 1 DOSE INTO UPPER OUTER THIGH

- The school staff will take all reasonable steps to ensure that your child does not eat any food items unless they have been prepared / approved by parents.
- Parents need to ensure that they have set up special diet plans with Chartwells to ensure that food served at lunch is suitable for their child.
- It is the schools responsibility to ensure this care plan is reviewed and parents inform the school of any changes in condition or treatment.

Agreed by:

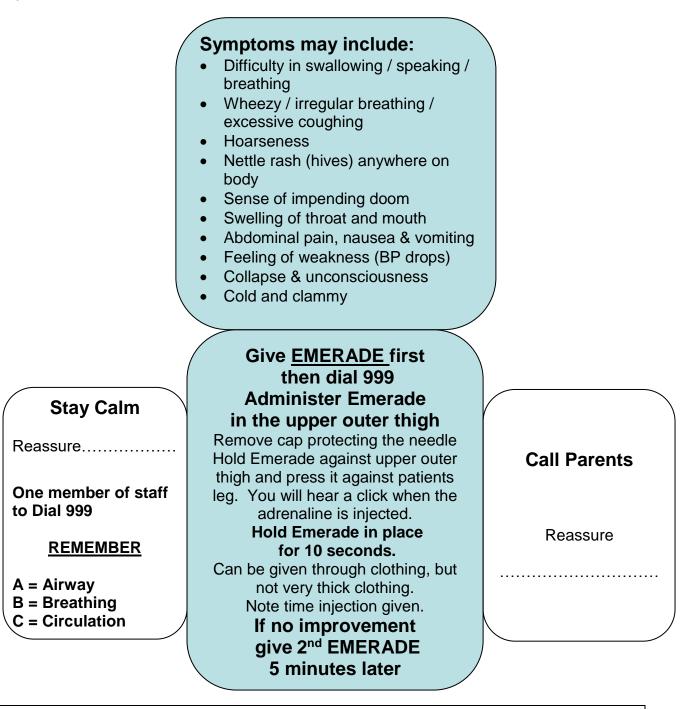
School Representative......Date......

- I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.
- I give my consent for the school to administer my child's Emerade or the school held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan
- I confirm I am the person with parental responsibility.

Signed:.....Print name.....

Date.....

Individual protocol for.....using an EMERADE (Adrenaline auto injector)



Telephoning for	<u>an ambulance</u>			
You need to say:	"I have a child in anaphylactic shock".			
Give school deta	ils: Brook Infant School, Salterns Road, Maidenbower, Crawley, West			
	Sussex, RH10 7JE			
Telephone: 01293 882856 (press 3 for the office)				
Give details:	Childs name has a severe allergy and what has happened.			
DO NOT PU	IT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY			
	INFORMATION HAS BEEN GIVEN			
Someone to wait	by the school gate to direct the ambulance staff straight to the child.			