Trimley St Mary Primary School

Policy Title	**Allergy Safety Policy**
Legal Requirement	**Yes**
Review Cycle	**Annual**
Lead Personnel/Committee	**Mrs H Lamb -Allergy Safety Lead** **Coheadteacher/FGB**
Date Reviewed	**September 2026**
Date Approved by Governing Body	**14/10/2026**
Next Review Date	**September 2027**

Mrs H. Lamb 14/10/2026

Mrs L Beston Coheadteacher Date:

Trimley St Mary
PRIMARY SCHOOL

Mrs S. Love | Chair of governors | Date: 14/10/2026

Policy Version History

Version	Policy Source	Document Author/Reviewer Plus Amendments/Additions	Review date	Date Ratified	Next Review Due
V1	The Key Adapted model DFE Allergy Safety in schools	Mrs H. Lamb, Mrs L. Beston, Mrs H. Mackie New Policy under new statutory guidance re Allergy Management in Schools Links to 'Supporting Pupils with Medical conditions and medicines Policy Additional resource documents	Sept 2026	October 2026	September 2027

Trimley St Mary
PRIMARY SCHOOL

Contents

1. Aims 2
2. Legislation and guidance 2
3. Roles and responsibilities 3
4. Identifying individuals at risk 5
5. Assessing risk 7
6. Minimising risk 7
7. Procedures for handling an allergic reaction 9
8. Adrenaline devices (ADs) 9
9. Serious incidents and 'near misses' 10
10. Allergy awareness 12
11. Wellbeing 13
12. Information sharing 13
13. Monitoring arrangements 13
14. Links to other policies 13
1.1.1 Appendix 1: Being notified a child has a medical condition 15

1. Aims

This policy sets out how Trimley St Mary Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

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
- To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity.

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

Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

Keeping Children Safe In Education 2026

Children's Wellbeing and Schools Act 2026

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 Coheadteachers.

3.2 Allergy safety lead

The nominated allergy safety lead is Kim Cook.

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 CoHeadteachers

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

3.4 Allergy Champions

Lorna Filby and Helen Rowe 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

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
- Being aware where their AD device is stored in their usual classroom setting.

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 allergens
- 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 office or an email to office@trimley.net if their child’s medical needs change during the school year.

4.2 Identifying staff and visitors at risk

At Trimley St Mary we will:

- Ask new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance if possible or on arrival

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.

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

This policy links to 'supporting pupils with medical conditions' policy.

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

- If an inhaler is required, type and dosage
- A photograph of each pupil to allow a visual check to be made

A copy of the register is kept in all classrooms in a location easily accessible to staff, a further copy is held in the main school office, and in the heads office and can be checked quickly by any member of staff as part of initiating an emergency response.

All ADs and inhalers for the children are kept in independent zip wallets in an easily accessible place in their classroom. These wallets contain administration and dosage instructions for each individual child.

These wallets are collected and kept beside first aider, in a central location (known to all) at lunchtimes for easy access in an emergency.

These wallets are also taken outside during PE or any outside learning including trips away from school.

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, children on medical menus or have a known food allergy are given their photo ID lanyard on entry to school hall at lunchtimes, making it easy to identify even the youngest children. These lanyards are only worn in lunch hall and are handed back to Lead lunchtime supervisor before going out to play. Lanyards are stored and updated in the school office.

- 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, Https:/orders.lunchound.co.uk/medicaldiets/request

- 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
- Staff should alert site team if they become aware of an active insect nest

6.4 Animals

Animals are not kept on site and are not a routine part of the school day. In situations where contact with animals is occurring permission will be sought

- 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

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 their group
- 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
    - See appendix 3 re anaphylaxis and emergency treatment

also resources from Allergy School]

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Teachers responsible for 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. By arrangement some 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. Some pupils with prescribed ADs leave these in school.

Additional ADs are kept in the school office

They should be:

- In an appropriate central location that is unlocked and accessible at all times
- **No more than** 5 minutes away from where they may be needed (larger schools may require ADs to be stored in multiple locations, such as near the dining area and playground)
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

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.

- Pupils and parents/carers to take individually prescribed ADs home (for example, at the end of the day for the journey home) and for checking that they remain in date
- How records will be kept of which pupils have been provided with prescribed adrenaline (and an allergy action plan)

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs [and an emergency asthma reliver inhaler] and ensuring they are stored according to the guidance.

- Spare ADs will be sourced from a local pharmacy
- The school holds two ADs

Spare ADs will be stored:

Provide details of where spare ADs will be stored. They should be:

- In the cupboard in front of the main office window

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

Lorna Filby and Helen Rowe 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, are single use only and must be disposed of as sharps. The sharp bin is located in the cupboard where the ADs are stored.

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 or pupils 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

All students at Trimley should have their medication carried by the trip first aider or group leader whichever is most appropriate for the specific trip.

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

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 most senior member of staff on site. 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 the 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 hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]

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.

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 provided by National Online Safety.

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.

