

**St Peter's Catholic School**

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Headteacher: Mr T Miller



Dear Parent and Carers

**Adrenaline Auto-Injector (AAI)**

If your child has been diagnosed with an allergy that requires a prescribed AAI, please complete the details below:

Child's name: ..... DOB: ..... / ..... / .....

Describe allergy details:

.....  
.....

Current dosage in mg: .....

Please sign below to say that you have read and understood the following:

- It is your responsibility to ensure that your child carries **two** prescribed AAIs with them at all times.
- It is your responsibility to supply the school with an in-date spare AAI for your child.
- It is your responsibility to provide a replacement AAI before the expiry date – we recommend that you put a reminder in your diary or mobile phone.

Signed \_\_\_\_\_ Parent/Carer Date \_\_\_\_\_

Print name \_\_\_\_\_

Thank you in advance for your support.

Yours sincerely

Mr T Miller  
Headteacher