

Woodley CofE Primary School



Our Vision

At Woodley CofE each person is unique and accepted as a child of God. Through strong Christian values and our BRIGHT attitudes to learning, we inspire hearts and minds to create life-long learners, who have the skills, knowledge and understanding to shine brightly in the world.

“Let your light shine before others.” Matthew 5:16

Allergy Safety Policy

Responsibility of:	Full Governing Body
Type of Policy:	Statutory Policy
Date of Policy:	September 2026
Date of next review:	September 2027

Alternative formats available	email enlarged print audio
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1. Policy statement

Woodley CofE Primary School is committed to providing a safe, inclusive and supportive environment for all pupils, including pupils living with allergies.

The school recognises that allergies can range from mild reactions to life-threatening anaphylaxis. We will take reasonable and proportionate steps to reduce the risk of exposure to known allergens, ensure that pupils with allergies can participate fully in school life, and ensure that staff know how to recognise and respond to an allergic reaction.

The school will:

- identify pupils with allergies and establish appropriate arrangements for their care;
- develop and maintain Individual Healthcare Plans (IHCPs) where required;
- ensure appropriate allergy awareness and emergency-response training for staff;
- ensure prescribed adrenaline auto-injectors (AAIs), where required, are readily accessible;
- maintain appropriate arrangements for emergency medication;
- work closely with parents/carers and healthcare professionals;
- manage food allergens safely;
- consider allergies in lessons, activities, trips, clubs and wraparound care;
- record, investigate and learn from serious allergic incidents and near misses; and
- promote an inclusive culture in which pupils with allergies are not unnecessarily excluded from activities.

This policy should be read alongside the school's Support Pupils who have Medical Conditions Policy, First Aid Policy, Safeguarding Policy, Educational Visits Policy and SEND Policy.

2. Legal and guidance framework

This policy has been prepared with reference to current guidance and legislation applicable to schools in England, including:

- Department for Education, **Allergy safety in schools: statutory guidance**, published 6 July 2026;
- Children's Wellbeing and Schools Act 2026;
- Department for Education, **Supporting pupils with medical conditions at school**;
- Department of Health and Social Care, **Using emergency adrenaline auto-injectors in schools**;
- relevant provisions of the Human Medicines Regulations;
- Equality Act 2010;
- Food Information Regulations 2014, including allergen information requirements;
- Food Standards Agency guidance concerning allergen management and prepacked for direct sale food; and
- relevant health and safety, first aid and safeguarding requirements.

The Department for Education's current allergy guidance requires schools in England within its scope to have an allergy safety policy, provide allergy safety training, identify pupils who require IHCPs, and record and learn from serious incidents and near misses. ([GOV.UK](https://www.gov.uk))

The policy will be reviewed whenever relevant legislation or statutory guidance changes.

3. Scope

This policy applies to:

- all pupils;

- all teaching and support staff;
- supply, temporary and agency staff;
- volunteers and student placements;
- governors/trustees where relevant;
- catering staff and contractors;
- breakfast and after-school club staff;
- visitors and external activity providers where appropriate; and
- all school activities, whether on or off the school premises.

The policy covers food and non-food allergies, including allergies associated with:

- foods;
- medicines;
- insect stings;
- latex;
- environmental allergens; and
- other substances identified by a healthcare professional.

4. Definitions

Allergy

An allergy occurs when the body's immune system reacts to a normally harmless substance.

Allergic reaction

A reaction may affect the skin, respiratory system, gastrointestinal system or cardiovascular system and can range from mild to severe.

Anaphylaxis

Anaphylaxis is a severe, potentially life-threatening allergic reaction requiring immediate treatment.

Adrenaline auto-injector (AAI)

A prescribed or emergency adrenaline device used to treat anaphylaxis.

Individual Healthcare Plan (IHCP)

A written plan setting out the healthcare needs of an individual pupil and the support required in school.

Allergy Action Plan

A healthcare professional's plan describing the pupil's allergy, symptoms, medication and emergency treatment. Where available, it should be kept with the pupil's medication.

5. Responsibilities

5.1 Governing body / academy trust

The governing body or academy trust will:

- ensure appropriate arrangements are in place to support pupils with allergies;
- approve and review this policy;
- ensure that the policy is publicly accessible;
- ensure appropriate resources are available for implementation;
- monitor compliance and effectiveness;
- ensure serious incidents and relevant near misses are appropriately reviewed; and
- ensure that responsibilities are clearly allocated.

5.2 Headteacher

The Headteacher has overall responsibility for implementation of this policy and will:

- ensure the policy is implemented consistently;
- appoint a member of staff to coordinate allergy arrangements;
- ensure appropriate staff training is completed;
- ensure appropriate records are maintained;
- ensure IHCPs are developed and reviewed where required;
- ensure emergency medication is accessible;
- ensure appropriate risk assessments are undertaken;
- ensure allergy arrangements are considered for educational visits;
- liaise with parents/carers and relevant healthcare professionals;
- ensure incidents are recorded and reviewed; and
- ensure new and temporary staff receive appropriate information.

5.3 Allergy Lead / Medical Conditions Lead

The school will nominate an Allergy Lead, who may also be the Medical Conditions Lead.

The Allergy Lead will:

- maintain the school's allergy register;
- coordinate IHCPs and Allergy Action Plans;
- maintain records of prescribed medication and expiry dates;
- coordinate staff training;
- ensure relevant staff know which pupils require emergency medication;
- coordinate arrangements for school trips and activities;
- monitor allergy-related incidents and near misses;
- liaise with parents/carers;
- support classroom staff; and
- report significant issues to the Headteacher.

5.4 All staff

All staff have a responsibility to:

- familiarise themselves with this policy;
- complete required allergy awareness training;
- know how to recognise the signs of an allergic reaction;
- know how to respond to an emergency;
- know which pupils in their care have allergies;
- know where emergency medication is kept;
- follow individual IHCPs and Allergy Action Plans;
- maintain confidentiality;

- take reasonable steps to prevent avoidable exposure to known allergens; and
- report incidents and near misses promptly.

Staff must never deliberately expose a pupil to an allergen.

6. Identification and registration of allergies

Parents/carers will be asked to provide information about known allergies when a pupil joins the school and whenever the pupil's medical circumstances change. An allergy action plan will be completed, a copy of which is held in the child's classroom. (See appendix 1).

The school will obtain, where appropriate:

- the name of the allergen(s);
- known symptoms;
- known triggers;
- prescribed medication (AAI) ;
- details of prescribed medication (AAI);
- the pupil's Allergy Action Plan;
- relevant healthcare professional information;
- emergency contact details; and
- any restrictions or precautions recommended by healthcare professionals.

The school will maintain an up-to-date register of pupils known to be at risk of anaphylaxis. (See Appendix 2).

Information will be shared with staff on a need-to-know basis, while maintaining appropriate confidentiality.

7. Individual Healthcare Plans

An IHCP will be developed where the pupil's allergy requires individual arrangements or where this is otherwise considered necessary. (See Appendix 3).

The IHCP should include, as appropriate:

- the pupil's name and class;
- family contact details and contact numbers
- clinic/hospital contact details
- doctors contact details
- diagnosis/allergy;
- known allergens and triggers;
- symptoms and early warning signs;
- emergency treatment;
- arrangements for emergency services;
- arrangements for educational visits;
- physical education and extracurricular activities;
- responsibilities of staff;
- relevant parental/carer consent;
- healthcare professional advice; and
- arrangements for review.

Parents/carers should provide the school with updated medical information and medication when circumstances change.

IHCPs will normally be reviewed at least annually and sooner if:

- the pupil's allergy changes;
- medication changes;
- the pupil experiences a significant reaction;
- there is a serious incident or near miss;
- the school receives new healthcare advice; or
- the school considers that the existing arrangements are no longer adequate.

8. Allergy awareness training

The school will provide appropriate allergy safety training for staff.

Training will cover, as appropriate:

- what allergies are;
- common allergens;
- risk reduction;
- symptoms of allergic reactions;
- symptoms of anaphylaxis;
- use of adrenaline auto-injectors;
- emergency procedures;
- individual pupil needs;
- food allergen management;
- prevention of cross-contact;
- school trips and off-site activities;
- incident reporting; and
- the school's allergy arrangements.

Relevant staff must receive practical training appropriate to their responsibilities.

New staff will receive appropriate information as part of induction.

Temporary, agency and supply staff will receive sufficient information to safely supervise pupils with allergies.

9. Recognising an allergic reaction

Symptoms vary between individuals.

Possible symptoms include:

- itching or tingling;
- hives or rash;
- swelling of the lips, face, mouth or tongue;
- abdominal pain;
- nausea or vomiting;
- coughing;
- wheezing;
- difficulty breathing;

- hoarse voice;
- difficulty swallowing;
- dizziness;
- collapse;
- confusion; or
- loss of consciousness.

A severe allergic reaction can develop rapidly.

Staff must follow the pupil's Allergy Action Plan where available.

10. Emergency response to suspected anaphylaxis

If anaphylaxis is suspected, staff must act immediately.

The school's emergency procedure is:

1. **Give adrenaline immediately using the pupil's prescribed AAI**, following the manufacturer's instructions and the pupil's Allergy Action Plan where available.
2. **Call 999** and state that the pupil is suffering from anaphylaxis.
3. Tell the emergency operator that adrenaline has been administered.
4. Send someone to meet the ambulance and direct emergency responders to the pupil.
5. Keep the pupil with a responsible adult.
6. Keep the pupil lying down where possible, unless breathing is easier sitting up. If the pupil is vomiting, place them in an appropriate recovery position.
7. Do not allow the pupil to stand or walk unnecessarily.
8. If there is no improvement after approximately 5 minutes, or symptoms return, use a second AAI if available and authorised.
9. Continue to monitor the pupil until emergency medical help arrives.
10. Provide the used AAI to ambulance staff if requested.
11. Inform the Headteacher and parents/carers as soon as practicable.
12. Record and report the incident in accordance with the school's incident procedures.

Adrenaline should be administered without delay where anaphylaxis is suspected. Current government advice stresses the importance of immediate treatment and calling 999 after administration. ([GOV.UK](https://www.gov.uk))

Staff should not delay administration of adrenaline while attempting to establish whether the reaction is sufficiently severe.

11. Adrenaline auto-injectors

Where a pupil has been prescribed an AAI, the school will make arrangements for it to be accessible whenever the pupil is on school premises or participating in a school activity.

Each pupil must have two AAI's provided that remain within school.

Prescribed AAIs must not be unnecessarily locked away or stored somewhere that would delay access.

For younger pupils, particular care will be taken to ensure that their medication remains immediately accessible.

The school will maintain records of:

- pupil's name;
- AAI type and dose;
- number of devices;
- expiry date;
- storage location;
- date checked;
- staff responsible for checks; and
- arrangements for replacement.

Parents/carers are responsible for providing prescribed medication and replacing expired or used devices, unless alternative arrangements have formally been agreed.

12. Spare/emergency adrenaline auto-injectors

Stock emergency AAI's

Woodley CofE Primary School will maintain an appropriate supply of spare/emergency AAI's in accordance with current legislation and Department of Health and Social Care guidance.

Spare devices will:

- be stored securely but remain readily accessible;
- be stored in accordance with the manufacturer's instructions;
- not be refrigerated;
- not be exposed to excessive heat or direct sunlight;
- be checked regularly for expiry and condition;
- be available during school hours and relevant school activities; and
- be administered only in accordance with the school's arrangements and applicable law.

13. Medication storage

Medication will be:

- clearly labelled;
- stored according to the manufacturer's instructions;
- accessible to authorised staff and, where appropriate, the pupil;
- protected from unauthorised access;
- checked regularly;
- recorded appropriately; and
- disposed of safely when no longer required.

Emergency medication must never be stored in a location that would cause a dangerous delay in treatment.

14. Food allergies

The school recognises that food is a significant source of allergic reactions.

The school will work with parents/carers, catering providers and staff to reduce the risk of accidental exposure.

The school will:

- obtain accurate information about pupils' food allergies;
- ensure catering staff have access to relevant allergy information;
- maintain appropriate ingredient and allergen information;
- follow food safety and allergen-management procedures;
- prevent avoidable cross-contact;
- ensure staff supervising eating understand relevant pupil needs;
- communicate relevant allergy information for school events;
- ensure appropriate arrangements are made for cooking and food technology lessons; and
- review food arrangements following an allergic reaction or near miss.