10.3 Trimley St Mary Primary School advocate that the school adopts a culture of allergy awareness and education. Nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. However, as a school, we discourage children and adults from bringing nut products to school to try to minimise the risk.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

11. Wellbeing

Pupils with allergies may, if needed have additional support through:

- Pastoral care
- Regular check-ins
- 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 behavior 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
- Behavior policy

- Accessibility Plan
- Safeguarding
- Special Educational Needs
- Intimate Care
- Equality Information and Objectives
- Complaints

Who's Who in Our School

Co-Head Teachers : Mrs H Lamb & Mrs L Beston
Deputy Head Teacher & Allergy Safety Lead: Mrs K. Cook
Designated Safeguarding Lead(DSL): Mrs M. Dodwell

Deputy DSLs: Mrs H. Lamb, Mrs L. Beston, Miss L Hudson, Mrs K Cook & Mrs M Bateman (Governor)
Senior Leadership Team: Mrs H Lamb, Mrs L Beston, Mrs K. Cook, Mrs L Lee, Mrs E Ryan
SENDCo : Miss L Hudson

Attendance Champion: Mrs K. Cook
Attendance Officer: Mrs M Dodwell
Attendance Assistant: Mrs L Filby

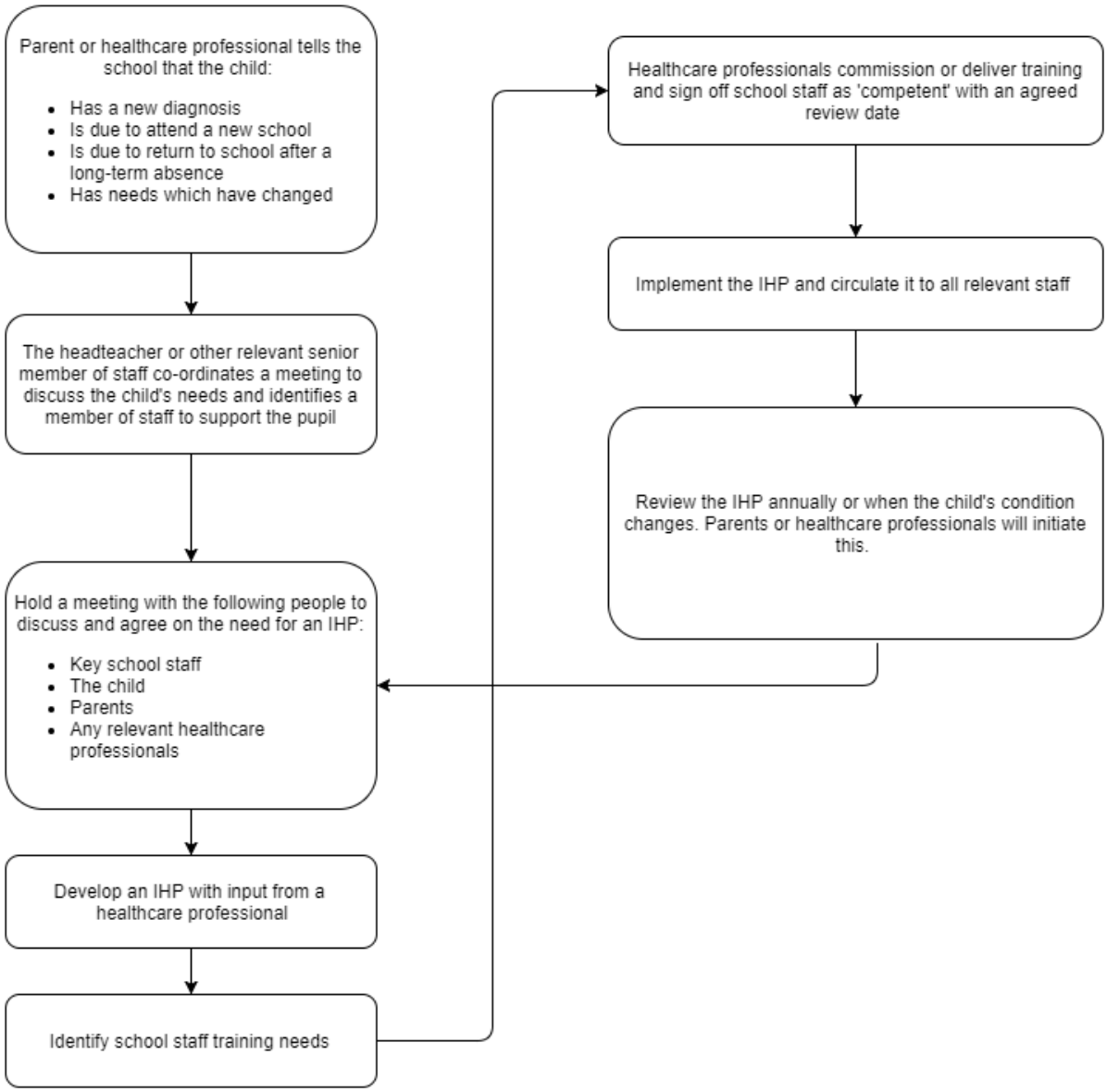
Chair of Governors: Mrs S. Love
Attendance Governor: Mrs H Mackie
Safeguarding Governor: Mrs M Bateman
Business Manager: Miss H Rowe
Home/School Liaison: Mrs M Dodwell
Head of Catering: Mrs S. Jeffries

Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/
• Safer Schools Programme - https://www.anaphylaxis.org.uk/education/saferschools-programme/
• AllergyWise for Schools online training - https://www.allergywise.org.uk/p/allergywise-for-schools1 Allergy UK - https://www.allergyuk.org
• Resources for managing allergies at school - https://www.allergyuk.org/living-withan-allergy/at-school/ BSACI Allergy Action Plans
- - http://www.sparepensinschools.uk

Allergy School

1.1.1 Appendix 1: Being notified a child has a medical condition



Trimley St Mary
PRIMARY SCHOOL

Appendix 2.(a)Allergy letter to parent/carers

URGENT – PLEASE RETURN TO THE SCHOOL OFFICE BY …….

Dear Parents & Carers,

We have new allergy legislation that has come into schools September 2026, called Benedict's law. Schools have to hold an allergy action plan for all children with a diagnosed allergy. With this in mind, we are producing some new documents that we will need completed by all parents of children with an allergy that school have been made aware of.

Not all parts of the forms will be relevant to all children or all allergies, but please could we ask that you complete the parts that are suitable for your child's allergy. We are starting with a generic form for food and other allergies.

Allergies are worrying to our families, and we try extremely hard to keep our school community safe. It is crucial that we implement an updated system to reduce the risks allergies can cause and ensure that children with allergies benefit from Benedict's law. If your child's allergy is medically diagnosed, we will be in touch to make arrangements for your child to be registered at school with an IHCP (Individual Health Care Plan).

Thank you for your cooperation with the new paperwork. We would ask parents and carers to update us throughout the year if they are aware of any changes to their child's allergy or medication.

Kind Regards

Mrs Lamb & Mrs Beston

Co-Headteachers

(b)Allergy Action Form

ALLERGY ACTION FORM

Every child with a diagnosed allergy must have an updated ALLERGY ACTION PLAN on file in school. This is now a legal requirement.

Could we please ask you to record the following information for us, this is now a legal requirement for schools to hold this information.

Child's Full Name: _____

Child's Class:_____

Allergy to :_____

Medically Diagnosed: Yes / No * *Please delete as applicable

Medication: Yes / No * *Please delete as applicable

Name of Medication:_____

Adrenaline Auto Injector (AAI): Yes / No * *Please delete as applicable

If Yes Type of AAI: Epi Pen / Jext / EURneffy Nasal Spray * *Please delete as applicable

Other medication Type if not an AAI: _____

How do you control the allergy at home i.e. antihistamine:_____

_____

School Meals

Do you have a Lunchound Specific Medical Menu for your child: Yes / No **Please delete as applicable

If you do not apply for a specific Medical menu the responsibility for the days your child has school dinners will be with the parent/carer.

Thank you for your response, we will notify you if we require any further information and if your child should hold a school IHCP.

Name of Parent/Carer:_____

Signed:_____ Date:_____

(c)Food allergy parent form

PLEASE COMPLETE THE SECTION BELOW THAT IS RELEVANT TO YOUR CHILD

1. My child _____ has a food allergy to _____.

☐ We currently have a Specific medical Menu through the school catering company. (Please tick the box)

Signed:_____ Parent/Carer
Date:_____

---

2. My child _____ has a food allergy to _____.

☐ My child does NOT have a Specific Medical Menu through the school catering company for their Allergy as we do not have medical evidence to apply for one. My child will only have School Dinners on the days that I/ We choose as parents/ carer. (Please tick the box)

Signed:_____ Parent/Carer
Date:_____

---

3. My child _____ has a food allergy to _____.

☐ My child will need a Specific Medical Menu due to their allergy. I have the medical evidence and will apply on the link below. (Please tick the box)

Https:/orders.lunchound.co.uk/medicaldiets/request

I understand that until my Specific Medical Menu comes through my child will only have school dinners on the days that I/We choose and the normal school menu is suitable.

Signed:_____ Parent/Carer
Date:_____

(d) **This is for school use as my child does not have any allergy action plan from a medical practitioner.**

ALLERGY ACTION PLAN

My child:_____ **Class:**_____

Has an allergy to _____

Symptoms to look for are:_____

_____

_

Medication used: _____

Medication kept at school: Yes/ No * Please delete as applicable

Action to take if symptoms are showing:_____

_____

__

Emergency Contact Details: Name: _____

Phone Number:_____

Contact 999 : Yes/ No *Please delete as applicable

Parental Consent: I hereby authorise school staff to administer the medicines listed on this plan.

Trimley St Mary
PRIMARY SCHOOL

Signed:_____ **Name:**_____
Date:_____

In an emergency of an Anaphylaxis I give consent for the school to use their Adrenaline Autoinjector and call 999, as well as calling the Emergency contact stated above.

Signed:_____ **Name:**_____
Date:_____

Trimley St Mary
PRIMARY SCHOOL

Appendix 3

FIRST AID FOR ANAPHYLAXIS

Allergy School

Recognise the Signs of Anaphylaxis...

A Airways
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.