Cabot Learning Federation

Allergy Safety Policy

Date Approved: August 2026
Approved By: CLF Board
Review Frequency: **Annual**
Date of Next Review: August 2027

History of most recent Policy changes

Date	Page	Change	Origin of Change e.g. TU request, Change in legislation
Date	E.g. Whole Document	Detail of change	Reason for change
June 2026		Creation of Allergy and Anaphylaxis to be implemented for September 2026	Policy created as per Government guidance

Contents

History of most recent Policy changes 2
Contents 2
1 Policy Statement 3
2 Equalities Impact Assessment 3
3 Reference to other relevant policies 3
4 Legislation or non-statutory guidance 3
5 Roles and Responsibilities 4
6 Data Protection Implications 6
7 Overview of Allergies and Anaphylaxis 6
8 Individual Healthcare Plans (IHP) and Allergy Action Plans (AAP) 7
9 Emergency Treatment and Management of Anaphylaxis 8
10 Supply, storage and care of medication 9
11 Academy owned spare adrenaline auto-injectors (AAI) 9
12 Staff Training 10
13 Catering and Allergen Management 11
14 Offsite Trips including sporting fixtures 12
15 Wellbeing and Support 13
16 Safeguarding 13
17 Unacceptable practice 14
Appendix 1 15

1 Policy Statement

1.1 The Academy 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.

1.2 We believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

1.3 By our actions we will work proactively to:

Minimise the risk of exposure within the setting
Encourage self-responsibility for pupil
Have robust plans for an effective response to possible emergencies
Ensure inclusivity for all pupils

2 Equalities Impact Assessment

2.1 An Equalities Impact Assessment has been carried out. The assessment concluded that there was no adverse impact identified for any groups of people with protected characteristics. The full Equalities Impact Assessment Report can be obtained from James Lewington.

3 Reference to other relevant policies

3.1 This policy should be read alongside.

- Health & Safety Policy
- Safeguarding Policy
- Supporting Pupils with Medical Conditions Policy
- SEND Policy
- First Aid Policy

4 Legislation or non-statutory guidance

4.1 The Academy and Cabot Learning Federation have a legal duty under the Health and Safety at Work etc. Act 1974 and the common law duty of care to safeguard the health, safety and welfare of pupils, staff and visitors. This includes taking reasonable steps to identify, assess, manage and minimise risks associated with allergies and anaphylaxis.

4.2 Under Section 100 of the Children and Families Act 2014, schools have a statutory duty to make arrangements to support pupils with medical conditions, including allergies and anaphylaxis, enabling them to access education safely and participate fully in school life.

4.3 The Children's Wellbeing and Schools Act 2026 introduced a requirement for maintained schools, academies and pupil referral units to have, publish and review an Allergy Safety Policy and to have regard to statutory guidance on allergy safety.

4.4 The Department for Education's statutory guidance Allergy Safety in Schools (July 2026) sets out expectations for allergy management in schools, including the publication of an Allergy Safety Policy, allergy awareness training for staff, effective emergency response arrangements, the use of Individual Healthcare Plans (IHPs), and systems for recording and learning from allergy-related incidents and near misses.

4.5 The statutory guidance Supporting Pupils at School with Medical Conditions continues to apply and should be read alongside the allergy-specific guidance. Schools are expected to make appropriate arrangements for pupils with medical conditions and to implement Individual Healthcare Plans where required.

4.6 The Human Medicines Regulations 2012, as amended by the Human Medicines (Amendment) Regulations 2017, permit schools to purchase and hold spare adrenaline auto-injectors (AAIs) without a prescription for emergency use. The Department for Education expects all schools to stock spare AAIs of appropriate doses and to ensure that pupils prescribed adrenaline devices have rapid access to them at all times. Spare AAIs should be stocked and stored in pairs for emergency use.

