Allergy Safety Policy

September 2026

Person responsible for this policy and and its implementation	Headteacher
Review Frequency	When an incident occurs
Date approved	
Date of next review	When an incident occurs or an update from a leading body
Links with other policies	Medicine in School's Policy

Key info
Next steps

Introduction and Core Principles

In line with Benedict's Law, we are committed to providing a safe, inclusive, and welcoming environment for all children, staff, and visitors with allergies. Recognising the serious and potentially life-threatening risk posed by anaphylaxis, this dedicated policy establishes robust risk-mitigation measures and emergency response protocols.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylactic reactions usually begin within minutes of being in contact with the allergen i.e. eating a trigger food, though can occur several hours later (i.e. allergy to Mammalian meat). Anaphylaxis involves difficulty in breathing and affects the heart rhythm. In extreme cases there could be a dramatic fall in blood pressure leading to collapse.

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that there is only a 20-30-minute window of opportunity during which steps can be taken to prevent death – therefore giving emergency adrenaline **immediately** and calling Emergency Services (999) is crucial. **Anaphylaxis always requires an emergency response**

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- foods (e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame);
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare. Pupils who have a skin reaction need monitoring for at least an hour.

Valley School has a whole school awareness approach, because it ensures all staff and where relevant pupils are aware of what allergies are, the importance of avoiding the individuals' allergens, the signs and symptoms, how to deal with allergic reactions to ensure procedures are in place to minimise risk of exposure.
Coeliac disease and food intolerance can present symptoms which are similar to those of food allergy; it is important that Coeliac disease and food intolerance is be managed through dietary avoidance, but these conditions do not pose a risk of anaphylaxis and so they are not within this allergy safety policy.

Eczema, asthma and allergies sometimes occur together – known as the atopic triad. It is important that these are managed well in order to keep the individual healthy. Asthma training is needed by all staff and an individual's asthma care plan needs to be included with their Individual Healthcare Plan. These conditions are not included in this allergy safety policy.

Valley School understands that severe allergies are included in the Equality Act, 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis (such as hay fever) is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting
- mild throat tightness
- sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness,confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.
As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh or nasal into the nostril. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second adrenaline device
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand themup, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Valley School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the pupil with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 90% of reactions, any food can cause a reaction. Therefore, we are not a nut free school.

Valley School is allergy aware ensuring that the staff and pupils are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Valley School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens. The risk assessment will include:

- Identifying the food used within the curriculum and making adaptions to remove allergens that pose a risk for the whole group not just the pupil who has the allergy.

- Including the risks of exposure to allergens on educational visit risk assessments
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, pupils, staff).
- Identify measures to manage the risks of exposure to a food allergen through food provided by the school
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens
- Identifying non-food allergens within the environment and making adaptions to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog

Valley School will ensure that allergy is included in relevant all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

Valley School will ensure that the risk of exposure is minimised by

- All school staff allergy training every year
- Educating pupils where applicable
- Communicating with all visitors, temporary staff and supply staff that they will be teaching a pupil with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response (Waiting for confirmation from manager's in MDT - Therapy, Complex Nursing, A50, Routes and HVI about training)
- Working closely with parents/carers and health professionals to understand the pupil's allergy
- Monitoring this policy to ensure that the agreed practices are implemented
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors

Food Provision and Catering:

Valley School will manage the risk of food allergy and provide clear information on allergens in food provided by:

- Ensure the contract with the school catering company is compliant with the Food Standards Authority allergen management regulations
- Ensuring school caterers provide information on food allergens to parents/carers and have this available for the pupils to check independently
- Provide pupil's allergen information to the caterers in a timely manner to ensure that pupils can eat safely
- Enabling parents/carers to liaise with the catering company
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen.
- When appropriate, teach pupils not to food share, trade food or share utensils or food containers with the reasons why

When staff provide food for the pupils, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.

Where food is not directly provided by the school (for example brought in as treats or to celebrate birthdays) parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.

These procedures apply to snack and holiday club food. Where this is provided by a third party, Valley School, ensures that this policy is shared and the third-party provider meets the same procedures.

Pupils eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that pupils receive their meal.

Medication and Adrenaline Devices (ADs)

People at risk of anaphylaxis are prescribed two adrenaline devices which they should carry with them at all times. Valley School will provide a bespoke arrangement for each child when this is needed.

This includes the journey to and from;

- school,
- the classroom
- the hall
- the pool
- the playground
- rooms around school including Light Room and Movement Room
- when on visits or trips

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within 5 minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location that is unlocked and accessible at all times (including during wrap around care).

