



Pirton Hill Primary School

Allergy Policy

Originated by: Glenn Booth
Ratified by Governors: Autumn 2026
Review date: Autumn 2027

Please also refer to the Pirton Hill Supporting Children with Medical Conditions Policy.

1. Overarching Values

Expect:

*We all **expect** to work hard, and meet our own high expectations, in a safe environment with access to high quality resources and opportunities that broaden our horizons.*

Believe:

*We all **believe** in ourselves, and each other, and know that everyone has something special to contribute.*

Achieve:

*We all have the opportunity to **achieve**, and fulfil our potential, regardless of our backgrounds.*

Enjoy:

*We all strive to develop passionate and determined life-long learners who **enjoy** learning, understand how to progress and take pleasure in succeeding.*

2. Introduction

2.1 An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

2.2 Anaphylaxis is a potentially life-threatening allergic reaction affecting the Airway, Breathing or Circulation. It can develop rapidly and requires an immediate emergency response. Anaphylaxis can occur without a skin rash or other mild allergic symptoms.

2.3 It is possible to be allergic to anything which contains a protein; however, most people will react to a fairly small group of potent allergens. Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Cereals containing Gluten, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

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

3. Aims

3.1 Pirton Hill is committed to promoting a whole school approach to health care, welfare and wellbeing and the safe management of those members of our school community who live with specific allergies.

3.2 We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way. By our actions we will work proactively to:

- minimise the risk of exposure within the school setting
- encourage self-responsibility
- learn avoidance strategies
- have robust plans for an effective response to possible emergencies
- ensure inclusivity for all pupils

4. Roles, Responsibilities and Expectations

4.1 Allergy Lead – Headteacher

The Allergy Lead is responsible for:-

- Ensuring the school has an effective allergy safety policy and that it is implemented across the school.
- Ensuring allergy risks are identified, assessed and included on the school risk register where appropriate.
- Ensuring staff receive appropriate annual allergy awareness and anaphylaxis training.
- Ensuring up-to-date information about pupils with allergies, their Allergy Action Plans (AAPs) and Individual Healthcare Plans (IHPs) is available to relevant staff.
- Ensuring prescribed and spare adrenaline auto-injectors (AAIs) are available, appropriately stored and regularly checked.
- Ensuring serious incidents and near misses are recorded, reviewed and acted upon.
- Ensuring allergy safety drills are undertaken annually and lessons from these are used to improve practice.
- Reporting relevant allergy safety information and any significant incidents to governors.
- Ensuring allergy safety is considered when planning trips, activities and events.

4.2 Admin and Welfare Assistant

The Admin and Welfare Assistant is responsible for:-

- Liaising with parents/carers regarding pupils' allergies and medical needs.
- Maintaining up-to-date records of pupils with allergies, AAPs, IHPs and prescribed medication.
- Ensuring medication is stored safely and regularly checked for expiry.
- Maintaining records of spare AAIs and ensuring these are checked and replaced as required.
- Recording the administration of AAIs and other medication in line with school procedures.

4.3 All Staff

All staff are responsible for:-

- Being aware of pupils with allergies and the appropriate action to take in an emergency.
- Following pupils' AAPs, IHPs and the procedures outlined in this policy.
- Completing the required allergy awareness and anaphylaxis training.
- Taking reasonable steps to reduce pupils' exposure to allergens.
- Supporting pupils to develop appropriate self-management skills as they become older.
- Reporting allergy incidents and near misses in accordance with school procedures.

4.4 Parents/Carers

Parents/carers are responsible for:-

- Informing the school of their child's allergy and providing up-to-date medical information.
- Providing the school with prescribed medication and an up-to-date AAP where required.
- Informing the school of any changes to their child's allergy, medication or treatment.
- Working with the school to support their child's safe and appropriate self-management.

4.5 Pupils

Pupils are encouraged, as appropriate to their age and ability, to:-

- Understand their allergy and how to keep themselves safe.
- Avoid known allergens and not share food.
- Check food labels where appropriate.
- Tell an adult if they feel unwell or think they may have been exposed to an allergen.
- Take increasing responsibility for managing their allergy as they become older.

5. Allergens / Allergies and the Curriculum

5.1 When planning to use food in the curriculum / school day, the school adheres to the following Department of Health guidance recommendation: 'Food should not be given to primary school age food-allergic children without parental engagement and permission'.

In practice, this means that when staff are planning to use / give out food in school:

- information (including ingredients lists from packaging) must be sent home to parents / carers prior to the lesson / event;
- safe alternatives must be found for children with known allergies;
- cross-contamination risks must be planned for and minimised.

5.2 Use of food in crafts, cooking classes, science experiments and special events needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

5.3 Staff will use curriculum opportunities to raise awareness about allergies and anaphylaxis and help all pupils understand which foods are safe for those with allergies and how they can support other pupils with specific dietary needs to stay safe, including developing good hygiene habits (e.g. washing hands after eating, wiping down tables).

6. Catering / Packed Lunches / School Events / Birthday Treats

6.1 School caterers must follow the Food Information Regulations 2014 which state that allergen information relating to the 'Top 14' allergens must be available for all food products. The school's menu is available for parents to view in advance with all allergens highlighted, via SchoolGrid.

6.2 Parents / carers are required to keep their child's allergy information up-to-date on SchoolGrid.

6.3 Food brought into school by parents/carers, pupils or staff, including food for parties, celebrations, fundraising events or other activities, will be managed in accordance with the school's allergy safety arrangements.

6.4 Where food is provided for an activity or event, staff responsible for the activity will consider the needs of pupils with known allergies and take reasonable steps to minimise the risk of exposure to their allergens (including cross-contamination risks). Where necessary, alternative food or activities will be provided to ensure that pupils are not excluded.

6.5 Food should not be shared between pupils. Pupils should be reminded of the importance of not exchanging food with others.

6.6 Where parents/carers wish to provide birthday treats for other children, these must be in their original, sealed packaging with the ingredients clearly displayed.

Treats will be given out at the end of the school day, and children will be reminded to check with their parent/carer before eating them.

Parents/carers of children with known allergies are encouraged to provide a clearly labelled tub of 'safe' treats, with their child's name and class. Where birthday treats are given out, the class teacher will provide the child with an allergy-safe treat from their tub. As children become older and more able to self-manage their allergy, they will also be encouraged to remind the class teacher when birthday treats are being given out.

7. Allergy Action Plans / Individual Healthcare Plans

7.1 Pupils with a known allergy to a food or insect sting should be encouraged to have an Allergy Action Plan provided by their healthcare professional. The Allergy Action Plan provides information about the pupil's allergy, the signs and symptoms of an allergic reaction and the emergency treatment required, including the use of adrenaline where prescribed.

7.2 An Allergy Action Plan is a medical document and should be completed by a healthcare professional. BSACI Allergy Action Plans are preferred where appropriate.

7.3 Where a pupil requires specific support arrangements in school because of their allergy, these arrangements will be recorded in an Individual Healthcare Plan (IHP) – see Appendix 1. Where an Allergy Action Plan has been provided, it will be attached to or referenced within the pupil's IHP.

7.4 The IHP will set out the arrangements that the school will put in place to support the pupil, including the actions staff should take in an emergency. The IHP will be reviewed when there is a significant change in the pupil's allergy, medication or support arrangements.

8. Emergency Treatment and Management of Anaphylaxis

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

8.2 Mild to moderate allergic reaction symptoms may include:

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

Staff should:

- Follow the pupil's Allergy Action Plan / Individual Healthcare Plan where one is available.
- Not leave the pupil unattended.
- Administer medication in accordance with the pupil's AAP / IHP.
- Inform the parent/carer of the reaction.
- Observe the pupil in a safe place for at least 60 minutes after an allergic reaction, as a mild reaction can develop into anaphylaxis.
- Treat as anaphylaxis and administer adrenaline without delay, if there is any doubt whether the reaction is anaphylaxis.

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

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

8.4 The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

8.5 Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline, usually in the form of an Adrenaline Auto-Injector (AAI), is the appropriate treatment, and it starts to work within seconds.

8.6 As soon as anaphylaxis is suspected, adrenaline must be administered without delay:

- Keep the child where they are, call for help and do not leave them unattended.
- Lie child flat with legs raised – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- Use Adrenaline Auto-Injector (AAI) without delay and note the time given. AAI should be given into the muscle in the outer thigh. Always follow the instructions on the device.
- Call 999 and state anaphylaxis.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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

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

9. Supply, storage and care of medication

9.1 Medication is stored in the class medical box, within the classroom. It is stored securely but not in a locked cupboard and is easily accessible to all staff. The class medical box remains with the class, for example: during lunchtimes (taken and returned by the Midday Supervisors) and during PE (taken and returned by the PE coaches).

9.2 Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAI's i.e. EpiPen® or Jext®
- An up-to-date allergy action plan (AAP)
- *Antihistamine as tablets or syrup (if included on allergy action plan)*
- *Spoon (if required)*
- *Asthma inhaler (if included on allergy action plan).*

9.3 AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

9.4 Pupils prescribed adrenaline must have rapid access to their medication at all times. Adrenaline should be capable of being brought to the pupil within five minutes, including when they are in classrooms, the lunch area, playground, sports fields or on a school visit.

9.5 AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority (delete as appropriate). The sharps bin is kept in the Medical Room.

10. 'Spare' adrenaline auto-injectors in school

10.1 The school has purchased spare AAls for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

10.2 These are stored in a clearly labelled 'Emergency Anaphylaxis Kit' case in the medical room. They are kept safely, not locked away and accessible and known to all staff.

10.3 The school has two sets of spare AAls for emergency use (two AAls per set).

- The EpiPen Junior (150mcg / 0.15mg) is for children approximately 6 years old and younger
- The EpiPen (300mcg / 0.3mg) is for children approximately 7 years old and older

10.4 Spare AAls will be checked regularly to ensure that they remain in date, are stored correctly and are available for immediate use. Checks will be recorded. Spare AAls will be replaced promptly following use or when they reach their expiry date.

10.5 The location of spare AAls will be reviewed to ensure that they can be brought to a pupil experiencing anaphylaxis within five minutes wherever the pupil may be on the school site.

11. Staff Training

11.1 As noted in 4.1, the headteacher is responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy. The Admin and Welfare Assistant is responsible for the day-to-day management of the policy and procedures.

11.2 Training includes:

- Knowing the common allergens and triggers of allergy
- Knowing where to find information about individual allergy triggers.
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Understanding the impact of allergy on children's wellbeing.

11.3 The Safeguarding Procedure leaflet given to all visitors on arrival includes the following information about allergies:

"Visitors should ensure that they are aware of the allergies of any children that they are working with; this information is available in every classroom and the medical room. Visitors working with children must double-check that the activities / resources they plan to use are safe for all children.

If a child informs a visitor that they are experiencing an allergic reaction, or the visitor suspects a reaction, they should alert a member of staff, or the school office (extension 230), immediately."

12. Inclusion and Safeguarding

12.1 Pirton Hill Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

12.2 The school will take appropriate action to prevent and respond to bullying related to allergy. This includes deliberately using or threatening to use a known allergen, deliberately excluding a pupil from activities because of their allergy, making fun of a pupil because of their allergy or medication, or making threats to force-feed an allergen.

12.3 Pupils with allergies should not be unnecessarily singled out or excluded from activities because of their allergy. Appropriate reasonable adjustments and alternative arrangements will be made where necessary to enable full participation.

13. School Trips (inc. sporting events)

13.1 Staff leading school trips will ensure they carry all relevant emergency supplies. Pupils at risk of anaphylaxis should have their prescribed adrenaline device with them and appropriately trained staff will be available to administer adrenaline in an emergency. Where required, the school will make reasonable arrangements to ensure that pupils have access to their medication and are able to participate safely in the excursion.

13.2 All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

13.3 Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

13.4 Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

14. Allergy Awareness and Nut Bans

14.1 The School supports the approach advocated by many allergy charities towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

15. Serious Incidents and Near Misses

15.1 Pirton Hill Primary School will record and review serious incidents and near misses relating to allergy safety (see Appendix 3).

15.2 A serious incident or near miss includes any event where a pupil, member of staff or visitor is exposed, or could have been exposed, to a known allergen, or where arrangements intended to manage an allergy have not worked as expected. This includes incidents where an allergic reaction does not occur.

15.3 Any member of staff who becomes aware of a serious incident or near miss must report it to the Headteacher or Admin and Welfare Assistant as soon as possible. Parents/carers may also report incidents which become apparent after the pupil has returned home.

15.4 Serious incidents and near misses will be recorded (see Appendix 3), including the circumstances of the incident, the response taken and any immediate actions required.

15.5 Incidents and near misses will be reviewed in a no-blame manner to identify lessons and consider whether:

- the incident could reasonably have been foreseen;
- reasonable preventative measures could have prevented the incident;
- relevant policies, procedures and Individual Healthcare Plans were followed;
- staff training or communication needs to be strengthened; and
- any changes are required to the school's allergy safety arrangements.

15.6 Where appropriate, the pupil and their parents/carers will be involved in reviewing the arrangements following an incident or near miss. Where the incident relates to a healthcare professional's Allergy Action Plan or other care plan, relevant healthcare professionals will be informed where appropriate.

15.6 Lessons learned from serious incidents and near misses will be used to improve practice. The Headteacher will determine whether changes are required to the Allergy Policy, risk assessments, Individual Healthcare Plans, staff training or other school procedures.

15.8 The Governing Body will receive periodic information about serious incidents and near misses and the actions taken as a result.

16. Risk Assessment

16.1 Pirton Hill Primary School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

15.2 Individual allergy risk assessments will be reviewed when there is a significant change in a pupil's allergy, medication, healthcare advice or school circumstances, and following any serious incident or near miss where the incident identifies a potential weakness in existing arrangements.

15.3 Allergy-related risks will be considered within the school's wider risk management arrangements and risk register.

17. Allergy Safety Drills

17.1 Pirton Hill Primary School will conduct an allergy safety drill at least annually to test staff understanding of the school's emergency procedures.

17.2 The drill may use a simulated case of anaphylaxis and will not involve the administration of medication to a pupil.

17.3 The drill will consider, where appropriate:

- recognition of the signs of anaphylaxis;
- raising the alarm and obtaining help;
- locating emergency medication;
- administering an adrenaline auto-injector using a training device;
- calling 999 and communicating the emergency clearly;
- contacting parents/carers;
- ensuring that the pupil is not left unattended; and
- ensuring that appropriate staff know their roles.

17.4 The outcome of the drill will be recorded, including any strengths, areas for development and actions required. Lessons learned will be used to inform staff training and the ongoing review of the Allergy Policy and emergency procedures.

17.5 Any involvement of a pupil with an allergy in an allergy drill will be carefully considered in advance with the pupil and their parents/carers to ensure that the activity does not cause anxiety or have a negative impact on their wellbeing.

18. Information Sharing

18.1 In addition to updating records when parents / carers inform the school of changes, the school will check that the information that it holds about all pupils with allergies is correct on an annual basis. At the start of the school year, the school send home an allergy information sheet to the parents / carers of all children with an allergy – for them to check, sign and return (see Appendix 2). This will be used to update the Allergy Register (where changes are required). Irrespective of whether changes are required, the date of the last 'information check' will be recorded on the Allergy Register.

18.2 The Allergy Register will be kept as a live document (to avoid 'out-of-date versions') on the Staff Portal Drive (which requires membership to the portal and password access).

