AUTHENTIC EDUCATION



Allergy Safety Policy
Kinson Academy

Version	V0.01
Approval Date	1st September 2026
Approved	Principal
Lead Reviewer	CEO
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Audience

This policy is intended for use by all support, teaching staff and management, parents/carers and students of Kinson Academy.

Revision History

Issue	Date	Author	Changes
	2/09/26	Principal	New Policy

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1. Aims

This policy aims to:

Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction

Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion

Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy meets the school's duty under section 34 of the Children's Wellbeing and Schools Act 2026, which requires local-authority-maintained schools, academies and pupil referral units to have an allergy safety policy.

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

The Food Information Regulations 2014

The Food Information (Amendment) (England) Regulations 2019

Equality Act 2010 - Reasonable adjustments for disabled pupils where severe allergies substantially affect daily life

DfE (2025) 'EYFS statutory framework for group and school-based providers'

3. Roles and responsibilities

3.1. The Governing Board (Local Academy Board – LAB)

The Governing Board is responsible for ensuring:

Risks relating to pupils with allergy are included in the risk register and actively managed

The school has an allergy safety policy which sets out:

- Arrangements to reduce the risk of individuals coming into contact with their known allergens
- Emergency response plans for cases of anaphylaxis

The Governing Board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2. Allergy safety lead

The nominated allergy safety lead is Jamie Dighton

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)

Ensuring:

  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils who require support with allergies have an up-do-date individual healthcare plan (IHP)
  - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
  - All staff receive regular allergy awareness training
  - All staff are aware of the school's policy and procedures regarding allergies
  - Relevant staff are aware of what activities need an allergy risk assessment
  - Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3. Principal

The Principal is responsible for:

Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4. Additional Staff volunteers

Lindsey Molloy is responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5. Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6. Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- Providing a copy of their child's allergy plan, as provided by their healthcare provider
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7. Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8. Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 1 week.

Where a pupil joins the school from another school or setting, we will request relevant allergy information, including any IHP or allergy action plan, from their previous setting as part of the transition process

Send a reminder to parents/carers at the start of each year asking them to update their child's medical information as necessary via Arbor.

We ask that parents/carers proactively inform us by either phone call to the school – **01202 572713** or an email to **Kinson@ka.weareauthentic.education** if their child's medical needs change during the school year.

4.2 Identifying staff and visitors at risk

New staff all complete a medical form before commencing employment. HR Academy Lead to inform Principal and Allergy Lead of any medical conditions such as allergies, asthma etc.
Visitors to share medical conditions such as allergies when they sign in at the school office and Receptionist to inform Principal and Allergy Lead.

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

The IHP template is in Appendix A.

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The principal is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires are available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

4.5 Register of individuals with known allergies

The school maintains a register of all individuals, including pupils, staff and visitors, who have a known allergy. This is on Arbor and Medical Tacker. The register includes:

- Known allergens and risk factors for anaphylaxis

- Whether a pupil has been prescribed ADs (and if so, what type and dose)
- Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
- A photograph of each pupil to allow a visual check to be made
- For members of staff and visitors identified under 4.2, the register records their known allergen(s) and whether they carry emergency medication

The register is kept on Arbor and Medical Tracker and ID posters are kept in the main school office and staffroom and can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Hygiene procedures

Pupils are reminded to wash their hands before and after eating – hand gel is available in classrooms.

Sharing of food, food containers, and food utensils is not allowed

Pupils have their own water bottles and cups are not allowed in classes or by water coolers.

Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

Catering staff receive appropriate training and are able to identify pupils with allergies

The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements

School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers

Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils

Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)

Where food is provided by the school, staff will understand how to read labels for food allergens

Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.3 Insect bites/stings

When outdoors:

Shoes should always be worn

Food and drink should be covered

6.4 Animals

All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact

Pupils with animal allergies will not interact with animals

6.5 Visits and trips

No pupils with allergies will be excluded from taking part

The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip

Pupils at risk of anaphylaxis should have their own ADs with them or available on the trip and kept by the adult leading their group

Staff trained to administer adrenaline in an emergency will be present on the school trip

Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately

Staff are trained in the administration of adrenaline to minimise delays in an emergency

If the pupil has an allergy action plan, this must be followed

A spare school AD device will only be used if:

- The pupil does not have a prescribed AD
- The pupil's prescribed AD are not available or misfire

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who are prescribed Ads store their AD's in the classroom. It is recommended that two devices are available per child. Parents are responsible for ensuring that they are in date. AD's are available within 5 minutes and they are stored at room temperature, away from direct sunlight. They are readily accessible, not locked away and accessible immediately during an emergency.

A copy of the pupil's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency.

If parents need to take individually prescribed AD's home as they are required on the school journey and at home, they are to be collected at the school office by the child or adult and returned the next morning. Parent's are encouraged to have an additional set of 2 AD's that can be kept at school if possible.

Medical tracker is used to log the expiry dates of AD's and remind parents to replace them when they are near their expiry date

Arbor and Medical Tracker and are used to keep records of which children have a

prescribed AD and to store the allergy action plan and IHP

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

The allergy safety lead is responsible for sourcing spare ADs and ensuring they are stored according to the guidance.

The AD will be sourced from the pharmacy or online reputable suppliers using a letter from school and the school credit card to purchase. 4 will be kept on school site – 2 to always remain in school and 2 that can be taken on trips. These will be the Epipen (0.3 milligrams) (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)

Spare ADs will be stored:

In the main school office, near the defibrillator- unlocked and accessible to **staff only** at all times

This is no more than 5 minutes away from where they may be needed and at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature

Spare adrenaline devices, along with any emergency asthma reliever inhaler, spacers and instructions for use, are kept together as a clearly marked emergency anaphylaxis kit. Where the school operates across more than one building or site, spare adrenaline devices of the appropriate dosage are held at each location, so that no pupil is more than five minutes from a device.

Spare AAIs will be kept:

In pairs, in case a second one is necessary

Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

VOLUNTEER/ALLERGY LEAD are responsible for:

- Checking monthly that spare ADs are present and in date
- Obtaining replacement ADs when the expiry date is near

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions.

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

In an emergency, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils who have a prescribed AD will be in a group with an adult who will be responsible for carrying their AD.

The First Aider on the trip will carry the spare AD's and all staff to be aware how to contact them on the trip if not in the same groups etc.

9. Allergies in Emergency Situations and Evacuation

The school will ensure that appropriate arrangements are in place to protect pupils with allergies during emergency situations, including fire, emergency evacuation and lockdown.

9.1 Fire and Emergency Evacuation
Emergency medication, including adrenaline auto-injectors (AAIs), must remain readily accessible and must not be stored in a location that would prevent timely access during an emergency.

Where a pupil with an allergy is evacuated from the building, arrangements must ensure that their emergency medication accompanies them wherever this can be achieved safely. Staff responsible for the pupil must be aware of the location of their medication and their responsibilities during an evacuation.
Individual healthcare plans and risk assessments will identify any additional support required by pupils with allergies during an evacuation. This may include support with communication, mobility, distress or accessing medication.

Fire drills and emergency evacuation procedures should take account of the needs of pupils with allergies and, where appropriate, be used to check that emergency medication remains accessible.

The school's Fire Safety and Emergency Evacuation procedures must be followed alongside this policy.

9.2 Lockdown
Where a lockdown or shelter-in-place procedure is activated, staff must ensure, wherever reasonably practicable, that pupils with allergies continue to have access to their emergency medication.

Staff responsible for pupils with allergies should be aware of the location of relevant AAIs and ensure that medication is accessible if required during the lockdown.

Individual healthcare plans will identify any specific arrangements required for pupils with allergies during a lockdown.

The school's Lockdown Procedure must be followed alongside this policy.

9.3 Emergency Relocation
If pupils are required to leave the school site or relocate to an alternative location following an emergency, the school will ensure that emergency medication for pupils with allergies is taken with them and remains accessible.

Where the usual medication storage location cannot be accessed, alternative arrangements identified within the pupil's individual healthcare plan will be followed.

Following an emergency evacuation, lockdown or other emergency situation, the school will review any allergy-related concerns, incidents or near misses and make any necessary changes to individual or school-wide arrangements.

10. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

10.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

Who was affected

What happened, when and where

Why the incident occurred (as far as is known)

How staff and pupils responded and what was done to support the individual

Whether emergency services were called

How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

10.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff – the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with the ALLERGY LEAD, Jamie Dighton. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident recurring.

The school will also share the report with other agencies in the following circumstances:

With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. Via RIDDOR

To the local authority: any allergen-related food safety incidents.

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

11. Allergy awareness

11.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school has purchased 'training pens' from EpiPen and Jext so staff can practise safely and be familiar with the differences.

Allergy awareness training will ensure that all 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/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's 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')

Allergy awareness training is separate from any clinical competency or delegation sign-off a member of staff may need before administering medication to an individual pupil under a healthcare professional's arrangements.

11.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year, and a hard copy is available on request from the school office.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

Pupils will be taught about allergies as part of the PSHE curriculum.

Where a pupil is prescribed an adrenaline device, it may be appropriate for their friends to know how to seek help in an emergency. This will be discussed carefully with the pupil and their parents/carers, and will not replace staff emergency response arrangements.

12. Wellbeing

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care via Pastoral staff team
- Regular check-ins with their Class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis
- The school will respond to any instance of bullying in line with its behavior policy.

12.1 Wellbeing support following an incident or 'near miss'

The school recognises that an incident or a 'near miss' is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

13. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy. This means it is highly sensitive and has additional legal protections. The school has a lawful basis to hold, use and share a pupil's special category health data where this is necessary, but will always do so in a controlled and respectful way. Unnecessary sharing can reduce a pupil's confidence in staff and can be embarrassing for a child or young person who does not want to be singled out because of their allergy

14. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

It will be reviewed and approved annually by the Principal, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

15. Links to other policies

This policy links to the following policies and procedures:

Health and safety policy

Supporting pupils with medical conditions policy

Data protection policy

Behavior policy

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contact 1:</td></tr>
<tr><td>Emergency contact 2:</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
</table>

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**:

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.*	
Issued by:	**Date**: