Gorse Hill Primary School

Allergy Safety Policy

Date of Policy	**September 2026**
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Signature of Chair of Governors	
Reviewed	**September 2027**
Date of next review	**Autumn 2027**

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1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergy are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
  - Arrangements to reduce the risk of individuals coming into contact with their known allergens
  - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is the Headteacher.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
  - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
  - All staff receive regular allergy awareness training
  - All staff are aware of the school's policy and procedures regarding allergies
  - Relevant staff are aware of what activities need an allergy risk assessment

- Serious incidents and ‘near misses’ relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
  - What lessons there are to learn
  - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil’s IHP
-

3.3 Headteacher

The headteacher is responsible for:

- Ensuring that all children with allergies and/or intolerances are supported by an up to date IHP if required.

3.4 Office Staff

The Office Manager and Office Assistant are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
- All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school’s allergy safety policy
- Providing the school with up-to-date details of their child’s medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school’s guidance on food brought in to be shared

Updating the school on any changes to their child’s condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary

We ask that parents/carers proactively inform us by either phone call to the school (0161 7570222) or an email to (office@stmarysdavy.co.uk) if their child’s medical needs change during the school year.

4.2 Identifying staff and visitors at risk

Set out your school’s arrangements for identifying staff and visitors with known allergies, such as:

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school, or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition. The DfE Template for IHPs is contained in Appendix 1

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed ADs (and if so, what type and dose)
    - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
    - A photograph of each pupil to allow a visual check to be made (this requires parental consent)

- The register is kept in the school office and also in the school kitchen. It can be checked quickly by any member of staff as part of initiating an emergency response

Allowing all pupils to keep their ADs with them will reduce delays and allows for confirmation of consent without the need to check the register.

Appendix 2- Letter to request allergy information.

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- If there is a known risk area e.g. a wasps' nest, areas will be closed off until it can be dealt with

6.4 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals
- Animals are not permitted on the school playground, even when carried.

6.5 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips
  (see section 8.5)

7. Procedures for handling an allergic reaction

- All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately
- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A

spare school AD device will only be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

St Mary's school follows the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools

8.1 Prescribed ADs

Pupils who are prescribed ADs are encouraged to keep them near or on their person at all times including when travelling to or from the school and on school trips. It is recommended that two devices are carried at all times. Pupils with prescribed ADs should take them home with them at the end of each school day, and parents are responsible for ensuring that they are in date.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

- In an unlocked cupboard in the classroom. All classrooms are easily accessible from all areas of school.
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- On trips, ADs will be carried by the member of staff supervising the pupil

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

- Parents/Carers of pupils who are too young to carry their own devices must collect the device from class staff at the end of each day if they do not have a spare AD to cover the journey home.
- Class staff must check the AD and keep a record of when it will go out of date.
- A register is kept in the school office of pupils who have a prescribed adrenaline and an allergy action plan.

8.2 Spare ADs and inhalers

The Office Manager is responsible for sourcing spare ADs and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

Procedures for sourcing spare ADs

- ADs will be sourced at a local pharmacy
- The school will always keep two in date ADs
- Which brand(s) of ADs are purchased (schools are recommended to buy a single brand to avoid confusion) – Epi Pen
- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).The dosage required is based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance) Spare ADs will be stored:
- In an appropriate central location that is unlocked and accessible to **staff only** at all times. Devices are stored in a secure box outside the school office near the photocopier.
- **No more than** 5 minutes away from where they may be needed
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature Spare AAIs will be kept:
- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

The Office Manager and Office Assistant are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events. For younger children, a member of staff will carry the AD.

9. Serious incidents and ‘near misses’

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and ‘near misses’ relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded
- Information will be recorded on CPOMs

The school will approach serious incidents and ‘near misses’ in a ‘no blame’ spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or ‘near miss’ as soon as possible

The school will share the report with the pupil’s parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the Headteacher. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil’s IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

With Trafford Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalisation. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

In the event that the incident or ‘near miss’ was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

The school will conduct allergy safety drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers

- How to locate and administer emergency medication
- How to use the medication/device in an emergency

- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a 'near miss')
- Training is carried out using SSS Learning in combination with practice epi/jext pens.

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Children will taught about allergies through Design and Technology and the PSHE curriculum.

For useful resources, please see Allergy School

11. Wellbeing

Pupils with allergies will have additional support if required through:

- Pastoral care with the school's ELSA (Emotional Literacy Support Assistant)
- Regular check-ins with class staff
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behaviour policy.

11.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the allergy safety lead, or more frequently if a serious incident or ‘near miss’ identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behaviour and relationships policy
- Whole School Food Policy

Appendix 1



CARE PLAN FOR CHILDREN WITH A FOOD ALLERGY IN SCHOOL

Photo Here

Name :	**DOB:**	**Class:**

Medication used :

ALLERGY

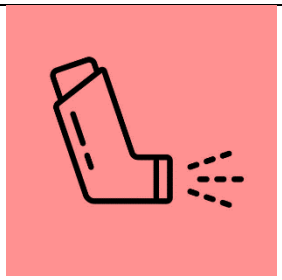
Medication:

Dose:

