LONG MEADOW SCHOOL

ALLERGY SAFETY POLICY

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Type of policy	Statutory
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Governor committee	Governing Body

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1. Aims

Long Meadow School is committed to ensuring that children and young people with allergies are safe, fully included in school life and able to participate in education, meals, clubs, visits, trips and other activities without avoidable disadvantage.

- Set out the school's approach to allergy safety, including identification, risk reduction, emergency response and access to medication.
- Make clear how the school supports the health, education, wellbeing, dignity and inclusion of pupils with allergies.
- Ensure staff understand allergy, asthma and anaphylaxis and can respond promptly in an emergency.
- Establish arrangements for Individual Healthcare Plans (IHPs), Allergy Action Plans, Asthma Action Plans, prescribed adrenaline devices and school spare adrenaline auto-injectors (AAIs).
- Provide a clear system for recording, reporting, reviewing and learning from serious incidents and near misses.
- Promote allergy awareness throughout the whole school community and prevent allergy-related bullying.

2. Legislation, statutory guidance and scope

This policy has been written with regard to the Department for Education (DfE) statutory guidance Allergy safety in schools (July 2026), the DfE statutory guidance Supporting pupils with medical conditions at school, and Department of Health and Social Care (DHSC) guidance on the use of emergency adrenaline auto-injectors in schools. It also reflects relevant duties and requirements under:

- Children and Families Act 2014, section 100, as amended by section 34 of the Children's Wellbeing and Schools Act 2026.
- Children's Wellbeing and Schools Act 2026, including the duty to have, review, publicise and publish an allergy safety policy.
- Equality Act 2010.
- Children Act 1989 and Education Act 2002 safeguarding and welfare duties, together with Keeping Children Safe in Education.
- Health and Safety at Work etc. Act 1974 and the common law duty of care.
- Human Medicines Regulations 2012, as amended, including provisions for spare AAIs and emergency salbutamol inhalers.
- Food Information Regulations 2014 and Food Information (Amendment) (England) Regulations 2019, together with applicable food allergen information requirements.
- Requirements for School Food Regulations 2014 and the School Food Standards.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), where applicable.
- UK GDPR and the Data Protection Act 2018.
- Early Years Foundation Stage statutory framework, where applicable, and the SEND Code of Practice 0 to 25 years.

The policy covers allergic conditions including food allergy, insect-sting allergy, medicine allergy, contact and airborne allergy, eczema, allergic rhinitis and allergy-related asthma. Coeliac disease and food intolerance are not allergies and cannot themselves cause anaphylaxis, but the school will support affected pupils under its wider medical conditions and food arrangements and will manage cross-contamination risks where relevant.

3. Key principles and unacceptable practice

The school will take reasonable steps to minimise exposure to known allergens, while recognising that it is not possible to create a completely allergen-free environment. Long Meadow School operates as a 'nut-free' school,

and parents, carers, staff and visitors are asked not to bring nuts or products containing nuts onto the school premises. However, the school recognises that it cannot guarantee the complete absence of allergens.

Children and young people will not be excluded from ordinary school life solely because of allergy. Adjustments will be individual, proportionate and informed by the pupil, parents/carers and relevant healthcare advice. Where a pupil can self-manage, this will be supported at an appropriate level of supervision.

The following are unacceptable: preventing rapid access to medication; ignoring the views of the pupil or parents/carers; ignoring medical evidence or healthcare advice; assuming all pupils with allergy need identical support; assuming older pupils need no support; dismissing a suspected allergy because diagnosis is pending; routinely sending pupils home or excluding them from meals, activities, clubs, visits or trips because of allergy; sending an unwell pupil to seek help alone; penalising allergy-related absence; or requiring parents/carers to attend school to provide support that the school should reasonably arrange.

4. Roles and responsibilities

4.1 Governing Body

- Ensure a dedicated allergy safety policy is in place, is reviewed at least annually, and is changed where review, incidents, near misses, new guidance or changing needs indicate this is necessary.
- Ensure the policy is generally known within school and to parents/carers; brought to the attention of pupils, parents/carers, staff and volunteers at least annually; and published on the school website.
- Ensure allergy risks are considered within school risk management and that adequate resources, training and monitoring arrangements are in place.
- Receive appropriate reports about serious incidents and near misses and assure itself that learning and corrective action have taken place.

4.2 Allergy Safety Lead

The nominated Allergy Safety Lead is Emma Kidd, Deputy Headteacher. The Allergy Safety Lead will implement and coordinate this policy, maintain oversight of IHPs and the allergy register, promote awareness, coordinate training, ensure medication and spare-device arrangements are effective, monitor incidents and near misses, and lead policy review.

4.3 Headteacher

The Headteacher will ensure appropriate school-level arrangements are made, including deciding with parents/carers and relevant healthcare professionals whether an IHP is required and ensuring staffing, training and resources support safe inclusion.

4.4 Named medication/device checkers

Georgina Press and Emma Fieldhouse are the named staff responsible for monthly checks of school spare AAIs and any emergency asthma inhaler kit, including presence, condition and expiry dates, and for prompting timely replacement. If Georgina Press and Emma Fieldhouse are not available, a member of SLT will carry out this duty. The Allergy Safety Lead retains overall oversight.

4.5 All staff, including temporary, supply and regular volunteers

- Know and follow this policy and any relevant IHP, Allergy Action Plan or Asthma Action Plan.
- Be able to recognise allergic reactions, anaphylaxis and acute asthma and know the emergency response.
- Know which pupils in their care have allergies and where relevant emergency medication is located.
- Take reasonable steps to prevent exposure to known allergens and consider allergy risks when planning lessons, activities, food, animals, visits and trips.

- Promote inclusion and wellbeing, challenge allergy-related bullying, and report incidents, near misses and concerns promptly.

4.6 Parents/carers

- Provide accurate, current information about allergy, asthma, triggers, previous reactions and treatment.
- Provide current healthcare plans and prescribed medication, including two in-date prescribed adrenaline devices where these have been prescribed, unless the prescriber has given different instructions.
- Notify the school promptly of changes, replacement devices, new prescriptions and updated Allergy/Asthma Action Plans.
- Engage in the development and review of the IHP and arrangements for visits, food and other activities.

4.7 Pupils

Pupils will be involved in decisions in an age-appropriate way. Where competent and agreed, they may carry and self-administer their medication. Pupils will be encouraged to understand their triggers, avoid sharing food, tell an adult promptly if they feel unwell and support an allergy-aware culture.

5. Identification and information gathering

For new starters, the school will ask parents/carers for allergy and medical information after a place is confirmed and before the pupil starts. Information will include known or suspected allergens, previous reactions, asthma, prescribed medication, whether adrenaline is prescribed, and copies of any existing IHP, Allergy Action Plan or Asthma Action Plan. Arrangements should be ready for the start of the relevant term. For a new diagnosis or mid-term admission, every effort will be made to put appropriate arrangements in place within two weeks.

Parents/carers will be reminded at least annually to update medical information and must inform the school promptly of changes during the year. The school will seek relevant information from a previous setting where appropriate and with proper information-sharing arrangements. Staff will be asked about relevant allergies before starting work; visitors will be asked in advance where practicable, particularly where food is involved.

6. Allergy register, medication register and rapid access

The school will maintain an up-to-date allergy register accessible to staff who need it. It will identify known allergens and risk factors, whether a pupil is prescribed adrenaline, the device type/dose, relevant consent, medication location and, where appropriate and lawful, a current photograph. Lists used in food-service or curriculum areas will be accessible to staff only.

A separate medication/device register will record every pupil known to have a prescribed adrenaline device (including EpiPen/Jext or other prescribed adrenaline device), the number of devices held or carried, device type and dose, where they are kept, batch number where recorded, and expiry date. Expiry dates will be checked at least monthly and parents/carers will be contacted in good time for replacement prescribed devices.

Rapid access is essential. No child or young person at risk of anaphylaxis will be more than five minutes from an appropriate adrenaline device while under school supervision. Medication must not be locked away or stored where access is restricted. Where a pupil is able to carry their own prescribed devices, they will be encouraged to do so. Where they cannot, their devices will be held in a safe, clearly identified, readily accessible location known to staff. A copy of the current Allergy Action Plan will be kept with or immediately accessible alongside the medication.

7. Individual Healthcare Plans (IHPs)

An IHP will be used where an allergy has a functional impact, creates a risk of harm, and requires arrangements additional to or different from those made generally. A formal diagnosis is not required before supportive arrangements are considered. Where allergy is suspected and clinical advice is not yet available, the school will

work with the pupil and parents/carers to make a reasonable assessment of risk and put interim arrangements in place while further advice is sought.

The school will lead on drafting the IHP in collaboration with the pupil and parents/carers and with regard to advice from healthcare professionals. The IHP is a school arrangements document, not a clinical document. It will not rewrite or replace clinical instructions.

If a child or young person has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP must refer to it and it should be attached to the IHP. The IHP will record who issued the plan and the date/review information. Whenever an updated action plan, care plan, prescription or other healthcare advice becomes available, the IHP will be reviewed promptly and updated to incorporate or refer to the new information. The current clinical plan remains the authoritative clinical instruction.

IHPs will be reviewed at least annually and sooner following a change in need, medication or clinical advice, a serious incident or near miss, or another relevant change in circumstances. Relevant staff will have appropriate access to the current version. A new setting will develop its own IHP, informed by transition information from the previous setting.

Long Meadow School's IHP format is included at Appendix 1.

8. Minimising exposure to allergens

8.1 General hygiene and curriculum activities

- Pupils will wash hands before and after eating and after animal contact where relevant.
- Food, drinks, containers and utensils will not be traded or shared.
- Named bottles, lunch boxes and allergy-safe meals will be clearly identified.
- Staff planning art, craft, science, cooking, music, sensory play or animal activities will consider allergen exposure, including residues on food packaging, wheat in play dough, allergens in glue and nuts/sesame in bird feed, and will use safer alternatives where needed.
- Where contact or airborne allergens are known triggers, reasonable measures will be identified in the IHP and risk assessment, including ventilation, cleaning, seating/location or activity adaptations as appropriate.

8.2 Food and catering

- The school and caterer will comply with food allergen information requirements and provide clear information about allergens in food supplied.
- Catering staff will be trained for their role, know how pupils with allergies are identified and be available to discuss safe provision with parents/carers.
- The school will use robust methods to identify pupils with food allergy at mealtimes while avoiding unnecessary segregation or stigma.
- Staff handling food will understand label checking and cross-contamination controls. Allergy-safe food will be prepared and served using appropriate separation, cleaning and utensils.
- Where food is brought into school for celebrations, curriculum or events, allergy risks will be considered in advance and parental engagement/permission sought where appropriate.
- Unlabelled food will be treated cautiously. Changes or substitutions to menus will continue to meet individual dietary needs and legal allergen requirements.
- The school will describe itself as "nut free".

8.3 Insect stings and animals

Outdoor precautions may include footwear, covering food and drink and avoiding known nesting areas. Pupils with animal allergy will have individual adjustments and will not be required to have direct contact with animals where this presents a known risk. Handwashing will follow animal contact.

8.4 Air quality and asthma

The school will consider indoor and outdoor air quality, ventilation, infection prevention and known airborne triggers as part of wider health and safety arrangements. Pupils with asthma will have rapid access to their reliever inhaler and their Asthma Action Plan where provided.

9. Visits, trips, clubs and off-site activities

A child or young person with allergy will not be excluded from a visit or trip solely because of their allergy. Planning will start early enough to identify reasonable adjustments, food arrangements, travel issues, emergency access and the nearest appropriate medical help.

A specific risk assessment will be conducted for any child or young person at risk of anaphylaxis taking part in a trip off the premises. It will take account of the pupil's IHP and action plan, known allergens, food/catering, activities, travel, accommodation where relevant, emergency communication, mobile-phone coverage, access to emergency services and the location of medication.

Pupils at risk of anaphylaxis will have their own prescribed adrenaline devices with them. At least one accompanying member of staff will be trained to recognise anaphylaxis and administer adrenaline. Medication will remain immediately accessible, not stored in inaccessible luggage. The trip leader will confirm before departure that required medication is present and in date.

Where the risk assessment indicates it is appropriate, a pair of school spare AAIs of the appropriate dose may accompany the trip. Taking spare devices off site must not leave the school without sufficient spare devices to maintain the five-minute access standard for pupils remaining on site. Clubs and wraparound provision will follow the same principles.

10. Prescribed adrenaline devices and school spare AAIs

10.1 Prescribed devices

Pupils prescribed adrenaline should have rapid access to their devices at all times, including classrooms, dining areas, playgrounds, sports areas, clubs, travel connected with school activities and visits/trips. Two prescribed devices should normally be available where prescribed. Storage will follow manufacturer instructions, at room temperature and protected from direct sunlight and temperature extremes.

10.2 School spare AAIs

The school will maintain school spare AAIs in the age-appropriate doses needed for its pupil population. For a primary school, this will normally mean at least one pair of 150 microgram AAIs for children under 6 and at least one pair of 300 microgram AAIs for pupils aged 6 and over, subject to current guidance and the needs of pupils on roll. The school will seek pharmacy/clinical advice where necessary and will aim to use a consistent brand to reduce confusion, while recognising that prescribed devices may differ.

Spare AAIs will be stored in clearly labelled emergency anaphylaxis kits, in pairs, separate from named pupils' prescribed devices. Kits will be positioned so that an appropriate adrenaline device can be brought to any child or young person within five minutes. They will be readily accessible to staff at all times when pupils are on site and will not be locked away. Where site layout or activities require it, more than one kit location will be maintained.

Each emergency anaphylaxis kit will include the spare AAIs, device/manufacturer instructions, storage instructions, a checklist/register showing device details and expiry dates, monthly check records, replacement arrangements, an administration record and the school's emergency response information. An emergency asthma inhaler kit may be stored alongside it in accordance with separate legal requirements and consent arrangements.

Georgina Press and Emma Fieldhouse will check spare AAIs monthly for presence, condition and expiry and ensure replacements are arranged before expiry or promptly after use. Used AAIs will be disposed of safely in accordance with manufacturer instructions and sharps arrangements. If Georgina Press and Emma Fieldhouse are not available, a member of SLT will carry out this duty.

10.3 Use of spare devices and consent

The school will seek advance parental/young person consent for use of a school spare AAI and record this in the IHP/register. However, the Human Medicines (Amendment) Regulations 2017 permit spare adrenaline devices to be used for the purpose of saving a life, and in an emergency anyone may take reasonable action to save life without delaying treatment to check prior consent.

11. Emergency response to allergic reaction and anaphylaxis

If a pupil has an Allergy Action Plan or other healthcare-professional emergency plan, staff must follow it. Help and medication must be brought to the pupil; the pupil must not be sent to find help or medication.

11.1 Mild to moderate allergic reaction

- Stay with the pupil and call for assistance if needed.
- Locate prescribed adrenaline devices and be alert for progression.
- Give antihistamine only in accordance with the pupil's plan/authorisation.
- Contact parents/carers as appropriate and monitor closely. Because symptoms can progress, the pupil will be observed in accordance with the current action plan/guidance.

11.2 Suspected anaphylaxis

1. Lay the pupil flat with legs raised; if breathing is difficult, allow them to sit with legs extended. Do not stand them up or make them walk.
2. Administer adrenaline immediately. Use the pupil's own prescribed device first if available; otherwise use an appropriate school spare AAI. Do not delay adrenaline while calling 999.
3. Call 999 immediately and state "anaphylaxis". Give the school/location postcode and clear access directions.
4. Stay with the pupil. If there is no improvement after 5 minutes, give a second dose using another device, if available, and update emergency services.
5. Commence CPR if there are no signs of life. Send someone to meet the ambulance and contact parents/carers.
6. Any person given adrenaline must be transferred to hospital for monitoring. Record the reaction, medication, dose/time, device used and staff involved.

If in doubt about whether symptoms amount to anaphylaxis, staff should give adrenaline. Sudden breathing difficulty in a person with known food allergy may be anaphylaxis even without skin symptoms.

12. Training and induction

All staff who may be present while pupils are on site will receive allergy awareness and emergency response training at least annually. This includes teaching staff, support staff, office staff, catering staff, breakfast/after-school staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. First-aid training alone is not treated as sufficient allergy awareness training.

Long Meadow School will use The Key CPD/eLearning course "Allergies and anaphylaxis for school staff" as part of its annual training programme. This will be complemented by in-house training led by Mick Bourke, including school-specific procedures, locations of medication and emergency kits, use of training devices, practical emergency response and learning from incidents/drills. Training records, completion dates and refresher requirements will be maintained.