Adrenaline devices must be stored at room temperature (in line with manufacturer's guidelines) and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

Spare Adrenaline Devices

The Human Medicines (Amendment) Regulations 2017 permit "spare" adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Valley School holds spare adrenaline devices for use in emergency situations. These are not a replacement for a pupil's own adrenaline device. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

Valley School holds 4 spare devices. These are stored in a labelled, unlocked cupboard in the Nurse's Room with the inhalers. This is marked 'Emergency Anaphylaxis Kit'.

For use with:	Quantity
Over 6 years old (including adults)	2
Under 6 years old	2

The School nurse is responsible for checking that adrenaline devices are in date and remain clear on a monthly basis. They will secure replacements one month before the current adrenaline device expires by informing the school office.

Adrenaline devices that are used will be disposed of in a sharps box, kept in the nurse's room or given to the paramedic. Adrenaline devices that are out of date or where the adrenaline has degraded will be taken to a pharmacy to be disposed of.

In the event of anaphylactic reaction:

- Adrenaline should be administered as soon as possible, within five minutes. **Do not wait** to contact the emergency services before administering adrenaline.
- The child, young person or individual should not be moved. Adrenaline devices should be brought to them (whether their own prescribed ADs or "spare" ADs).
- If the child, young person or individual **has their own prescribed adrenaline devices**, these should be used in the first instance.

- If the child, young person or individual **does not have prescribed adrenaline devices**, "spare" adrenaline devices can be used.
- If the child, young person or individual's **prescribed adrenaline devices are not available or misfire**, "spare" adrenaline devices can be used.
- If the individual has serious allergy and asthma and there is any doubt if they are presenting with anaphylaxis or having an asthma attack always administer the adrenaline first.

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used. It can be good practice for the school, college or setting to obtain advance consent from parents or the young person 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.

Pupil self-management:

If a pupil at Valley is able to begin to take management of their adrenaline, a bespoke plan will be written in conjunction with the nursing team and parents.
However, symptoms of
anaphylaxiscan come on **very suddenly**, so school staff need to be prepared to administer m edication if the child cannot.

Staff Training and Emergency Response

All staff, including teaching staff, support staff, catering staff and others who may oversee pupils will be trained in allergy awareness and emergency response. The school is responsible for ensuring that supply staff have received allergy awareness training.

Training can be online or face to face. The content needs to include:

- Allergy awareness, the risks it poses, how allergic reactions occur and how to manage them
- Allergy includes multiple co-existing conditions: asthma, eczema, hay-fever
- Understand the difference between food allergy, intolerance and coeliac disease
- That a pupil can be allergic to any food, not just the top 14 allergens
- Know the symptoms of allergic reactions and how to treat
- Know the symptoms of anaphylaxis and how to treat
- How to locate and administer adrenaline or an asthma inhaler
- All adrenaline devices should be used to train with as the pupil may have different ones to the spare adrenaline
- How to report an allergic reaction including
- Mild to moderate
- Anaphylaxis

- Near miss/incident
- Understand their responsibilities in risk reduction to ensure that pupils prevented from coming into contact with their allergens
- Understand the impact that allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy and
- How to check if a pupil is on the record of those with a known allergy
- How to use an allergy or asthma action plan

Emergency preparedness

Valley School will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- how to find out who has an allergy
- the storage of spare adrenaline
- practice with adrenaline trainer devices

Valley school will communicate key messages regarding risk reduction leading up to events such as Friends of Valley events and Eid and Christmas parties.
During fire drills and lockdown practices, Valley school will ensure that a pupil's adrenaline device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation.

Roles and Responsibilities:

Allergy lead and governing body:
The governing body, are responsible for ensuring that the school's policy sets out the arrangements to reduce the risk of individuals coming into contact with their known allergens and sets out the emergency response plan for cases of anaphylaxis. The governing body monitor this policy with it being a standing agenda item at meetings.

Valley School includes the risks pertaining to pupils and staff with allergy on the school's risk register.

The headteacher is the named member of the senior leadership team who is responsible for allergy safety which includes driving the implementation of the allergy safety policy and contributing to the review of the policy.

The allergy lead is responsible for:

- systems to collect allergy information during the enrolment process, ensuring that this information is shared with catering. Outside of the normal admission point,

ensures that information is shared staff and catering teams as soon as possible but within two weeks of the pupil starting
- holding a register of pupils and staff with allergies including whether they hold adrenaline and whether they have an allergy action plan
- ensures that systems are robust for the identification of pupils at mealtimes
- Communication about:
  - the policy
  - the pupils who are on the register of those with allergies
  - the importance of recording and reporting near misses and incidents
- communication with:
  - governors to provide updates about the policy implementation
  - Outside agencies such as Health and Safety Executive (HSE) if a report under RIDDOR is needed
  - Caterer; the procedures in the kitchen and the procedures for ensuring that the pupils with allergies are provided with a safe meal
  - Parents/carers to enable them to input into IHPs (Individual Healthcare Plans) and to request allergy action plans when appropriate
- spare adrenaline devices and making sure these are checked and in date, with replacements being secured before the current ones expire
- that IHPs are created and communicated
- Training
  - ensuring that all staff annual training and that allergy is included in induction even for short term members of staff.
  - ensures that all staff have the opportunity to practice with trainer adrenaline devices at least annually but ideally a few times a year. (Our training did not include this but I am working to get this in place.)

If the allergy lead is supported by a medical officer, lead first aider or school nurse, the above can be amended to reflect who is responsible for which aspects.

All Staff:
Responsible for:
- understanding their role in implementing this policy, recognising signs of allergic reactions, and acting swiftly in an emergency
- supporting the creation of the pupils IHP
- implementing the pupils IHP
- creating an inclusive curriculum
- curriculum adaptation to minimise risks
  completing risk assessments for, curriculum activities involving food, trips and visits including sporting events
- building proactive relationships with parents/carers
- reporting near misses and incidents

Parents:

Responsible for:

- Adhering to this policy
- Providing school with the information they need to create individual health care plans
- Updating school when reactions happen outside of school or any changes to the pupil's allergy and its management.
- Ensuring that the pupil always has in date medication with them at school

Identification of Individuals with Allergies

Admissions Data Collection: School collects detailed medical information from parents/carers regarding known allergies and dietary restrictions. Where relevant, treatment histories are shared. This information is shared with all key and recorded on relevant paperwork.

Annual Review: At every all annual reviews, parents are given a paper copy of the information in their child's EHCP and asked to update it. Allergies are discussed.

Information Sharing: UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply staff, and catering teams while maintaining appropriate data privacy. This is done through storing password protected documents on the school file server.

Transition: Allergy information and existing care plans are shared as part of a pupil's transition. School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. School including the nursing team work with parents/carers to write a new Individual Health Plan IHP if needed. Staff will provide information about pupils for transition visits ahead of a formal move.

Staff: pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.

Regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment.
Visitors: A message is on the sign in screen (Inventory) in the school reception advising visitors to inform school of any allergies if applicable.

Pupil Individual Healthcare Plans (IHPs) and Allergy Action Plans

Allergy action plans

- These are clinical documents that are created by a GP / allergy nurse or allergy clinic. They detail the pupil's allergy and medication.
- These contain parent/carer contact details and must be signed by the parent/carer as this is the parental authority to administer mediation including the administration of spare adrenaline devices.
- These will only be updated by the medical professional following a review of the pupil's allergy management, this could be annually or 5 yearly. Parents/carers or school need to update the photo of the pupil if the pupil is no longer recognisable. Allergy action plans are issued for pupils who have an Immunoglobulin E (IgE). IgE food allergy and often a venom allergy that could lead to anaphylaxis. They are not issued for all allergies. Pupils with non-IgE allergies don't experience anaphylaxis and so an allergy action plan is not issued.

Individual Healthcare Plans (IHPs)

Individual healthcare plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a pupil is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.
Individual Healthcare Plans are school owned documents that are co-created by school, parents/carers and pupils.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.
Where a child has an allergy action plan and or an asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply staff and be passed on during transition to a new school.

Valley school will ensure that:

- pupils with an allergy action plan and/or an asthma plan have an individual healthcare plan
- pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an individual healthcare plan
- individual healthcare plans are created whilst pupils are waiting for a diagnosis

School Trips and External Visits

School ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. In order to ensure that the pupil is safe and included, alternative activities will be planned. This will include the safe storage adrenaline for the duration of the school trip.
Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including adrenaline devices with them before departure. Pupils without the required medication will remain at school.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Valley School will provide additional spare adrenaline devices should the risk assessment indicate it is needed whilst ensuring that the pupils remaining in school still have access to spare adrenaline devices should the need arise.

Serious Incidents and "Near Misses":

Valley School approaches serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons and address any issues which the incident identified, so that pupils are better protected in the future.

Valley School is aware, when an incident occurs that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Valley School uses Accident Forms to record allergic reactions and near misses (e.g., accidental exposure without reaction, or labelling errors). The incident or near miss will be reviewed and if needed a report written. This will be recorded on CPOMS.For near misses reminders at briefing or to teams will be given.

When a report is written, Valley School will share the report with the pupil's parents/carers. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. Valley School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

If unsafe food was supplied by the school operating as a food business, the incident must be reported to the local authority environmental health team.
Wellbeing and Support

At Valley School allergy safety is a priority and actions to ensure that pupils are included and safe are embedded into the school's culture. Pupils with allergy become anxious as a result of the risk of exposure to allergens and the potential for anaphylaxis, which may be compounded by living with difficult-to-control asthma or eczema.

Valley School:

Regularly communicate to parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks. This is done through reminders on school communications such as School Story and newsletters.

- involves staff with allergies in developing and reviewing the policy and procedures for allergy management
- has proactive engagement with new joiners with known allergies, setting out the school's policies and the support available

Safeguarding:

Valley School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child's medical condition is not provided to a school or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Unacceptable practice

Valley School staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the school will follow its own procedures to identify and address this using staff conduct policies.

Examples of unacceptable practice include (but are not limited to):

- preventing children from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary;
- assuming that every child with the same condition requires the same support;
- ignoring the views of the child or young person or their parents or carer;
- ignoring medical evidence or the opinion and advice of healthcare professionals;
- assuming that a child does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way;

Policy Review and Publication

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

Further reading:

Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education

Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies

Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools

Guidance on the use of adrenaline auto-injectors in schools

Spare Pens in School: https://www.sparepensinschools.uk

Benedict's law:
https://benedictblythe.com/benedicts-law
https://www.anaphylaxis.org.uk/education/benedicts-law

Food:
Allergy Guidance for Schools:https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
Allergy Guidance for food businesses:
https://www.gov.uk/government/publications/allergen-guidance-for-food-businesses

Statutory Duties:

The duties under Section 34 of the Children's Wellbeing and Schools Act 2026 place a requirement on LA-maintained schools, Academies and PRUs to have allergy safety policies, publish them and keep them under review.

The duty of care under section 3 of the Children Act 1989 for any person with the care of a child to do all that is reasonable for the purposes of safeguarding or promoting the welfare of the child;

The duties to safeguard and promote the welfare of pupils and pupils under sections 20 and 175 of the Education Act 2002, the Education (Independent School Standards) Regulations

2014 (and associated statutory guidance Keeping Children Safe in Education) and the Non-Maintained Special Schools (England) Regulations 2015;

The duty of the employer under section 2 of the Health and Safety at Work etc Act 1974 to take reasonable steps to ensure that employees are not exposed to risks to their health and safety;

The duties under the Equality Act 2010 to provide equality of opportunity for all, including those who are disabled.

The Special Educational Needs and Disability (SEND) SEND code of practice: 0 to 25 years.

The Early Years Foundation Stage (EYFS) statutory framework.

Appendices - Parent medical information form and model Healthcare Plan

PUPIL ALLERGY FORM

Please complete this form if your child has any known allergies, intolerances, or related medical conditions requiring support at school.

SCHOOL USE ONLY

Date Rec'd: _____

SIMS Updated: _____

IHP Required? ☐ Y ☐ N

Important Notice: Information provided will be held securely, shared with relevant school staff and emergency services to safeguard your child, and used to update their pupil medical record. Please notify the school immediately of any changes.

SECTION 1: PUPIL DETAILS

Pupil Full Name: | **Date of Birth:** | **Form / Class Group:**

SECTION 2: PARENT / CARER EMERGENCY CONTACTS

Contact Details	Primary Contact (1st Call)	Secondary Contact (2nd Call)
Full Name:		
Relationship to Pupil:		
Mobile Phone:		
Work / Home Phone:		
Email Address:		

SECTION 3: ALLERGY DETAILS

Please tick all allergy categories that apply to your child:

- ☐ **Food Allergy** (e.g., peanuts, tree nuts, milk, eggs, wheat, seafood)
- ☐ **Insect Stings / Bites** (e.g., wasp, bee)
- ☐ **Medication / Drug Allergy** (e.g., penicillin)
- ☐ **Environmental / Contact** (e.g., latex, pollen, dander, adhesives)
- ☐ **Other Category** (please specify in breakdown below)

Specific Allergy Breakdown (Up to 6 Allergens / Triggers):

#	Specific Allergen / Trigger	Typical Symptoms Experienced	Severity Level
eg	*Peanuts*	*Swelling of lips, hives, difficulty breathing*	*Severe / Anaphylaxis*
1			☐ Mild ☐ Mod ☐ Sev
2			☐ Mild ☐ Mod ☐ Sev
3			☐ Mild ☐ Mod ☐ Sev
4			☐ Mild ☐ Mod ☐ Sev
5			☐ Mild ☐ Mod ☐ Sev
6			☐ Mild ☐ Mod ☐ Sev

SECTION 4: EMERGENCY MEDICATION & TREATMENT PLAN

Does your child require emergency medication at school for allergic reactions? ☐ YES ☐ NO

If YES, please check all required medications and complete specific device details:

☐ **Adrenaline Auto-Injector (AAI)**
Brand (EpiPen/Jext): _____
Dosage (150/300mcg): _____
Device Expiry Date(s): _____

☐ **Antihistamine**
Brand / Name: _____
Dose & Frequency: _____
Expiry Date: _____

☐ **Asthma Inhaler (if allergy related)**
Brand / Color: _____
Prescribed Dose: _____

☐ **Other Emergency Medication**
Medication Name: _____
Instructions / Dose: _____

SECTION 5: PRACTICAL & DAILY CONSIDERATIONS

1. Dietary Management

Tell us any relevant information regarding your child's eating, drinking, and meal time routines in school:

2. Sensory and Food Play

Are there non-food ingredients or materials (e.g., touch triggers like latex, wheat flour, sensory play materials, play dough) your child must avoid?

3. Communication & Symptom Indicators

How does your child typically communicate that they feel unwell or are experiencing symptoms (e.g., verbal cues, signing, specific behaviors, non-verbal indicators)?

SECTION 6: DECLARATION & CONSENT

- I confirm that the information provided on this form is complete, true, and accurate to the best of my knowledge.
- I agree to inform the school immediately if there are any changes to my child's medical condition or treatment plan.
- I undertake to ensure all prescribed medication supplied to the school is in-date, clearly labelled, and replaced prior to expiration.
- I give consent for trained school staff to administer the specified emergency medication in accordance with my child's Individual Healthcare Plan (IHP).
- In the event of an emergency where prescribed medication is unavailable or insufficient, I give consent for school staff to use the school's spare emergency Adrenaline Auto-Injector (AAI) if recommended by emergency services.

Parent / Carer Signature: _____ **Printed Name:** _____

Date: _____

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1. Dietary Management

Tell us any relevant information regarding your child's eating and drinking in school:

2. Sensory and Food Play

Are there non-food ingredients or materials (e.g., touch triggers like latex, wheat flour, sensory play materials, play dough) your child must avoid?

3. Communication & Symptom Indicators

How does your child typically communicate that they feel unwell or are experiencing symptoms (e.g., verbal cues, signing, specific behaviors, non-verbal indicators)?

SECTION 6: DECLARATION & CONSENT

- I confirm that the information provided on this form is complete and accurate to the best of my knowledge.
- I agree to inform the school immediately if there are any changes to my child's medical condition or treatment plan.
- I undertake to ensure all prescribed medication supplied to the school is in-date, clearly labelled, and replaced prior to expiration.
- I give consent for trained school staff to administer the specified emergency medication in accordance with my child's Individual Healthcare Plan (IHP).
- In the event of an emergency where prescribed medication is unavailable or insufficient, I give consent for school staff to use the school's spare emergency Adrenaline Auto-Injector (AAI) if recommended by emergency services.

Parent / Carer Signature: **Printed Name:** **Date:**

Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.

How the allergy is managed:

Note any care or action plans or prescribed medication issued by healthcare professionals.

If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.

Note the extent to which the child or young person is able to take responsibility for managing their allergy.

Impact on education:

Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.

Indicate how the allergy may impact on the child or young person's learning.

Indicate how the allergy may impact on the child or young person's emotional wellbeing.

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Medication needed while in school / college / setting**	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

NAME – Individual Healthcare Plan for allergy **Annex: Care or Action Plans issued by healthcare professionals**	
Allergy / Asthma Action Plan: *Attach any Action Plan to the IHP for use in an emergency.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Issued by:	**Date**:
Care Plan: *Note where any relevant care plan can be found.* *Note what staff are responsible for delivering / supporting delivery of the care plan.* *Note which healthcare professional issued the plan, their role and the date issued.*	
Date:	**Date**: