

AAIs For Schools Order Form

Please ensure that this form is completed and signed by the Head Teacher / Principal

MediSupplies is a licensed pharmaceutical wholesaler. Under the provisions outlined in the Department of Health's guidance for AAIs in schools, AAIs can only be made available to Head Teachers. To order AAIs from MediSupplies please use the order form below. **Pharmaceutical products cannot be returned.**

Please Note: FOR AUTHORISATION AND RECORD KEEPING PURPOSES, ALL ORDERS FOR PHARMACEUTICAL ITEMS CAN ONLY BE RECEIVED VIA FAX, POST OR EMAIL

Product Code	Description	Qty	Price Each
FREE DELIVERY ON ORDERS OVER £50 NEXT DAY DELIVERY On stock orders received before 4.30pm 100% SATISFACTION GUARANTEED		Total Goods	
		Free Delivery*	
		TOTAL	
		Please add VAT at 20%	
		INVOICE TOTAL	

Data Protection: MediSupplies Ltd guarantees that information relating to schools, Headteachers and any official registration numbers will be held in accordance with the Data Protection Act and will not be supplied to any third parties under any circumstance. * Excluding VAT. **VAT will be charged at the rate applicable at the time at which the order is despatched or paid for, whichever is earlier. Prices are subject to change. In cases of errors and omissions MediSupplies reserves the right to alter pricing from those printed if required. *Free delivery over £50, applies to UK mainland destinations.

Declaration of Intent - AAI

Please supply..... (number) * Adrenaline Auto Injectors to this school or college for emergency administration to students suffering from anaphylaxis and who do not have access to their own personal AAI * *A maximum of two AAIs can be ordered per class.*

Head Teacher Signature **Head Teacher Name (Block Capitals)**

Invoice Address PLEASE COMPLETE IN BLOCK CAPITALS	Delivery Address (if different) PLEASE COMPLETE IN BLOCK CAPITALS
Name Mr/Mrs/Miss/Ms:	Name Mr/Mrs/Miss/Ms:
School Name:	School Name:
Address:	Address:
Postcode:	Postcode:
Tel: Fax:	Tel:
Email:	Email:
Purchase Order No:	Special Instructions:
Date: / /	

Please confirm the following has been completed before returning this order form to us

- ☐ Completed the appropriate "Declaration of Intent" by adding the total quantity of inhalers and / or AAIs you are ordering (This includes any inhaler or AAI you order as part of a kit)
- ☐ Ensure declaration of Intent has been signed by Headteacher with their name clearly printed in block capitals
- ☐ The name of the school clearly printed in block capitals within the address details