Stored in school YES/ NO

Mild Symptoms	**Action needed – Help child to**
*** Nasal: Sneezing, stuffy nose, or clear runny nose.** *** Eyes: Itchy, red, watery, or swollen eyes.** *** Skin: Mild itching, small red bumps, or a small patch of hives.**	• **Do not move the child, unless in a dangerous place.** • **Sit the child down and keep their movement to a minimum.** • **Give …… ml / tablet of their medication stored in school** • **Ask staff to get Schools Auto Adrenalin injector pens in case symptoms worsen** • **Inform parents** • **If no improvement** ⬇

*** Throat/Mouth: Mild scratchy throat or mild tickle in the ears.**	
Severe Symptoms • **Distressed and Gasping or struggling to breathe** • **Rash** • **Swelling of face, lips, tongue** • **Cannot complete a sentence** • **Showing signs of fatigue or exhaustion** • **Pale sweaty, may have blue around their lips** • **Reduced levels of consciousness**	**TREAT AS ANAPHYLAXIS** **Action Needed- to help child** • **Dial 999** • **Follow instruction given by ambulance service** • **Inform Ambulance that we have auto injectors in school – the ambulance staff will advise** • **KEEP THE CHILD'S MOVEMENT TO A MINIMUM** • **Stay with the child, and reassure them** • **Ask for parents to be informed urgently** • **Encourage the child to breathe slowly, sit up and lean forward, loosen any restrictive clothing** • **Be prepared to administer the auto injector if instructed to do so/ if symptoms get very severe**
IMPORTANT INFORMATION *** Log the time the reaction started** *** Log what time 1st auto injector was administered (wait 5 mins before 2nd if symptoms have not improved** *** Log what time 2nd injector is used**	
Emergency Contact Numbers **1. Name …….. Phone No ……..** **2. Name …….. Phone No ……..**	
I authorise the school to use a generic Auto Adrenalin Injector if symptoms indicate this is needed YES / NO	
Agreed by **Parent / Carer …….. Date ……** **School: Miss Coxe …….. Date ……**	



CARE PLAN FOR CHILDREN WITH ASTHMA WHO REQUIRE MEDICATION IN SCHOOL

Photo Here

Name :	**DOB:**	**Class:**
Medication used :		
When Well : **No Asthma Symptoms**	**Medication:**	**Dose:**
Before Exercise **(Ensure Inhaler is accessible for PE)** ***Symptoms: Difficulty in Breathing,Wheezing, Coughing***	**Give ……. Puffs of…….. Before exercise** **Give ……. Puffs of …….. when needed during exercise**	
Mild Asthma Attack Symptoms • **Increase in coughing** • **Slight Wheeze** • **No difficulty Talking** • **Not distressed**	**Action needed – Help child to** • **Breathe Slowly** • **Sit Upright** • **Loosen tight clothing** • **Give ……puffs of …… Preferably through a spacer, repeat as required up to …… Puffs** • **Notify parent Yes / No**	

	• **If no improvement** ⬇
Severe Asthma Attack – Symptions • **Distressed and Gasping or struggling to breathe** • **Cannot complete a sentence** • **Showing signs of fatigue or exhaustion** • **Pale sweaty, may have blue around their lips** **Reduced levels of consciousness**	**Action Needed- to help child** • **Dial 999** • **Follow instruction given by ambulance service** • **Stay with the child, and reassure them** • **Ask for parents to be informed urgently** • **While waiting for the ambulance give/ continue to give instructed number of puffs per minute for as long as instructed by ambulance staff** • **Do help the child to breathe slowly, sit up and lean forward, loosen any restrictive clothing**
Emergency Contact Numbers **3. Name …….. Phone No ……..** **4. Name …….. Phone No ……..**	
I authorise the school to provide a generic salbutamol Inhaler should my child's inhaler be missing or unsubtle YES / NO	
Agreed by **Parent / Carer …….. Date ……** **School: Miss Coxe …….. Date ……**	

Appendix 2

Allergy and Medical Information - Important Parent/Carer Request

Dear Parents and Carers,

We are updating our records of children's allergies and medical needs.

This is particularly important following Benedict's Law, which places greater focus on schools having clear and up-to-date information about children with allergies and how to respond if they have an allergic reaction.

Please complete the questions below for your child. Even if your child does not have any allergies, please complete the form and tell us.

About your child

Name of child: _____

Class: _____

1. Does your child have any food allergies?

☐ Yes ☐ No

If yes, what food(s) are they allergic to?

_____

2. Does your child have any other allergies? For example, medicines, insect bites, animals or materials.

☐ Yes ☐ No

If yes, what are they allergic to?

_____

3. Does your child have asthma?

☐ Yes ☐ No

If yes, what treatment or medication does your child need?

4. Does your child suffer from hay fever?

☐ Yes ☐ No

If yes, does your child need any treatment or medication in school?

☐ Yes ☐ No

If yes, please tell us what they need:

_____

If your child has an allergy:

5. What happens when your child has an allergic reaction?

Please tell us about their symptoms. For example: rash, swelling, sickness, difficulty breathing.

_____

_____

6. What treatment does your child need if they have an allergic reaction?

_____

_____

7. Does your child have an adrenaline auto-injector (for example, an EpiPen)?

☐ Yes ☐ No

If yes, please make sure that the school has the medication we need and that it is in date.

8. Is there anything else we need to know to keep your child safe?

_____

_____

Important

Please tell school immediately if your child's allergies, asthma or medical needs change.

If your child has been prescribed medication for use in school, please speak to the school office about providing this medication and completing the appropriate medical information.

Thank you for helping us to keep all of our children safe.

Kind regards,

Emily Rodda

Headteacher