Allergy Awareness Policy

Responsible Committee	Finance & Operations Committee
Date Approved by Committee	July 2026
Implementation Date	July 2026
Next Review Date	July 2027
Policy Owner	Laura Austen, COO

This document has been created to support the mission, values and beliefs of the Creative Learning Partnership Trust:

Our mission.

Creating
transformational
educative opportunities;
promoting **social justice**;

Our values.

Integrity
Courage to do the right thing, taking time to care.
Speaking and acting truthfully, fairly and upholding universal, moral principles.

Collaboration.
Working together, enabling each other.
Working with others to achieve strategic direction and to develop mutual trust and respect.

Dedication.
Committed to supporting and improving.
Showing commitment to and responsibility for strategies and goals.

Kindness.
Thinking of others and acting with compassion.
Demonstrating intentional actions to show care, respect and empathy to others.

Innovation.
Using expertise and research to transform.
Taking a proactive approach to problem solving , showing creativity, forward thinking and adaptability.

Understanding.
Openness, listening and valuing one another.
Actively listening to others to gauge the perspectives and needs of others within relevant context.

C — CREATIVE.

Creativity is at the heart of how we achieve exceptional educational outcomes. It drives innovation and empowers us to transform new and original ideas into reality, enriching the learning experience for every child.

L — LEARNING.

Learning is at the core of all we do. We are relentless in our commitment to ensuring that every child within our care achieves outcomes that truly reflect their potential and aspirations.

P — PARTNERSHIP.

Collaboration and **partnership** are key to continuous improvement. By working together, we create an inclusive, supportive, and responsive organisation that listens and learns from all voices.

T — TRUST.

Trust is the foundation of our culture. It permeates every aspect of our schools and organisation, creating confidence, integrity, and building strong relationships across our entire community.

1. Introduction and Purpose

This policy has been developed in accordance with Benedict's Law, new legislation introduced as part of the Children's Wellbeing and Schools Act 2026, which requires all schools in England to put safety measures in place to protect pupils with allergies.

This policy outlines The Creative Learning Partnership Trust's approach to:

- Identifying and supporting pupils with allergies
- Minimising the risk of exposure to allergens
- Responding effectively in emergency situations
- Creating an allergy-aware culture across all our schools

2. Roles and Responsibilities

2.1 Named Senior Leader for Allergy Safety

Laura Austen has responsibility for allergy safety across the Trust, including:

- Driving the implementation of this allergy safety policy
- Leading the annual review of the policy
- Ensuring all schools within the Trust comply with this policy
- Monitoring incidents and near misses across the Trust
- Reporting to Trustees on allergy safety matters

2.2 School-Level Allergy Lead

Each school within the Trust will appoint a senior leader as the school allergy lead, responsible for:

- Day-to-day implementation of this policy
- Maintaining records of pupils with allergies
- Coordinating staff training
- Ensuring Individual Healthcare Plans are in place and up to date
- Liaising with parents and healthcare professionals
- Reporting incidents to the Trust allergy safety lead
- Ensuring the correct spare Adrenaline Auto-injector pens are in place and monitored for expiry

2.3 Trustees

The Trust Board will:

- Ensure this policy is readily accessible to parents and staff

- Publish this policy on each school's website
- Make the policy available in hard copy on request
- Monitor compliance across all Trust schools
- Review the policy at least annually

2.4 All Staff

All staff have a responsibility to:

- Attend annual allergy awareness training
- Understand and implement this policy
- Know how to respond in an emergency
- Be aware of which pupils have allergies
- Report any incidents or near misses

3. Culture

3.1 Allergy Awareness Training

Who receives training: All staff present during times when pupils are scheduled to be on site will receive allergy awareness training at least annually. This includes:

- Permanent teaching and support staff
- Temporary staff and supply teachers
- Peripatetic staff
- Agency workers
- Regular volunteers
- Catering staff
- Staff who oversee breakfast and after-school clubs

This does not include contractors carrying out work with no pupil-facing role (e.g. builders, electricians, maintenance personnel).

Induction arrangements:

- All new staff will receive allergy awareness training as part of their induction, before they work directly with pupils
- Supply and cover staff will be provided with a briefing document on arrival, confirming they have received allergy awareness training
- If supply/cover staff have not received training, they will be given immediate access to online training and a briefing by the school allergy lead

Training content: Staff training will cover how to use adrenaline auto-injectors (AAIs) in an emergency, as any delay in giving adrenaline can be fatal. Benedict's law (allergy safety requirements. Staff will also receive training pens (EpiPen and Jext brands) to practise safely.

All staff training will ensure 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
    - How to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack)
    - How to use AAI devices in an emergency (whether prescribed to a given person or the school's "spare" adrenaline devices)
- Understand the impact allergy can have on a child or young person's wellbeing
- Understand this 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: Natasha's Foundation – Allergy School or accredited training

Record keeping: The school allergy lead will maintain a record of all staff who have completed allergy awareness training, including dates of completion.

3.2 Wellbeing Support

We recognise that the risk posed by allergy and the possibility of anaphylaxis can be a significant cause of anxiety for pupils and their families.

Supporting pupil wellbeing:

- Pupils with allergies will have regular check-ins with their designated member of staff such as form tutor/class teacher/pastoral lead

- We will work with pupils and parents to develop strategies to manage anxiety
- Pupils will be encouraged to speak to a trusted adult if they feel worried
- We will refer pupils to additional support services where appropriate (e.g. school counsellor, CAMHS)

Creating an inclusive environment: We will ensure pupils with allergies feel included by teaching pupils about allergies and normalising them through PSHE lessons and assemblies. Allergy awareness: involving your community. We will adapt activities and celebrations so that all pupils can participate safely.

Preventing bullying: We recognise that pupils with allergies may be bullied on account of their allergy. Allergy awareness: involving your community. We will:

- Include allergy awareness in our anti-bullying work
- Make it clear that bullying related to allergies is unacceptable
- Take swift action if bullying occurs
- Encourage pupils to report any concerns

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4. Minimising Risk

We take an 'allergen aware' rather than 'allergen free' approach, as banning common allergens such as nuts isn't the best way to keep pupils safe because it's difficult to enforce, nuts aren't the only allergens, it's impractical to ban all allergens from the site, and it could give pupils with allergies a false sense of security. Allergy awareness: involving your community.

4.1 General Risk Management

Staff planning responsibilities: All staff planning activities must consider the risk of exposure to allergens, for example in:

- Craft activities (e.g. using food items, glue containing allergens)
- Science experiments (e.g. using milk, eggs)
- Music activities (e.g. instruments made from natural materials)
- Cooking activities
- Activities involving animals
- Outdoor learning (e.g. risk of bee/wasp stings, contact with plants)

Before any activity, staff will:

1. Check the allergy register to identify pupils with allergies in the group
2. Review the pupils' Individual Healthcare Plans
3. Assess the risks of allergen exposure
4. Adapt the activity to make it safe for all pupils, or provide suitable alternatives

5. Communicate with parents if necessary

4.2 Food Allergy Management

Food provided by the school: Our catering team will:

- Maintain detailed records of ingredients and allergens in all food provided
- Provide clear allergen information for all meals and snacks
- Follow strict procedures to prevent cross-contamination
- Have separate preparation areas and equipment for allergen-free food where possible
- Train all catering staff in allergen awareness and food safety

Allergen information will be available:

- On menus (both online and in hard copy)
- At the point of service in the dining hall
- On request from the catering team

Food brought in by others: We will:

- Communicate our allergen-aware approach to parents, pupils and staff through e.g. letters, website, assemblies
- Discourage pupils and parents from bringing in food containing common allergens
- Ask parents to inform us of ingredients in food brought in for celebrations or events
- Educate pupils about the importance of not sharing food
- Implement handwashing before and after eating
- Have designated eating areas to contain allergen exposure

Specific measures:

- Birthday treats: We ask parents to discuss food treats with the class teacher in advance.
- Fundraising events: All food sold at school events must have clear allergen labelling
- Packed lunches: We ask parents to avoid including common allergens where possible and to ensure pupils wash hands after eating

4.3 Airborne and Contact Allergens

Where pupils have known allergies to airborne or contact allergens (e.g. pollen, pet dander, latex), we will:

- Document these in the pupil's Individual Healthcare Plan
- Put reasonable measures in place to manage the risk of exposure
- Consider ventilation and air quality
- Use alternative materials where possible (e.g. latex-free gloves)

- Communicate with parents about managing exposure during high pollen seasons

4.4 Risk Assessments for Visits and Trips

For any pupil at risk of anaphylaxis taking part in a trip off the premises, we will:

1. Conduct a specific risk assessment considering:
    - The location and activities planned
    - Proximity to emergency medical services
    - Allergen risks at the venue (e.g. food available, animals present)
    - Access to the pupil's prescribed adrenaline device
    - Staff trained to administer adrenaline
2. Ensure:
    - The pupil has their own adrenaline device with them at all times
    - At least one staff member trained to administer adrenaline accompanies the group
    - Spare adrenaline devices are taken on the trip
    - The venue is informed of the pupil's allergy
    - Emergency contact details are readily available
3. Communicate with parents about:
    - The risk assessment findings
    - Arrangements to keep their child safe
    - Any adjustments needed

Day trips: A specific Allergen Risk Assessment will be completed.