4.7 The Food Information Regulations 2014 require food businesses, including school catering services, to provide information about the 14 regulated allergens present in food supplied. Schools must ensure that catering providers, kitchen staff and contractors comply with these requirements and that allergen information is available, accurate and accessible to pupils and parents.

4.8 The Equality Act 2010 may apply to pupils with severe allergies where their condition has a substantial and long-term adverse effect on day-to-day activities. Schools must ensure that they do not discriminate against pupils with allergies and must make reasonable adjustments where required.

5 Roles and Responsibilities

5.1 Academy Council

The Academy Council will:

- Ensure that suitable arrangements are in place to support pupils with allergies and that the Academy complies with relevant legislation and statutory guidance.
- Provide strategic oversight of allergy safety arrangements and seek assurance that effective controls are in place to minimise allergy risks and protect pupils, staff and visitors.
- Promote a safe, healthy and inclusive environment in which pupils with allergies can participate fully in school life and are protected from bullying, discrimination and exclusion.
- Ensure that an Allergy Safety Policy is in place, reviewed regularly and implemented effectively throughout the Academy.
- Receive assurance that accurate and up-to-date records are maintained for pupils with allergies, including Individual Healthcare Plans (IHPs), Allergy Action Plans (AAPs) and parental information where appropriate.
- Receive assurance that sufficient numbers of staff have received appropriate allergy awareness and anaphylaxis training and that appropriate emergency arrangements are in place.
- Monitor reports relating to allergy incidents, near misses and significant concerns, ensuring that lessons learned are incorporated into policy and practice.
- Seek assurance that appropriate arrangements are in place for catering, educational visits, extracurricular activities, medication management and emergency response procedures

5.2 Designated Allergy Lead

The Academy has a named member of the Senior Leadership Team who, working alongside the Principal**,** is responsible for leading and overseeing allergy safety arrangements and the implementation of this Allergy Safety Policy.

The designated Allergy Lead for the Academy is Julie Bailiss, Operations Manager

The Allergy Lead is responsible for:

- Ensuring systems are in place to collect allergy information during the enrolment process and that relevant information is shared with staff and catering teams. Where a student joins outside the normal admissions process, allergy information will be communicated as soon as possible and within two weeks of the student starting.
- Maintaining a register of students and staff with allergies, including details of prescribed adrenaline auto-injectors and Allergy Action Plans where applicable.
- Ensuring robust systems are in place to identify students with allergies, particularly during mealtimes and food-related activities.
- Ensuring Individual Healthcare Plans (IHPs) and Allergy Action Plans are developed, reviewed and communicated to relevant staff.
- Promoting awareness of the Academy's Allergy Safety Policy and the importance of effective allergy management.
- Ensuring staff understand the importance of recording and reporting allergy incidents, allergic reactions and near misses.
- Providing updates to the Academy Council on the implementation and effectiveness of allergy management arrangements.
- Liaising with catering providers to ensure appropriate allergen management procedures are in place and that students with allergies can access safe meal options.
- Working with parents/carers to gather relevant medical information, support the development of IHPs and obtain Allergy Action Plans where required.
- Promoting allergy awareness amongst students through assemblies, workshops and national awareness campaigns where appropriate.
- Ensuring spare adrenaline auto-injectors are regularly checked, stored appropriately and replaced before their expiry date.

This person will act as the central point of contact for allergy management within the Academy and will coordinate arrangements to ensure the safety and inclusion of students with allergies.

5.3 Academy Staff

Academy Staff will:

- Follow the requirements of this policy, associated procedures, Individual Healthcare Plans (IHPs) and Allergy Action Plans (AAPs), together with all relevant legal requirements and academy arrangements relating to allergy management.
- Complete allergy awareness and anaphylaxis training as required and respond appropriately to allergic reactions and allergy-related emergencies.