The school will not rely solely on a general "nut-free" or "allergen-free" policy as a substitute for individual allergy management.

Where the school chooses to prohibit particular foods, the prohibition will be clearly communicated, proportionate and supported by appropriate risk-management arrangements.

Parents/carers are responsible for providing information about pupils food allergies and ensuring MIS system is kept up to date.

15. School meals and catering

The school will provide catering staff with current information concerning pupils with medically diagnosed allergies who require special arrangements.

Catering staff will:

- follow the school's allergen-management procedures;
- verify ingredients where necessary;
- avoid cross-contact;
- follow agreed special-diet arrangements;
- ensure appropriate communication between kitchen and supervisory staff; and
- report any concerns immediately.

Where food is prepacked for direct sale, the school will comply with applicable allergen-labelling requirements. The Food Standards Agency's current guidance confirms that the relevant PPDS allergen-labelling rules apply to schools providing such food.

16. Packed lunches

Parents/carers should inform the school of any food allergies affecting their child.

Where necessary, the school may introduce reasonable arrangements concerning packed lunches to reduce the risk of exposure.

Pupils should not routinely share food.

Staff will supervise younger pupils appropriately and encourage pupils to understand that they must not exchange or share food where this could create a risk.

17. Celebrations and special events

Parents/carers and staff should consider allergies when providing food for:

- birthdays;
- class parties;
- Christmas events;
- fundraising events;
- school fairs;
- rewards;
- cultural events; and
- other celebrations.

No pupil with an allergy should be excluded from a celebration simply because they cannot safely eat a particular food.

18. Curriculum and classroom activities

Allergies will be considered when planning:

- science experiments;
- cooking;
- food technology;
- art and craft activities;
- gardening;
- use of latex or other materials;
- sensory activities; and
- practical demonstrations.

Teachers will check materials and ingredients where necessary and make reasonable adjustments to avoid exposure.

19. Physical education and outdoor activities

Pupils with allergies should participate fully in PE and outdoor learning wherever it is safe to do so.

Emergency medication must accompany pupils where required.

Staff supervising outdoor activities must know:

- which pupils are at risk;
- where medication is located;
- how to access emergency help; and
- how to respond to an allergic reaction.

20. Educational visits and residential trips

Allergy arrangements will be considered as part of the educational visit risk assessment.

Before a visit, the school will ensure that:

- relevant IHCPs are available;
- prescribed medication is taken;
- emergency medication is readily accessible;
- appropriate trained staff accompany the pupil;
- staff know the emergency procedure;
- catering arrangements have been checked;
- allergen information has been obtained where necessary;
- emergency contact information is available;
- the destination and transport arrangements have been considered; and
- contingency arrangements are in place.

Medication must not be left inaccessible in a vehicle or locked luggage where this could delay treatment.

21. Breakfast clubs, after-school clubs and wraparound care

Allergy arrangements apply equally to:

- breakfast clubs;
- after-school clubs;
- holiday clubs operated by the school;
- sports clubs;
- music and arts activities; and
- other school-run activities.

External providers operating on school premises will be informed of relevant arrangements and will be expected to have appropriate procedures for pupils with allergies.

22. Prevention of cross-contact

The school will take reasonable steps to prevent cross-contact with known allergens.

Depending on the circumstances, this may include:

- handwashing;
- appropriate cleaning of surfaces;
- avoiding sharing utensils;
- appropriate food storage;
- separate preparation of special meals where necessary;
- checking ingredients;
- staff awareness; and
- appropriate supervision.

The school recognises that it is not possible to guarantee that an allergen will never be present in a school environment. The purpose of these measures is to reduce foreseeable and avoidable risks while maintaining an inclusive environment.

23. Communication with parents and carers

Parents/carers will be encouraged to communicate promptly with the school regarding:

- new allergies;
- changes in diagnosis;

- changes in symptoms;
- medication changes;
- replacement AAls;
- changes to emergency plans;
- hospital admissions or significant reactions; and
- advice from healthcare professionals.

The school will communicate relevant information to appropriate staff while respecting confidentiality.

24. Pupil education and inclusion

The school will encourage age-appropriate understanding of allergies.

Pupils may be taught:

- that allergies can be serious;
- not to share food;
- how to seek adult help;
- how to recognise an emergency;
- how to support classmates appropriately; and
- that pupils with allergies should not be bullied, stigmatised or excluded.

The school will respond to allergy-related bullying or harassment in accordance with its Behaviour and Anti-Bullying Policies.

The school will make reasonable adjustments where required under the Equality Act 2010.

25. Bullying and discrimination

A pupil must not be:

- mocked because of an allergy;
- deliberately exposed to an allergen;
- pressured to eat unsafe food;
- excluded unnecessarily from activities;
- prevented from accessing education because of an allergy; or
- treated less favourably because they require medication or additional support.

Any deliberate exposure to an allergen will be treated as a serious safeguarding and behaviour concern.

26. Incident and near-miss reporting

All suspected serious allergic reactions must be reported to the Headteacher and designated member of staff.

The school will maintain appropriate records of:

- allergic reactions;
- use of AAls;
- administration of emergency medication;
- medication errors;

- significant exposure incidents; and
- relevant near misses.

Following a serious incident or near miss, the school will review:

- what happened;
- whether the pupil's IHCP was followed;
- whether medication was accessible;
- whether staff knew what to do;
- whether communication was effective;
- whether food or environmental controls were adequate; and
- what changes are needed to prevent recurrence.

The school's current statutory guidance specifically requires schools to record and learn lessons from serious incidents and near misses. (See Appendix 4).

27. Post-incident review

Following a significant allergic reaction, the school will:

1. ensure the pupil has received appropriate medical attention;
2. Head Teacher or designated member of staff will inform parents/carers;
3. record the incident;
4. review the IHCP and Allergy Action Plan;
5. review medication arrangements;
6. identify any contributing factors;
7. consult relevant healthcare professionals where appropriate;
8. consider whether additional staff training is required;
9. review food/environmental arrangements; and
10. implement and record agreed improvements.

The pupil will not be blamed for an allergic reaction.

28. Confidentiality and information sharing

Medical information will be handled sensitively and in accordance with applicable data protection requirements.

Information will be shared with staff where necessary to protect the pupil's health and safety.

Staff will be given sufficient information to respond effectively in an emergency.

The school will avoid unnecessary disclosure of confidential medical information.

29. Training records

The school will maintain records of allergy-related training, including:

- staff member;
- date of training;

- type of training;
- trainer/provider;
- expiry/review date where applicable; and
- refresher training requirements.

Training records will be reviewed by the Allergy Lead.

30. Monitoring and quality assurance

The Allergy Lead, in conjunction with the Head Teacher, will monitor implementation by reviewing:

- allergy register;
- IHCPs;
- medication checks;
- AAI expiry dates;
- staff training;
- incident and near-miss records;
- educational visit arrangements;
- catering arrangements; and
- feedback from parents/carers and staff.

The governing body/academy trust will receive appropriate assurance regarding implementation.

31. Policy review

This policy will be reviewed at least annually and sooner where:

- legislation changes;
- statutory guidance changes;
- there is a serious incident;
- a significant near miss occurs;
- the school's arrangements change;
- a new risk is identified; or
- healthcare advice indicates that changes are required.

The policy will be made available to parents/carers and staff.

32. Emergency procedure – quick reference

SUSPECT ANAPHYLAXIS

1. GIVE ADRENALINE IMMEDIATELY.

Use the pupil's prescribed AAI according to the device instructions and Allergy Action Plan.

2. CALL 999.

State: **"ANAPHYLAXIS – ADRENALINE HAS BEEN GIVEN."**

3. KEEP THE PUPIL WITH AN ADULT.

Do not allow them to stand or walk unnecessarily.

