



Allergen and Anaphylaxis Policy

Date policy last reviewed: September 2026

Next review due: September 2027 (or sooner following a serious incident, near miss or legislative change)

Named Allergy Safety Lead: Emily Bartram (Headteacher and DSL)

Named Deputy Allergy Lead: Lo Jarrold (Inclusion Lead)

Date of Whole Staff Allergy and Anaphylaxis Training: Thursday 2nd September 2026

Location of Spare AAls: School Office

Location of Emergency Asthma Inhaler: School Office

Location of Healthcare Plans: Arbor (attached to pupil files)

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Statement of intent

At Radwinter CofE Primary School, we are committed to ensuring that pupils, staff and visitors with allergies are safe, fully included and able to participate in all aspects of school life.

We recognise that allergies can have a significant impact on health, wellbeing and educational access. Some allergic reactions can cause anaphylaxis, a severe and potentially life-threatening medical emergency requiring immediate treatment.

This policy has been developed in accordance with:

- Children's Wellbeing and Schools Act 2026 ("Benedict's Law")
- DfE Allergy Safety in Schools Statutory Guidance (2026)
- Supporting Pupils with Medical Conditions (DfE)
- Equality Act 2010
- Children and Families Act 2014
- Food Information Regulations 2014
- Human Medicines (Amendment) Regulations 2017
- Keeping Children Safe in Education

Radwinter CofE Primary School adopts an **allergy-aware approach**. We do not operate an allergen-free environment because this cannot be guaranteed. Instead, we seek to minimise risk, educate our community and ensure robust emergency procedures are in place.

Aims

The aims of this policy are to:

- Identify pupils with allergies as early as possible.
- Minimise exposure to known allergens.
- Ensure rapid access to prescribed medication.
- Maintain emergency response arrangements.
- Ensure all staff can recognise and respond to allergic reactions and anaphylaxis.
- Promote inclusion and wellbeing.
- Prevent allergy-related bullying.
- Ensure children with allergies are able to participate fully in school life, including educational visits.

Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'Allergy guidance for schools'

Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

Roles and responsibilities

The **Governing Body** is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.

- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

Headteacher (Allergy Safety Lead) will:

- Oversee implementation of this policy.
- Ensure staff training is completed annually.
- Monitor compliance.
- Lead policy reviews.
- Report significant incidents to governors.

The **Inclusion Leader** is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.

The **Catering Manager** is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

Staff responsibilities:

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. If parents unable to produce their child's required medication, the child will not be able to attend the excursion.
- Inclusion Lead and Office Staff will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the Class Teacher/Office Staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Inclusion Lead and Office Staff keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Parent responsibilities:

- On entry to the school, it is the parent's responsibility to inform Inclusion Lead/Office Staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Pupil responsibilities:

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

Allergy Awareness Training

The school will provide annual allergy awareness and emergency response training for all staff.

Training will include:

- Understanding allergies and anaphylaxis
- Recognising symptoms
- Food allergy, asthma, eczema and hay fever awareness
- Administration of AAIs
- Emergency asthma response
- Use of spare adrenaline devices
- Reviewing Individual Healthcare Plans
- Incident reporting procedures

New staff will receive training as part of induction.

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

1. Headteacher – Policy management
2. Finance and Compliance Lead - Co-ordinating staff anaphylaxis training
3. Administrative Lead – Logging staff anaphylaxis training

All staff will complete online 'Allergy Wise' anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Identification of Pupils with Allergies

The school will:

- Gather medical information on admission.
- Maintain an up-to-date register of pupils with allergies.
- Record known allergens.
- Record prescribed medication.
- Maintain Individual Healthcare Plans where required.
- Maintain current photographs where appropriate for staff reference.

Information will be shared only with staff who need to know in accordance with UK GDPR requirements.