New staff will complete allergy awareness training as part of induction and before they are left with sole responsibility for pupils wherever practicable. Their induction will include this policy, the allergy register arrangements, relevant IHP/action-plan access, emergency response, medication locations and incident reporting. Supply, cover and agency staff will receive a concise allergy safety briefing on arrival and the school will seek confirmation of relevant training; where training cannot be evidenced, they will not be placed in a role that depends on independent allergy emergency response without suitable trained support.

Annual training will cover: allergy and common triggers; co-existing asthma; differences between allergy, coeliac disease and intolerance; recognition of mild reactions and anaphylaxis; acute asthma; calling 999; locating and administering emergency medication; use of prescribed and spare devices; IHPs and action plans; risk reduction; wellbeing and bullying; incident and near-miss reporting; and this policy. Training pens will be used for safe practice. The school will run an allergy/anaphylaxis emergency drill at least annually and use the outcome to improve arrangements.

13. Wellbeing, inclusion and bullying

The school recognises that living with allergy can affect confidence, attendance, participation, relationships and mental wellbeing. Fear of accidental exposure or anaphylaxis may cause anxiety, and some pupils may feel singled out by meal or medication arrangements. The school will actively promote wellbeing as well as physical safety.

- Provide reassurance by explaining the practical steps in place to reduce risk and respond to emergencies.
- Involve the child or young person in decisions about their support, privacy and information sharing, according to age and understanding.
- Offer regular check-ins with an identified trusted adult/class teacher and access to pastoral support where needed.
- Plan mealtime and activity arrangements to maximise inclusion and avoid unnecessary segregation or stigma.
- Engage proactively with new pupils with allergy and their families; where helpful, offer familiarisation with dining arrangements and key staff.
- Support learning where allergy-related appointments, illness or recovery cause absence, including reasonable catch-up arrangements and a supported return.
- Following an incident or near miss, offer appropriate wellbeing support to the pupil, family, staff responders and witnesses.

Allergy-related bullying will be treated seriously. This includes teasing, exclusion, deliberately exposing or threatening to expose someone to an allergen, tampering with medication, mocking avoidance measures, or threats to force-feed an allergen. Staff will act immediately to secure safety, preserve access to medication, report the concern to the appropriate pastoral/safeguarding lead, inform parents/carers as appropriate, investigate under the Positive Behaviour/anti-bullying arrangements, apply proportionate consequences and restorative/educational work where suitable, and review the targeted pupil's IHP/risk controls if the incident reveals additional risk. Deliberate use of an allergen to threaten or harm a pupil may constitute a safeguarding matter and will be escalated accordingly.

14. Serious incidents and near misses

A serious incident is an event related to a medical condition or allergy in which a pupil, staff member or visitor is harmed or placed at immediate and significant risk of harm, including an event requiring emergency medication, urgent clinical intervention or emergency-service attendance. A near miss is an event that caused no harm but had clear potential to do so because of an error, omission or system failure.

14.1 Record

Serious incidents and near misses will be recorded as soon as feasible in the accident/incident recording system. The record will state who was affected; what happened, when and where; why it happened as far as known; how staff and pupils responded; support and medication given; whether emergency services were called; and how the event concluded. Use of any AAI will also be recorded, including medication/device, dose/time and who administered it.

14.2 Report

Parents/carers of a pupil aged up to 16 will be notified as soon as possible. For a young person over 16, their agreement to informing parents/carers will be considered in line with capacity, safeguarding and data-protection requirements. The report will be shared with the pupil/young person and parents/carers as appropriate, and they will be invited to contribute to the lessons-learned review. The Allergy Safety Lead and Governing Body will receive appropriate information.

Where applicable, the school will make statutory or regulatory reports, including RIDDOR reports to HSE, allergen-related food safety reports/advice to the local authority environmental health team or Primary Authority, and notification to the relevant healthcare professional where an incident relates to delivery of a clinical care/action plan. Delayed reactions reported by pupils, parents/carers or healthcare professionals will also be captured and reviewed.

14.3 Respond and learn

Reviews will be conducted in a no-blame, learning-focused manner while still addressing any misconduct or safeguarding issue separately. The school will identify immediate controls, root/system factors, training needs and any changes required to catering, supervision, storage, communication, the allergy register, risk assessments, this policy or the pupil's IHP. Actions will be assigned, monitored to completion and relevant learning shared with staff. Serious incidents and near misses will trigger consideration of an early IHP and policy review.

15. Information sharing, confidentiality and UK GDPR

Health information, including allergy information, is special category personal data under UK GDPR. The school has lawful bases for processing and sharing relevant health information where necessary to protect health, provide education safely, meet legal duties and safeguard pupils. Information will be handled in accordance with the school Data Protection Policy, privacy notices and retention arrangements.

Information will be shared on a need-to-know basis with staff and others who require it to keep the pupil safe and included. The school will balance privacy and dignity with safe access to current clinical information. Access-controlled registers, photographs and plans will not be displayed publicly. Version control will be used so staff can identify the current IHP/action plan. Parents/carers and pupils will be involved in decisions about information sharing wherever appropriate, while recognising that essential safety information may need to be shared without consent where another lawful basis applies.

16. Raising awareness of this policy

The school will actively raise awareness of the Allergy Safety Policy. It will be:

- Shared with all governors and all members of school staff.
- Included in staff induction and revisited through annual allergy awareness training.
- Published on the Long Meadow School website and brought to the attention of parents/carers at least annually.
- Brought to the attention of pupils at least annually in an age-appropriate way, using assemblies, curriculum opportunities and/or Allergy School resources.
- Included in relevant briefings for supply/cover staff, regular volunteers, catering and wraparound staff.

- Used to support an allergy-aware culture in which pupils know how to seek adult help in an emergency without placing responsibility for emergency treatment on children.

17. Websites and resources we will consult

The school will consult current official guidance first and will use reputable specialist resources to support training, education and review. The following websites will be checked as appropriate; current guidance will take precedence over any older local document:

DfE – Allergy safety in schools: https://www.gov.uk/government/publications/allergy-safety-in-schools

DfE – Supporting pupils with medical conditions at school: https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

DHSC – Using emergency adrenaline auto-injectors in schools: https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools

DfE – School food standards: allergy guide: https://www.gov.uk/government/publications/school-food-standards-allergy-guide

Food Standards Agency – allergen guidance: https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses

Resuscitation Council UK – anaphylaxis guidance: https://www.resus.org.uk/library/additional-guidance/guidance-anaphylaxis

BSACI – paediatric allergy action plans: https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

Allergy UK: https://www.allergyuk.org/

Allergy School – Natasha Allergy Research Foundation: https://www.allergyschool.org.uk/

Asthma + Lung UK: https://www.asthmaandlung.org.uk/

The Key CPD – allergies and anaphylaxis for school staff: https://cpd.thekeysupport.com/statutory-elearning/allergies-and-anaphylaxis-for-school-staff/

18. Monitoring and review

The Allergy Safety Lead will monitor implementation, training completion, IHP currency, device checks, expiry dates, risk assessments, incidents and near misses. The Governing Body will review and approve this policy at least annually, and sooner where new statutory guidance, legislation, a serious incident/near miss or other significant change indicates review is needed.

19. Links to other school policies

- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- First Aid/Medicines procedures
- School Food/Catering arrangements
- Educational Visits Policy
- Positive Behaviour and anti-bullying arrangements
- Safeguarding/Child Protection Policy
- Data Protection Policy and privacy notices
- Attendance Policy
- SEND Policy

Appendix 1 – Individual Healthcare Plan (IHP) for allergy / asthma

INDIVIDUAL HEALTHCARE PLAN (IHP)

Allergy & Medical Conditions

Purpose: This plan records the pupil's medical needs, agreed daily arrangements, emergency procedures and review information. It should be read alongside any current Allergy Action Plan, Asthma Action Plan or other clinical instructions supplied by a healthcare professional.

Pupil Details

Item	Information
Pupil Name	
Date of Birth	
Year Group / Class	
UPN	
Photograph	Attach current photograph here
Date Plan Created	
Review Date	
Allergy / Medical Safety Lead	
Class Teacher	
Parent / Carer Name(s)	
Contact Number(s)	
Healthcare Professional	
NHS Consultant / Nurse (if applicable)	

1. Medical Condition / Allergy Details

Diagnosed condition(s)

☐ Food allergy
☐ Insect sting allergy
☐ Medication allergy
☐ Asthma
☐ Eczema
☐ Other: _____

Known allergens / triggers List all confirmed or suspected allergens or triggers:

Severity

☐ Mild reaction ☐ Moderate reaction ☐ At risk of anaphylaxis

Date of most recent reaction: _____

Details of reaction:

2. Medical Documentation

Documents attached / held by school

☐ Allergy Action Plan
☐ Asthma Action Plan
☐ GP letter
☐ Consultant letter
☐ Other: _____

Date documents reviewed: _____

3. Medication

Medication	Dose / Instructions	Storage Location	Expiry Date

Adrenaline Auto-Injectors (AAI)

☐ EpiPen ☐ Jext ☐ Emerade ☐ Other: _____

Number supplied by parent/carer: _____

☐ School spare AAI permitted: Yes ☐ School spare AAI permitted: No

☐ Parent consent received: Yes ☐ Parent consent received: No

4. Daily Management Arrangements

Risk-reduction measures

☐ Allergy / medical information shared with relevant staff ☐ Allergy / medical register updated

☐ Dining hall informed ☐ School kitchen / catering informed

☐ Classroom controls implemented ☐ Handwashing procedures in place

☐ No food sharing ☐ Educational visits risk assessed

☐ After-school clubs informed ☐ Transport providers informed (if applicable)

Additional arrangements:

5. Activities Requiring Additional Risk Assessment

Activity	Arrangements Required
School trips / residentials	
Cooking / food activities	
Science activities	
Forest School / outdoor learning	
Sports events	
Visitors / animals	
Other	

6. Signs and Symptoms

Early symptoms

☐ Itchy mouth
☐ Rash / hives
☐ Swelling
☐ Abdominal pain
☐ Vomiting
☐ Wheezing
☐ Other: _____

Severe symptoms / possible anaphylaxis

☐ Difficulty breathing
☐ Persistent cough
☐ Hoarse voice
☐ Tongue swelling
☐ Collapse
☐ Loss of consciousness
☐ Other: _____

Pupil-specific symptoms or presentation:

7. Emergency Procedure

1. Follow the pupil's current Allergy Action Plan / medical action plan.
2. Administer medication exactly as directed in the pupil's plan.
3. Ensure the emergency kit is brought to the pupil immediately.
4. Call 999 immediately if anaphylaxis or another medical emergency is suspected.
5. Administer the prescribed AAI without delay if required by the action plan.
6. Contact the parent/carer.
7. Record the incident and any medication administered.
8. Review this IHP and associated risk controls following the incident.

Specific instructions for this pupil:

8. Staff Training Requirements

Staff Member / Role	Training Required	Date Completed / Refresher Due

Named trained first aiders / relevant trained staff:

_____
_____
_____
_____

9. Educational and Wellbeing Support

How may the allergy or medical condition affect learning, attendance, social interaction or wellbeing?

Support arrangements:

10. Information Sharing

To support safe care, this plan and relevant medical information may be shared with staff or providers who need the information to carry out their role:

- ☐ Class teachers
- ☐ Midday supervisors
- ☐ School leaders
- ☐ Trip leaders
- ☐ Club providers
- ☐ Teaching assistants
- ☐ First aid staff
- ☐ Catering staff
- ☐ Supply staff (where relevant)
- ☐ Transport providers (where relevant)

Other: _____

11. Consent and Agreement

Parent / Carer Declaration
I confirm that the information contained within this plan is accurate to the best of my knowledge. I will notify the school promptly of any changes to the pupil's condition, medication, action plan or emergency contact details.
Name: _____
Signature: _____
Date: _____

Headteacher / School Representative

Name: _____

Signature: _____

Date: _____

Healthcare Professional (where applicable)

Name: _____

Signature: _____

Date: _____

12. Review Record

Review Date	Changes Made	Next Review Due	Signed

Incident / Near-Miss Log

Date	Incident / Near Miss	Action Taken	Parent / Carer Informed	Review Completed

School use: Ensure this plan is reviewed at least annually, sooner if the pupil's needs change, after a significant reaction/incident, or when new clinical guidance is received.

Appendix 2 – Allergy / adrenaline device register (minimum fields)

The operational register is held securely and kept current. This appendix identifies the minimum information to be recorded; it is not intended to be published with completed pupil data.

Pupil	Allergen(s)	AD prescribed?	Brand/dose	No. devices	Location	Expiry date(s)	Action plan date

Appendix 3 – Monthly spare AAI check record

Check date	Kit/location	Device/dose	Batch no.	Expiry	Condition/present	Checker/action