4. IF SYMPTOMS HAVE NOT IMPROVED AFTER ABOUT 5 MINUTES, GIVE A SECOND AAI IF AVAILABLE AND AUTHORISED.

5. CONTINUE TO MONITOR THE PUPIL UNTIL THE AMBULANCE ARRIVES.

6. INFORM THE HEADTEACHER AND PARENTS/CARERS.

7. RECORD AND REVIEW THE INCIDENT.

Emergency treatment must not be delayed while waiting for parental permission or attempting to obtain further information.

Allergy Action Plan

CHILD'S NAME _____

EARLY YEARS SETTING / SCHOOL _____

HAS THE FOLLOWING ALLERGIES: _____

Child's date of birth

NHS Number (If known)

-- / -- / --

Photo

Emergency contact number

Alternative emergency number
if parent / guardian unavailable

☐ I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).

☐ I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.

☐ I will ensure that the above medication is kept in date and replaced if used.

☐ I consent for my child's action plan and photo to be displayed within EYS / school

☐ I consent to the use of the school's generic adrenaline auto injector if available (for those that already have an autoinjector prescribed)

Your name (Print)

Your signature

Please circle Parent /Guardian

Date

EMERGENCY TREATMENT

Name of adrenaline auto injector _____

How many adrenaline auto injectors prescribed for use in school? _____

Name of antihistamine (medicine for allergies). _____

Refer to label for dosage instructions

Name of inhaler (if prescribed) _____

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.



WATCH FOR SIGNS OF ANAPHYLAXIS

(Life-threatening allergic reaction):

Airway:

Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.

Breathing:

Difficult or noisy breathing, wheeze or persistent cough.

Consciousness:

Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit. 
2. **Use adrenaline auto injector without delay**
3. **Dial 999 to request an ambulance*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)  

*****If in doubt give adrenaline auto injector*****

After giving adrenaline auto injector

- 1 Stay with child until ambulance arrives; do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline auto injector (if available) in the alternate leg

*you can dial 999 from any phone, even if there is no credit left on a mobile.

Medical observation in hospital is recommended after anaphylaxis. Anaphylaxis may occur without initial mild signs. **ALWAYS** use adrenaline

autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze)

Allergy action plan will be reviewed on notification of any changes

Appendix 2 – Allergy Register

Allergy Register (Year)

[illegible]

Appendix 3 – Individual Healthcare Plan (IHCP)



WOODLEY

CofE Primary School

CONTACT

Hurricane Way
Woodley
RG5 4UX
Tel: 0118 969 3246
admin@wcofe.com

Head Teacher: Mrs Louisa Gurney
BA(Hons) NPQH

Individual Healthcare Plan –

Name of school/setting

Woodley CofE Primary School

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

September 2025

Review date

September 2026

Family Contact Information

Parent Name

Phone no. (work)

(mobile)

Parent Name

Relationship to child

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

|

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

All staff

Staff training needed/undertaken – who, what, when (for school to complete)

Form copied to (for school to complete)

If you feel you need to discuss this further please speak to Miss Hall. Please attach any further information you feel will be beneficial or add any further comments in the box below.

The above information is, to the best of my knowledge, accurate at the time of writing and I will inform the school immediately, in writing, if there is any change to my child's condition or to the information held.

Print name:
.....

Relationship to child:

Signature
.....

Date:

Appendix 4 – Incident/Near Miss Review Form

Review following an Allergic Reaction or Near Miss

Pupil Name	
Date	
Location	
What happen?	
Allergen/exposure suspected	
Symptoms	
Medication administered	
Time symptoms began	
Time AAI administered	
Time 999 called	
Was the IHCP followed	
What worked well	
What could be improved	
Changes required	
IHCP reviewed	
Parents/Carers informed	

Staff training reviewed	
Risk assessment reviewed	
Completion date	
Member of staff completing this form and role	
Headteacher signature	

Appendix 5 – Parent/Carer Responsibilities

Parents/carers should:

- inform the school promptly of any diagnosed allergy;
- provide accurate medical information;
- provide prescribed emergency medication;
- ensure medication is in date;
- replace used or expired medication promptly;
- provide an up-to-date Allergy Action Plan where available;
- inform the school of changes in medication or medical advice;
- participate in IHCP reviews; and
- provide emergency contact details and keep them updated.

The school will work constructively with parents/carers and healthcare professionals to ensure that arrangements are appropriate and practical.