



Dear Parents

**Re: Adrenaline Auto-Injector (AAI) Pens (e.g. Epi-pen, Jext pen Emerade pen)**

Following the amendment to the Human Medicines Regulations 2012 to permit schools to hold spare adrenaline auto-injectors (AAIs), the Department of Health has issued non-statutory guidance to support schools in their management of AAIs.

New Hall School has now made arrangements to hold emergency Adrenaline Auto-Injector pens for the use of students diagnosed with an allergy whose prescribed AAI pen is not available for various reasons in the event of an emergency.

According to our records, your son/daughter suffers from an allergy and has been prescribed an Adrenaline Auto-Injector (AAI) pen (for example Epi-pen, Jext pen, Emerade pen).

AAIs will only be administered to students for whom written parental consent for the use of the emergency AAI has been given. If your son/daughter has been diagnosed with an allergy and has been prescribed an Adrenaline pen, please could you complete the attached form – **Form 1b Emergency Adrenaline Auto-Injector Consent Form.**

Completed forms may be returned by post or email via:

[healthcentre@newhallschool.co.uk](mailto:healthcentre@newhallschool.co.uk)

Yours sincerely

Paul Davey  
HEALTH CENTRE MANAGER

**New Hall School** The Avenue, Boreham, Chelmsford, Essex CM3 3HS  
T: 01245 467 588 | E: [admin@newhallschool.co.uk](mailto:admin@newhallschool.co.uk) | W: [newhallschool.co.uk](http://newhallschool.co.uk)

Catholic independent boarding and day school (3-18) | Principal: Mrs Katherine Jeffrey MA(Oxon) PGCE BA(Div) MA(EdMg) NPQH  
New Hall School Trust: Registered Office at New Hall School | Limited Company 05472420 | Registered Charity 1110286 | Registered in England

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**CONSENT FORM****Use of Emergency Auto Adrenaline Injectors (AAI)  
Student showing symptoms of allergy and anaphylaxis**

- I can confirm that my child has been diagnosed with an allergy and has a prescribed an AAI.
- My child has a working, in date AAI, clearly labelled and has been advised to keep it with them at all times.
- In the event of my child displaying symptoms of anaphylaxis, and if their AAI is not available or is unusable.

<b>I, (Name of Parent or Guardian)</b>	
<b>Of (permanent address)</b>	
<b>Hereby give consent to my son/daughter (full name and date of birth)</b>	

to receive Adrenaline from an emergency AAI held by the school for such emergencies. I also consent for the Health Centre medical team (Paramedic/EMT) to administer emergency drugs if deemed necessary within their guidelines.

<b>Signature of Parent or Guardian:</b>	
<b>Date:</b>	

**Or, If NOT WISHING TO CONSENT**

<b>I do NOT give my consent to the above</b>	<b>Please tick BOX</b> <input type="checkbox"/>
<b>Signed</b>	
<b>Date:</b>	
<b>PRINT NAME:</b>	