18.3 Information about pupils with allergies will be shared with staff who need to know in order to keep the pupil safe and included in school life. This will include: class allergy information to be accessible in all classrooms (but not on display) and, depending on the age of the child (and ability to self-manage), may include strategies like a lanyard during lunch times / school events.

18.4 Staff will be informed of where they can access up-to-date information about pupils with known allergies and their Individual Healthcare Plans and Allergy Action Plans.

18.5 Relevant allergy information will be shared with staff responsible for pupils during lessons, lunchtime, breaktimes, clubs, trips, sporting activities and other school activities where this is necessary to keep the pupil safe.

18.6 Information will be shared in a controlled and respectful way, recognising that information about a pupil's health is sensitive personal information. Information will only be shared where necessary to support the pupil's safety, wellbeing and inclusion.

18.7 Parents/carers will be informed of the arrangements in place for sharing information about their child's allergy, via the Individual Healthcare Plan (IHP) and will be involved in reviewing these arrangements where appropriate.

Appendix 1 – Individual Healthcare Plan

 Pirton Hill Primary School Individual Healthcare Plan for Allergy (Part 1/3)	
Pupil name:	Current photo
Date of birth:	
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>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.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
How the allergy effects learning: <i>Indicate how the allergy may impact on the child or young person's learning.</i> <i>Indicate how the allergy may impact on the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	

Arrangements for support: <i>Give details of the specific support or adaptations which the school will put in place, within its educational remit.</i> <i>Outline measures to reduce the risk of contact with known allergens.</i> <i>Give details of the specific support or adaptations to manage food allergy at meal and snack times.</i> <i>Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</i>	
Visits and trips (inc. Sporting Events): <i>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.</i> <i>Note any requirement for a risk assessment and prompts for specific issues which should be considered.</i>	
Emergency response: <i>Summarise the signs or symptoms which would indicate an emergency.</i> <i>Set out what to do in an emergency, including whom to contact.</i>	
Information Sharing: Information about the child's allergy, including their Allergy Action Plan (AAP), Individual Healthcare Plan (IHP) and medication arrangements, will be shared with staff who need this information to keep the child safe. At Pirton Hill Primary School, allergy information is shared/accessed through: • Summarise how information is shared	
Last discussed with parents:	Date
Next planned review:	Date:

 Individual Healthcare Plan for Allergy Allergy Action Plan (Part 2/3)	
Allergy Action Plan: <i>Attach any Action Plan to the IHP for use in an emergency.</i> <i>Note which healthcare professional issued the plan, their role and the date issued.</i>	
Issued by:	Date:

		Individual Healthcare Plan for allergy Medication needed while in school	(Part 3/3)
Non-prescription medication: <i>Record any <u>non</u>-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>			
Parental consent:		Date:	
Prescription medication: <i>Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).</i> <i>Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.</i> <i>Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.</i>			
Prescribed by:		Date:	
Parental consent:		Date:	
Use of “spare” adrenaline devices: I give consent for school staff to administer a spare adrenaline auto-injector (AAI) to my child in an emergency if they are experiencing, or are suspected to be experiencing, anaphylaxis and their own prescribed AAI is not available or cannot be used.			
Parental consent:		Date:	

Appendix 2 – Wording for Annual Information Check

To the Parent / Carer of «Name» «Surname» («Class»)

As part of our implementation of the Department for Education's Allergy Safety in Schools guidance, we are completing our annual review of the allergy and medical information we hold for all pupils.

Our records indicate that your child has previously been reported as having an allergy to one or more substances. **We require you to review the information below and provide the most up-to-date information about your child's allergy. Please ensure that this is returned by XXX, at the latest.**

An allergy (causing an allergic reaction) is different to an intolerance. An allergy usually means that the child cannot come into contact with the allergen at all – directly, incidentally (*e.g. things that 'may contain'*) or through contact in the environment. For example, children with an allergy will not be allowed to eat any foods that contain or may contain their allergen. Please only record allergies on this form NOT intolerances.

We need to ensure that the arrangements we have in place are appropriate for your child's actual medical needs, whilst also making sure they are able to participate as fully as possible in school life.