Residential trips: A specific Allergen Risk Assessment will be completed including medication storage and mealtimes

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5. Individual Children and Young People

5.1 Identification of Pupils with Allergies

Information gathering: We will gather information about pupils' allergies from:

- Admission forms completed by parents
- Previous schools/early years settings
- Parents (through regular updates)
- Healthcare professionals
- The pupils themselves (age-appropriate)

Timing:

- Before the pupil starts at the school
- At the beginning of each academic year
- Whenever a new allergy is diagnosed
- When there are changes to existing allergies

The allergy register: The school allergy lead will maintain a central register of all pupils with allergies, including:

- Pupil name and photo
- Year group and class
- Known allergens
- Severity of allergy
- Whether they have been prescribed an AAI
- Location of their prescribed medication
- Date of last update
- Link to their Individual Healthcare Plan

Access to information: To make allergy information easily accessible to staff, we will include it in our MIS and display it in the staff room and canteen, ensuring this information is only visible to staff members, not to pupils or visitors.

5.2 Individual Healthcare Plans (IHPs)

Who needs an IHP: A pupil will have an Individual Healthcare Plan if:

- They have an allergy which has a functional impact on them in school
- They are at risk of harm as a result of their allergy, and
- They require arrangements which are additional to or different from those made generally

This includes pupils who:

- Are at risk of anaphylaxis
- Require prescribed medication
- Need specific adjustments or support

IHP content: Each IHP will set out:

- The pupil's specific allergens
- Symptoms of an allergic reaction for this pupil
- Emergency procedures

- Medication details (including location and how to administer)
- Arrangements for activities, trips and mealtimes
- Staff responsibilities
- Contact details for parents and healthcare professionals

Allergy Action Plans: Where a pupil has an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional, the IHP will refer to or attach it. Whenever an updated Action Plan becomes available, the pupil's IHP will be reviewed to incorporate it.

Development and review: IHPs will be developed in partnership with:

- The pupil (where appropriate)
- Parents/carers
- The school allergy lead
- Relevant teaching and support staff
- Healthcare professionals (where appropriate)

IHPs will be reviewed:

- At least annually
- When there are changes to the pupil's condition
- After any incident or near miss
- Before residential trips or significant activities

Storage and access:

- Original IHPs will be stored in our school office
- Copies will be kept in the classroom, staff room, and with the pupil's medication
- All relevant staff will have access to IHPs
- IHPs will be stored securely in line with data protection requirements

5.3 Prescribed Adrenaline Devices

Rapid access: Pupils who are prescribed adrenaline devices must have rapid access to their devices at all times. In a case of anaphylaxis, adrenaline should be administered within five minutes.

Storage locations: Prescribed AAIs will be stored:

- In the school office with a duplicate device in the classroom for immediate access
- In a location that is not locked and is known to all staff
- In a location that allows the device to be brought to the pupil within 5 minutes

For older pupils: Secondary pupils may carry their own AAI if this is agreed with parents and documented in their IHP

During activities:

- PE/sports: AAIs will be taken to the sports field/hall by the supervising teacher
- Playtime: AAIs will follow the local risk assessment
- Off-site visits: AAIs will be carried by the trip leader and the pupil (where appropriate)

Taking devices home:

- Pupils will take their prescribed AAI home at the end of each day for the journey home
- Parents are responsible for returning the device to school each day
- The school allergy lead will check that devices are returned each morning

Checking expiry dates:

- The school allergy lead will check expiry dates of all prescribed AAIs monthly
- Parents will be notified at least one month before an AAI expires
- If an AAI expires and has not been replaced, parents will be contacted immediately
- Pupils will not be excluded from school if their AAI has expired, but parents will be reminded of the importance of providing in-date medication

Record keeping: We will maintain records of:

- Which pupils have been provided with prescribed AAIs
- The expiry dates of all AAIs
- When AAIs are taken home and returned
- When parents are notified about expiring AAIs

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6. School-Wide Policies

6.1 "Spare" Adrenaline Auto-Injectors

We stock "spare" adrenaline auto-injectors (AAIs) for use in emergency situations. Benedict's law

When spare AAIs will be used: Spare AAIs will be used when:

- A pupil is having anaphylaxis and their prescribed AAI is not immediately available
- A pupil is having anaphylaxis and has not previously been diagnosed with an allergy
- A staff member or visitor is having anaphylaxis
- A prescribed AAI has been used and a second dose is needed

Storage of spare AAIs: We will ensure no pupil is more than five minutes from adrenaline devices. Spare AAIs will be stored in pairs in the following locations:

- **Primary location:** in the school office or first aid room dependent on site.

- **Secondary location (if applicable for large sites):** Location to be known by all staff i.e. Near the dining hall in a clearly marked red emergency anaphylaxis kit

Storage requirements:

- Spare AAIs must be readily accessible and not locked away
- Devices will be stored in pairs so a second dose is immediately available if needed
- Devices will be clearly labelled as "SPARE - EMERGENCY USE ONLY" to avoid confusion with prescribed devices
- Storage locations will be clearly signposted and known to all staff

Emergency anaphylaxis kit contents: Each kit will contain:

- 2 x spare AAI devices (appropriate dosage)
- Instructions for use
- Spare asthma reliever inhaler and spacer
- List of pupils with known allergies (for reference only - spare AAIs can be used for anyone)
- Emergency contact numbers

Dosage: We will stock spare AAIs in the following dosages:

- 150 microgram for pupils aged 6-12 years and 300 microgram for pupils aged 12+

Checking expiry dates:

- The school allergy lead will check expiry dates of spare AAIs monthly
- A record of checks will be maintained
- Devices will be replaced at least one month before expiry

Replacing spare AAIs: When spare AAIs are used or go out of date:

- They will be replaced immediately
- Used AAIs will be disposed of safely (as they contain a needle) by returning to a pharmacy or using a sharps bin
- The school business manager will ensure replacement devices are ordered promptly

6.2 Spare Asthma Reliever Inhalers

We also stock spare asthma reliever inhalers for emergency use, stored in the emergency anaphylaxis kits. These will be managed in the same way as spare AAIs.

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7. Visits and Trips

Please see section 4.4 above for detailed procedures for risk assessments and arrangements for visits and trips.

Summary of key requirements:

- Specific risk assessment for each pupil at risk of anaphylaxis
- Pupil's prescribed AAI must accompany them
- Spare AAIs must be taken on the trip
- At least one trained staff member must accompany the group
- Venue must be informed of allergies
- Emergency procedures must be clearly communicated to all staff on the trip

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8. Serious Incidents and "Near Misses"

8.1 What to Report

We will record and report:

- Any allergic reaction that occurs on school premises or during school activities
- Any case of anaphylaxis
- Any "near miss" where a pupil was exposed to their allergen but did not have a reaction
- Any incident where emergency medication was administered
- Any incident where emergency services were called

8.2 Immediate Response

When an incident occurs:

1. Provide immediate first aid/emergency response (see emergency procedures)
2. Call emergency services if needed (999)
3. Contact parents immediately
4. Inform the school allergy lead
5. Complete an incident report form on the same day

8.3 Incident Report Form

The incident report form will capture:

- Date, time and location of incident
- Name of pupil/person affected
- Description of what happened
- Allergen involved
- Symptoms observed
- Actions taken (including medication administered)

- Who was present
- Outcome
- Whether emergency services were called
- Whether parents were informed

8.4 Reporting to Parents

Parents will be informed:

- Immediately by phone if their child has had an allergic reaction
- In writing within 24 hours with full details of the incident
- Of any changes to be made to their child's IHP as a result

8.5 Reporting to the Trust

The school allergy lead will report all incidents and near misses to the Trust allergy safety lead within 48 hours.

8.6 Learning from Incidents

After any incident or near miss:

- The school allergy lead will review what happened
- The pupil's IHP will be reviewed and updated if necessary
- Staff involved will be debriefed
- Any necessary changes to procedures will be identified and implemented
- Lessons learned will be shared with all staff
- The incident will be considered in the annual policy review

8.7 Record Keeping

All incident reports will be stored securely and retained in line with our data retention policy.

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9. Information Sharing

9.1 Data Protection

A pupil's health information is considered special category data under UK GDPR, which means it has additional legal protections. We will:

- Only share health information when necessary
- Share information in a controlled and respectful way
- Avoid unnecessary sharing that could embarrass pupils
- Maintain pupil confidence in staff

9.2 Who Needs to Know

Information will be shared with:

- All teaching staff who work with the pupil
- Support staff who work with the pupil (e.g. TAs, lunchtime supervisors)
- The catering team
- Office staff who may need to respond in an emergency
- Supply and cover staff (on a need-to-know basis)
- Trip leaders and volunteers for off-site visits

Information will NOT be routinely shared with:

- Other pupils (unless the pupil and parents give permission)
- Contractors with no pupil-facing role
- Visitors to the school

9.3 Consent

We will seek consent from parents and pupils (where age-appropriate) for:

- Sharing information about their allergy with other pupils (e.g. in assemblies or PSHE)
- Displaying their photo on the allergy register in communal staff areas
- Sharing information with external organisations (e.g. trip venues)

9.4 Transferring Information

When a pupil transfers to another school:

- We will share the pupil's IHP and allergy information with the new school
- We will obtain parental consent before sharing
- Information will be transferred securely
- We will confirm receipt with the new school

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10. Awareness of the Allergy Safety Policy

10.1 Publication

This policy will be:

- Published on each school's website
- Available in hard copy from the school office on request
- Included in the staff handbook
- Shared with all new staff during induction

10.2 Staff Awareness

All staff will:

- Receive a copy of this policy
- Discuss the policy during annual allergy awareness training
- Be expected to read and understand the policy
- Sign to confirm they have read and understood the policy

10.3 Parent and Carer Awareness

We will raise awareness of our allergy safety approach with parents through:

- Letters at the start of each academic year
- Information on the school website
- Newsletters
- Parent information sessions
- During Allergy Awareness Week

We will use resources such as:

- Letters for parents explaining our allergen-aware approach
- Factsheets about allergies
- Information about how parents can support allergy safety

10.4 Pupil Awareness

We will educate pupils about allergies through PSHE lessons and assemblies to help them understand what allergies are and why it's important to know about them. Allergy awareness: involving your community

Primary pupils will learn:

- What an allergy is
- The importance of handwashing before handling food
- Not to share food
- What to do if a friend is having an allergic reaction

Secondary pupils will learn:

- What an allergy is
- The signs of an allergic reaction
- Which foods to avoid bringing into school
- How to read labels to check for allergens
- How to support friends with allergies
- The risks of cross-contamination

- What to do if a friend is having an allergic reaction

Involving pupils with allergies: Where pupils with allergies feel comfortable, we will involve them in educating their classmates about allergies. This will only happen with the permission of the pupil and their parents.

Resources: We will use age-appropriate resources from organisations such as:

- Anaphylaxis UK
- Allergy UK
- St John's Ambulance
- Spare Pens in Schools

11. Emergency Procedures

11.1 Recognising Anaphylaxis

Anaphylaxis is a severe allergic reaction that can be life-threatening. Signs include:

- Difficulty breathing/wheezing
- Swelling of the tongue or throat
- Difficulty swallowing
- Dizziness or feeling faint
- Skin reactions (hives, redness, swelling)
- Abdominal pain, nausea or vomiting
- Sudden feeling of anxiety
- Collapse or unconsciousness

11.2 Emergency Response for Anaphylaxis

If you suspect anaphylaxis:

1. **Act immediately** - do not wait to see if symptoms improve
2. **Lie the person down** (unless they're having difficulty breathing, in which case let them sit up)
3. **Use the AAI immediately**:
    - Use the pupil's prescribed AAI if available
    - If not available, use a spare AAI from the emergency kit
    - Follow the instructions on the device
4. **Call 999** and say "anaphylaxis" (pronounced ana-fill-axis)

5. **Call the school office** to inform them and request a second AAI be brought immediately
6. **Contact parents**
7. **If no improvement after 5 minutes, give a second AAI** (use the second device from the pair)
8. **Stay with the person** until the ambulance arrives
9. **Send the used AAI(s) with the ambulance crew**
10. **Complete an incident report form**

Do not:

- Leave the person alone
- Sit them upright if they feel faint (this can be dangerous)
- Assume symptoms will improve without treatment

11.3 Emergency Response for Other Allergic Reactions

For mild to moderate allergic reactions:

1. Remove the allergen if possible
2. Give antihistamine if prescribed in the pupil's IHP
3. Monitor the pupil closely
4. Contact parents
5. If symptoms worsen, follow anaphylaxis procedure
6. Complete an incident report form

12. Related Policies

This policy should be read in conjunction with:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Health and Safety Policy
- Safeguarding Policy
- Educational Visits Policy
- Food Policy
- PSHE Policy

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13. Further Information and Support

For staff:

- School allergy lead
- Trust allergy safety lead: Laura Austen, COO
- First aid lead

For parents:

- Allergy UK: www.allergyuk.org
- Anaphylaxis UK: www.anaphylaxis.org.uk
- The Allergy Team: www.theallergyteam.com
- Natasha's Foundation: Natasha's Foundation

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	

Allergy:

Note what allergy the child or young person has.

Note any known allergens.

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

How the allergy is managed:

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

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

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

Impact on education:

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

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

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

If relevant, note any interaction between allergy and SEN.

Arrangements for support:

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

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

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

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

Visits and trips:

Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	
Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

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

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