Individual Healthcare Plans (IHPs)

For any child with a diagnosed allergy requiring "active management", schools must implement both an Allergy Action Plan and an Individual Healthcare Plan (IHP)

Allergy Action Plan: Outlines the immediate, rapid emergency response steps to take if the pupil has an allergic reaction. Allergy action plans are designed to function as individual healthcare plans for children with allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Radwinter CofE Primary School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

Individual Healthcare Plan (IHP): Mandated for all pupils whose allergies require continuous daily management. It must detail their complete medical profile, risk reduction strategies and day-to-day requirements.

IHPs will be developed collaboratively between:

- Parents/carers
- School staff
- The pupil (where appropriate)

- Healthcare professionals

Where provided, Allergy Action Plans and Asthma Action Plans will be attached to the IHP. IHPs will be reviewed:

- Annually
- Following any allergic reaction
- Following any near miss
- Following changes to medical advice

Emergency Response to Anaphylaxis

Anaphylaxis is a medical emergency.

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

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.

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.

The term for this more serious 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.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

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

Action:

- 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 WITHOUT DELAY and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are 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.

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAls on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

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 AAls i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the Class Teacher/Office Staff will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

‘Spare’ adrenaline auto-injectors in school

Radwinter CofE Primary School has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in the School Office, clearly labelled ‘Emergency Anaphylaxis Adrenaline Pen’, kept safely, not locked away and accessible and known to all staff.

Finance and Compliance Lead and Administrative Leads are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil’s allergy action plan.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Reducing the Risk of Allergen Exposure

The school will take reasonable steps to minimise exposure to allergens.

This may include:

- Careful consideration of food-based activities.
- Checking ingredients used in cooking activities.
- Considering allergens in art, science and DT activities.
- Awareness of allergens in glue, play dough and craft materials.
- Risk assessing activities involving animals.
- Promoting handwashing before and after eating.
- Cleaning tables appropriately after food consumption.

The school will not rely solely on allergen bans as a control measure.

Food Management

All food businesses (including school caterers) must follow the Food Information

Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in advance with all ingredients listed and allergens highlighted on the school website.

The Office Team will inform the Catering Manager of pupils with food allergies.

The school and catering provider will:

- Comply with Food Information Regulations.
- Provide allergen information for all school meals.
- Make reasonable adjustments for pupils with food allergies.
- Work closely with parents.
- Implement procedures to prevent cross contamination.

Children with food allergies will not be routinely segregated from peers during mealtimes.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff before selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Educational Visits and Sporting Activities

Children with allergies will be fully included in educational visits wherever reasonable adjustments can be made.

Risk assessments will consider:

- Access to medication.
- Availability of trained staff.
- Catering arrangements.
- Emergency procedures.
- Travel arrangements.

Parents will not be expected to accompany children solely because of a medical condition.

Medication must accompany pupils on all visits.

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).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

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.

Wellbeing and Inclusion

Radwinter CofE 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. The school recognises that allergies can cause anxiety.

We will:

- Promote a culture of understanding.
- Provide reassurance through safe systems.
- Involve pupils in planning support arrangements.
- Listen to pupil voice.
- Encourage independence where appropriate.

Allergy awareness and nut bans

Radwinter CofE Primary School supports the approach advocated by Anaphylaxis UK 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.

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.

Allergy-related Bullying

The school has a zero-tolerance approach to allergy-related bullying.

Examples include:

- Threatening exposure to allergens.
- Deliberate contamination.
- Mocking dietary restrictions.
- Excluding pupils because of allergies.

Incidents will be dealt with under the Behaviour Policy and Anti-Bullying Policy.

Incident Reporting and Near Misses

All allergy-related incidents and near misses must be reported.

Records will include:

- Who was involved.
- What happened.
- Location and timing.
- Actions taken.
- Outcome.

Parents will be informed promptly.

The Headteacher will review incidents to determine:

- Whether procedures were followed.
- Whether amendments are required to this policy.
- Whether additional training is required.

Governors will receive reports on significant incidents and learning points.

Information Sharing

The school will hold allergy information securely in accordance with UK GDPR.

Relevant information will only be shared with staff who require it to safeguard pupils.