- Promote awareness and understanding of allergies and anaphylaxis amongst pupils within the classroom and wider academy environment.
- Encourage pupils with allergies to develop age-appropriate self-management skills and allergen avoidance strategies where appropriate.
- Help pupils understand how they can support the safety, wellbeing and inclusion of others with allergies and dietary requirements
- Ensure all food-related activities are appropriately planned, supervised and risk assessed, following academy procedures for the safe storage, preparation, handling, cooking and serving of food.
- Report allergy-related incidents, near misses and concerns in accordance with academy procedures.

5.4 Parent Responsibilities

- On entry to the Academy, it is the parent's responsibility to inform the Academy 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. 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.

6 Data Protection Implications

6.1 Information relating to a pupil's allergy, medical condition and medication is personal data and may constitute special category data. The Academy will ensure that such information is stored securely, accessed only by those who need it to support the pupil, and processed in accordance with UK GDPR, the Data Protection Act 2018 and Trust policies. Relevant allergy information may be shared with staff, healthcare professionals and catering providers where necessary to safeguard a pupil's health, safety and wellbeing.

7 Overview of Allergies and Anaphylaxis

7.1 An allergy is a condition in which the body's immune system reacts abnormally to a normally harmless substance (allergen). Reactions can range from mild symptoms such as itching, sneezing or skin rashes to severe allergic reactions.

7.2 Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly following exposure to an allergen. Common triggers include foods, insect stings, medicines and latex.

7.3 Symptoms of anaphylaxis typically affect the Airway**,** Breathing or Circulation (ABC) and require immediate emergency treatment with adrenaline and a call to emergency services.

7.4 Although any substance may trigger an allergic reaction, common allergens include peanuts, tree nuts, sesame, milk, eggs, fish, shellfish, wheat, soya, insect venom, latex, pollen and animal dander.

7.5 This policy sets out how Uphill Village Academy will identify, manage and reduce allergy risks, ensuring that pupils with allergies are safe, supported and able to participate fully in all aspects of academy life

8 Individual Healthcare Plans (IHP) and Allergy Action Plans (AAP)

8.1 Allergy Action Plans (AAP)

8.1.1 An Allergy Action Plan (AAP) is a document provided by a healthcare professional which sets out how to recognise and respond to an allergic reaction, including anaphylaxis, and may include consent information relating to emergency medication. The AAP should be attached to the pupil's Individual Healthcare Plan (IHP) where one is required.

8.1.2 It is the responsibility of parents/carers to provide the academy with an up-to-date Allergy Action Plan completed and signed by an appropriate healthcare professional.

8.1.3 The academy will ensure that current Allergy Action Plans are securely stored and made accessible to staff who need the information to support the pupil safely.

8.1.4 Staff who have responsibility for a pupil with allergies must be familiar with the contents of their Allergy Action Plan and follow it in the event of a suspected allergic reaction.

8.1.5 Allergy Action Plans must be reviewed at least annually, or sooner if the pupil's condition, treatment or medication changes.

8.1.6 Parents/carers are responsible for ensuring that all prescribed medication remains in date and is supplied to the academy in accordance with the requirements set out in the Allergy Action Plan.

8.2 Individual Healthcare Plans (IHP)

8.2.1 An Individual Healthcare Plan is an essential communication tool that provides clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed.

8.2.2 Individual Healthcare Plans are academy owned documents that are co-created by staff, parents/carers and students.

8.2.3 They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

8.2.4 Where a child has an Allergy Action Plan and or an Asthma Plan, this must be included with the IHP.

8.2.5 It is good practice to review Individual Healthcare Plans annually or when staff change however they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

9 Emergency Treatment and Management of Anaphylaxis

9.1 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

9.2 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.

9.3 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.

9.4 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.

9.5 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.

9.6 What does adrenaline do?

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

9.7 Emergency Action:

- Keep the child where they are, call for assistance and do not leave them unattended.
- Lay the child flat with their legs raised. If they are experiencing breathing difficulties, they may be propped up, but only for as short a time as possible.
- Administer the adrenaline auto-injector (AAI) immediately and record the time it was given.
- The AAI should be administered into the outer thigh. Follow the manufacturer's instructions and the pupil's Allergy Action Plan where available.
- Dial **999** immediately and state that the child is experiencing **anaphylaxis**.
- If there is no improvement after 5 minutes, administer a second AAI.
- If the child becomes unresponsive and is not breathing normally, commence CPR and continue until emergency services arrive.
- Inform the parent/carer as soon as reasonably practicable.
- Always follow the pupil's Allergy Action Plan where one is in place. If in doubt, treat for anaphylaxis and administer adrenaline

9.8 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.

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

10 Supply, storage and care of medication

10.1 Pupils prescribed adrenaline devices should be encouraged, where appropriate to their age, understanding and competence, to carry their own medication, including both prescribed adrenaline auto-injectors (AAIs), at all times.

10.2 Older pupils should be supported to take increasing responsibility for managing their medication. However, staff must be prepared to respond and administer emergency medication if required.

10.3 For younger pupils, or those who are unable to carry their own medication, an allergy emergency kit should be stored in a clearly identified, accessible location known to staff and not locked away.

10.4 All medication must be clearly labelled with the pupil's name and stored in an appropriate container.

10.5 The pupil's allergy emergency kit should contain, where prescribed:

- Two AAIs (e.g. EpiPen®, Jext® or Emerade®)
- A current Allergy Action Plan
- Antihistamine medication (where specified on the Allergy Action Plan)
- A measuring spoon or syringe if required
- An asthma inhaler and spacer (where prescribed and specified on the Allergy Action Plan).

10.6 Parents/carers are responsible for ensuring that all medication supplied to the academy is in date, clearly labelled and replaced before expiry.

10.7 The Academy's designated Allergy Lead will ensure regular checks of medication held on site are undertaken and notify parents/carers when replacement medication is required.

10.8 Parents/carers are encouraged to register for manufacturer expiry reminder services where available.

10.9 The academy will maintain appropriately dosed spare AAIs in accordance with statutory guidance and academy procedures.

10.10 Used or expired AAIs must be disposed of safely as sharps in accordance with local procedures. Used AAIs may be handed to attending ambulance crews or disposed of via an approved sharps disposal route.

11 Academy owned spare adrenaline auto-injectors (AAI)

11.1 The academy maintains its own spare adrenaline auto-injectors (AAIs) for emergency use in accordance with current statutory guidance and academy procedures. Spare AAIs may be

administered where a pupil's prescribed device is unavailable, has been used, has misfired, or where emergency treatment for suspected anaphylaxis is required.

11.2 In exceptional circumstances, a spare AAI may also be administered to a pupil or other person not previously known to be at risk of anaphylaxis where staff reasonably believe they are experiencing an anaphylactic reaction and immediate treatment is necessary to preserve life.

11.3 Spare AAIs are stored in a white coloured 'emergency anaphylaxis kit' metal cabinet (wall mounted), clearly labelled and located in an area that is known to staff, readily accessible and never locked away.

11.4 Spare AAIs are stored in the following location(s):

- Main Academy Office (above medicine fridge)
- Chair Store in Hall

11.5 The Senior Administrator is responsible for carrying out regular checks to ensure spare AAIs remain in date, are stored correctly and are replaced when required.

11.6 Wherever possible, parental consent for the use of spare AAIs for pupils with a known allergy should be documented within the pupil's Allergy Action Plan and/or Individual Healthcare Plan. However, emergency treatment must not be delayed where anaphylaxis is suspected.

11.7 In an emergency, a spare AAI may be administered to any pupil or other person showing signs of anaphylaxis, including those with no previous diagnosis or known history of severe allergic reactions, where staff believe immediate treatment is necessary to save life.

11.8 Spare AAIs will be stored at room temperature and protected from direct sunlight and temperature extremes in accordance with manufacturer instructions.

11.9 Spare AAIs will be clearly identified and kept separate from pupils' individually prescribed medication.

12 Staff Training

12.1 All staff, including teaching staff, support staff, catering staff and others who may oversee students including at breakfast or after school clubs will be trained in allergy awareness and emergency response. The academy is responsible for ensuring that supply, cover, coaching, peripatetic staff have received allergy awareness training.

12.2 Staff with specific responsibilities for supporting pupils with diagnosed allergies, will receive additional role-specific training appropriate to their responsibilities.

12.3 New staff joining during the academic year will complete the required training as part of their induction process.

12.4 The level of training provided will be proportionate to the individual's role and responsibilities, ranging from general allergy awareness to enhanced training in the recognition and emergency treatment of anaphylaxis**.**

12.5 Awareness training includes:

- Knowing the common allergens and triggers of allergy

- 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 AAIs) 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.
- Managing allergy action plans and ensuring these are up to date

13 Catering and Allergen Management

13.1 The Academy is committed to providing a safe, inclusive dining environment for all pupils, including those with food allergies. The academy will manage the risk of food allergy and provide clear information on allergens in food provided by working in partnership with parents/carers, healthcare professionals, catering providers and academy staff. Catering arrangements will comply with all relevant food safety legislation, including the Food Information Regulations 2014 and Food Standards Agency (FSA) allergen management requirements, to minimise risks, prevent cross-contamination and support pupils in making safe and informed food choices.

13.2 The Academy will:

- Ensure contracts with catering providers require compliance with all food safety and allergen management legislation, including the provision of allergen information for the 14 recognised allergens.
- Publish menus in advance where practicable, clearly identifying ingredients and allergens.
- Ensure catering staff provide accurate and accessible allergen information to pupils and parents/carers at the point of service and upon request.
- Maintain effective communication between parents/carers, the academy and catering providers to support pupils with dietary requirements.
- Provide up-to-date pupil allergy information to catering teams in a timely manner and ensure this is reviewed regularly for accuracy.
- Operate a robust system for identifying pupils with allergies at the point of service, such as allergy registers, photographs, coloured trays, allergen cards or other agreed methods. The system will not rely on a single individual and will include a secondary check before meals are served.
- Ensure all food provided by the Academy is appropriately labelled with ingredient and allergen information wherever required. This includes food used within the curriculum, such as cooking lessons, food technology activities and other educational activities involving food.
- Take appropriate measures to prevent cross-contamination during the storage, preparation, handling and serving of food, including preparing allergen-safe meals separately where necessary and ensuring equipment and surfaces are cleaned thoroughly.
- Ensure staff involved in preparing, handling or serving food receive appropriate training in allergen awareness, reading food labels and preventing cross-contamination.
- Teach pupils not to share food, trade food, share utensils, drink containers or lunchbox

contents, and ensure they understand the reasons for these precautions.

- Encourage pupils with allergies, where age-appropriate, to check allergen information and seek advice from catering staff before selecting food.
- Where food is provided by the academy for celebrations, rewards, events or activities, parental consent will be obtained in advance where necessary to ensure the inclusion and safety of pupils with allergies. No food will be given to primary-aged pupils with known food allergies without prior agreement from parents/carers.
- Food used in curriculum activities, including cooking, science experiments, cultural events, fundraising activities and celebrations, will be risk assessed and appropriate controls implemented to protect pupils with allergies.

13.3 Parents/carers are encouraged to:

- Clearly label lunchboxes, drinks bottles and other food items brought into school where appropriate.
- Discuss their child's dietary requirements with the Catering Manager, Chef or relevant academy staff.
- Confirm the suitability of menu items directly with catering staff where required.
- These procedures apply to all school-led breakfast clubs, after-school clubs and holiday provision. Where such services are provided by a third-party organisation, the Academy will ensure that this policy is shared and that equivalent allergen management procedures are implemented.
- The Academy will work with parents/carers to ensure that pupils entitled to benefits-based Free School Meals can safely access their entitlement through agreed reasonable adjustments where necessary.

13.4 As a matter of best practice, PTA and other academy community events involving the sale or provision of food should follow Food Standards Agency guidance on allergen management and food labelling. Individuals serving food at such events should have a basic understanding of allergen awareness and know how to access allergen information when requested

14 Offsite Trips including sporting fixtures

14.1 The Academy will ensure that students with allergies are fully included in every trip, sporting event, or extracurricular activities. A risk assessment addressing allergen exposure in each activity, emergency medication, transport, and proximity to local emergency care will be undertaken with control measures identified. This will include the safe storage adrenaline for the duration of the offsite trip.

14.2 Staff leading offsite trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students have their medication including adrenaline devices with them before departure. Students unable to produce their required medication may not be able to

attend the excursion. The academy is not expected to provide or carry its own supply of emergency adrenaline auto-injector (AAI) pens on off-site visits.

14.3 The Academy will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy. When food is provided the students' school will ensure the students' allergies are communicated and appropriate food is provided.

15 Wellbeing and Support

15.1 The Academy prioritises allergy safety and is committed to ensuring that students with allergies are included, supported and safe. The Academy recognises that students with allergies may experience anxiety due to the risk of allergen exposure and the potential for anaphylaxis. The Academy is committed to supporting the wellbeing of students with allergies and ensuring they can participate fully in academy life.

15.2 The Academy will:

- Regularly communicate with students, parents/carers and staff to promote awareness of allergies and the seriousness of allergic reactions.
- Raise awareness of allergies and anaphylaxis through assemblies, tutor time, PSHE and other appropriate opportunities.
- Plan celebrations, rewards, trips and events inclusively to minimise risks and avoid social isolation.
- Involve students, parents/carers and staff in the development and review of allergy management procedures where appropriate.
- Recognise allergy-related bullying as a serious issue and take action to prevent and address any incidents.
- Promote a supportive l culture and identify "Allergy Champions" where appropriate to provide support and raise awareness.
- Work proactively with new students with allergies and their parents/carers to ensure appropriate support is in place from the start, including introductions to relevant staff and catering teams where necessary.
- Provide pastoral support for students who may experience anxiety relating to allergy management.

16 Safeguarding

16.1 The Academy recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person's medical condition is not provided to an academy college or setting, or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

17 Unacceptable practice

17.1 Academy staff are clear about what constitutes unacceptable practice and are committed to ensuring that only good practice occurs. Should unacceptable practice occur the academy will follow its own procedures to identify and address this using staff conduct policies.

17.2 Examples of unacceptable practice include (but are not limited to):

- Preventing children and young people from easily accessing and administering their medication in line with what is agreed in their Individual Healthcare Plan (for example prescribed adrenaline devices and asthma reliever inhalers) when and where necessary.
- Assuming that every child with the same condition requires the same support.
- Assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management.
- Ignoring the views of the child or young person or their parents or carer.
- Ignoring medical evidence or the opinion and advice of healthcare professionals.
- Assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way.
- Sending a child or young person who becomes unwell to the office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person.
- Requiring parents / carers (or otherwise making them feel obliged) to attend the academy to administer medication or provide medical support to their child.
- Preventing children and young people from participating or creating unnecessary barriers to them participating in any aspect of academy life, including external visits and trips, e.g. by requiring parents to accompany the child.

Appendix 1

<table>
<tr><th colspan="2">Individual Health Care Plan (IHCP) Template 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 contacts:</td></tr>
<tr><td>Staff who need to be aware:</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>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td>Last discussed with parents:</td><td>Date</td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
<tr><td>Next planned review:</td><td>Date:</td></tr>
</table>

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

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

Further information

- Anaphylaxis UK: for teachers by teachers, the one stop shop for all school allergy needs: https://www.anaphylaxis.org.uk/education
- Allergy UK: https://www.allergyuk.org/about-allergy/types-of-allergies
- Allergy Safety in Schools July 2026: https://www.gov.uk/government/publications/allergy-safety-in-schools
- Guidance on the use of adrenaline auto-injectors in schools