Please answer the questions as accurately as possible and, where your child has been diagnosed by a healthcare professional, use the advice provided by their healthcare professional/allergy specialist.

Section 1: Basic Information

Pupil Name:	«Name» «Surname»
Current Class:	«Class»

Our records show that «Name» has an allergy to: «Allergies»

Is this information correct?

- ☐ Yes – this is still a diagnosed allergy.
- ☐ No – my child no longer has this allergy*.
- ☐ No – my child now has different, diagnosed allergies (*please write in the box below*)
- ☐ This was previously recorded as an allergy, but it is actually a food intolerance/sensitivity or dietary preference.
- ☐ Other – please explain in the box below:

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**If your child no longer has this allergy, or if it was not a medically diagnosed allergy, please provide any additional information that would help us update our records.*

Section 2: Allergy Action Plan

The DfE guidance (July 2026) states that “Where individual children have a known allergy to a food or insect stings, they must be issued with an appropriate Allergy Action Plan (sometimes called a Care Plan) by their healthcare professional.”

Has «Name» got an Allergy Action Plan (provided by a medical professional)?

☐ Yes

☐ No

If «Name» has got an Allergy Action Plan (provided by a medical professional), have you provided the school with a copy of the most up-to-date plan?

☐ Yes

☐ No

Section 3: What happens if «Name» is exposed to the allergen?

Please describe «Name»’s usual symptoms/reaction following an exposure to the allergen:

Mild/moderate symptoms:

☐ Itchy mouth/throat

☐ Tingling/swelling of lips or mouth

☐ Hives/rash

☐ Redness/flushing

☐ Swelling

☐ Coughing

☐ Vomiting/abdominal pain/diarrhoea

☐ Other

If ‘Other’, please specify:

More serious symptoms:

☐ Difficulty breathing/wheeze

☐ Persistent cough

☐ Swelling of tongue/throat

☐ Difficulty speaking/swallowing

☐ Pale/floppy/unresponsive

☐ Previous anaphylaxis

☐ Other

If ‘Other’, please specify:

Section 4: Medication

Please tell us what medication «Name»'s healthcare professional has advised / prescribed.

- ☐ No medication prescribed
- ☐ Antihistamine
- ☐ Adrenaline auto-injector (AAI) e.g. EpiPen / Jext
- ☐ Other:

If «Name» has been prescribed an adrenaline auto-injector, please state the type:

- ☐ EpiPen Junior (150mcg/0.15mg) ☐ EpiPen (300mcg/0.3mg)
- ☐ Jext 150 (150mcg/0.15mg) ☐ Jext 300 (300mcg/0.3mg)
- ☐ Other:

Does «Name» currently have TWO in-date prescribed adrenaline auto-injectors available at school?

- ☐ Yes ☐ No ☐ Not applicable

Section 5: Parent / Carer Declaration

Parent/Carer name: _____

Relationship to «Name»: _____

Signature: _____

Date: _____

Thank you for helping us to ensure that our allergy information is accurate. It may be necessary for us to contact you for further information or to share the arrangements we have in place to keep «Name» safe while enabling them to participate fully in school life.

Please return this form to the school office by XXXXXX

Appendix 3 – Allergy Incident and Near Miss Record

 Pirton Hill Primary School Allergy Incident / Near Miss Record			
Name:		Date:	
Location:		Time:	
Staff Present:		Emergency Services:	Yes / No
What happened / allergen involved (if known):			
Why the incident happened? (as far as is known)			
How did staff / pupils respond?			
Any lessons learned and recommended changes to any policies, procedures, training and supervision?			
Signed (allergy lead):		Date:	

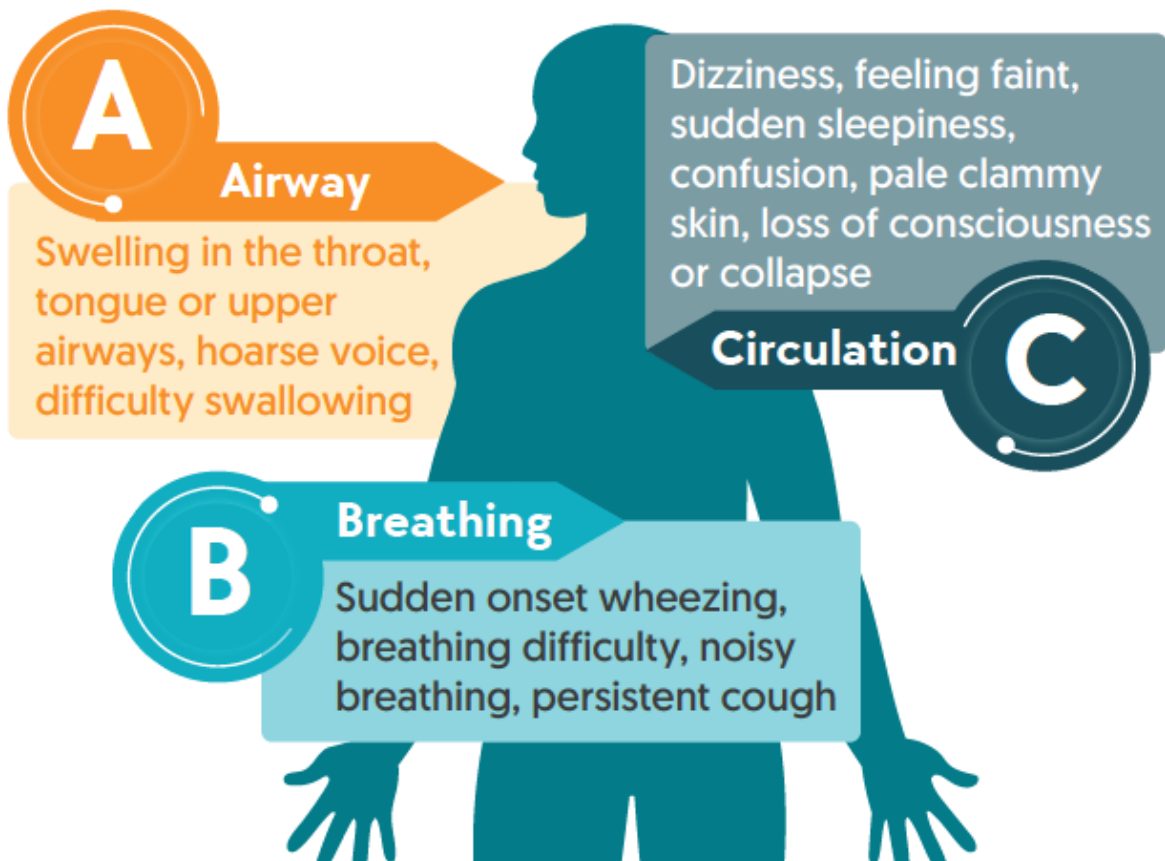
anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

Recognise the **ABC symptoms** and act quickly - you could save a life.

Symptoms of anaphylaxis



These severe symptoms may occur alongside milder skin, mucosal (mouth/nose/throat), or gut symptoms.



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Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

In the event of a serious allergic reaction, time is critical.

What to do in an emergency

Get in position



Lay the person flat and raise their legs - do NOT allow them to stand or walk.

- ! If unconscious, place them in the recovery position
- ! If breathing is difficult, they can be propped up with legs stretched out straight

Give adrenaline immediately



Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

- ! Note the time that the first dose of adrenaline is given
- ! ALWAYS carry two in-date adrenaline devices, as a second dose may be needed

Call 999

Call emergency services immediately and tell the operator it is "anaphylaxis" **(ana-fil-ax-is)** Give your exact location (What3Words can help if you are outside). Stay with the person until emergency services arrive.

Do not move



Stay lying flat or propped up until help arrives. Do not stand up, walk or run, even if you start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure.



Give second dose of adrenaline

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given.



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