All staff will know how to access Individual Healthcare Plans in an emergency.

Communication and Review

This policy will:

- Be published on the school website.
- Be available on request.
- Be discussed through annual staff training.
- Be reviewed annually.

Following any serious incident or near miss, the policy will be reviewed to identify lessons learned and strengthen practice.

APPENDIX: Medical Management Templates

Statutory Policy Framework Components — Compliant with UK DfE Allergy Safety Guidelines (September 2026)

TEMPLATE 1: Individual Healthcare Plan (IHP)

To be completed for any pupil requiring active medical or allergy management on a day-to-day basis.

Section A: Pupil Details & Contacts

Pupil Full Name:		Date of Birth:	
Year Group / Class:		Medical Condition(s):	
Primary Contact Name:		Relationship to Child:	
Phone (Home/Mobile):		Phone (Work):	
Clinic/GP Name:		GP Phone Number:	

Section B: Routine Daily Management & Avoidance Strategies

Known Allergens / Triggers:	
Daily Management Plan: <i>(e.g., dietary controls, environment adjustments, medication schedule)</i>	
Specific Avoidance Strategies: <i>(Describe precise classroom, cafeteria, and playground rules)</i>	

Section C: Educational Visits & Off-Site Activities

Off-Site Risk Mitigation Protocol:
Detail exact procedures, specialized risk assessment parameters, and mandatory logistics to ensure full, safe inclusion during trips.

Section D: Governance & Role-Based Data Access (UK GDPR Compliant)

Role / Staff Category	Level of Access / Responsibilities	Sign-off & Date
School Nurse / First Aid Lead	Full clinical profile access; responsible for training audits.	
Class Teacher / Form Tutor	Access to emergency triggers, symptoms, and immediate plan.	
Catering & Lunch Supervisors	Dietary restriction profile access only; no full clinical data.	
Supply Staff / Admin	Emergency protocol access via secure localized registry.	

Parent/Guardian
Signature:

Headteacher/Designated Lead
Signature:

Date: _____

Review Date (Max 12 Months): _____

TEMPLATE 2: Emergency Allergy Action Plan

This rapid-response emergency document must be attached to the pupil's IHP and be instantly accessible to emergency responders.

PUPIL NAME:	DOB:	PHOTO SPACE

1. Key Known Severe Allergens: _____

MILD TO MODERATE REACTION	SEVERE ANAPHYLAXIS (CRITICAL)
- Swelling of lips, face or eyes - Hives, itchy welts or skin rash - Tingling mouth or abdominal pain / vomiting ACTION REQUIRED: - Give antihistamine medicine (if prescribed). - Contact parents immediately. - Keep under close, continuous observation.	Airway: Swelling of tongue, tight throat, hoarse voice Breathing: Difficult, noisy, wheezy or persistent cough Consciousness: Pale, floppy, dizzy or collapsed IMMEDIATE ACTION REQUIRED: Administer Adrenaline Auto-Injector (AAI) immediately into upper outer thigh. Call 999 — state 'Anaphylaxis'. - Lay pupil flat with legs raised (or sitting up if breathing is highly labored). - Note time AAI administered. Use school back-up AAI if no improvement after 5 mins.

2. Prescribed Emergency Medication Profile

Medication Type	Brand / Dose Details	Storage Location inside School
Adrenaline Auto-Injector 1		
Adrenaline Auto-Injector 2		
Antihistamine / Other		

3. Parental Consent & Medical Authorisation

I hereby authorise trained school personnel to administer the prescribed medications detailed above or to deploy the school's emergency generic reserve Adrenaline Auto-Injector (AAI) if the pupil's primary device fails or is delayed. I confirm that all medical details provided align fully with our clinical advice.

Parent/Guardian Signature:	Date:
_____	_____
Clinician/School Lead	
Signature:	Review Date:
_____	_____

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Template D: record of medicine administered to all children

Name of school/setting

--

Date

Child's name

Time

Name of medicine

Dose given

Any reactions

Signature
of staff

Print name

[illegible]

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely