School Anaphylaxis Authorisation Form

This form must be completed and submitted before Anaphylaxis can be supplied to a school.

School Name	
Purpose of the Anaphylaxis	

I, the undersigned Head Teacher of the above school confirm that I authorise the purchase of Anaphylaxis and Anaphylaxis kits for use under the control of a trained member of staff for a period of 12 months starting from the below date.

Signature (Principal or Head Teacher)	
Name of Signatory	
Position of Signatory	
Date	