Parkside Primary School

Allergy Safety Policy

Reviewed September 2026

Aims

This policy aims to:

- Provide a clear and consistent framework for managing allergies safely across the school.
- Ensure compliance with the statutory allergy safety requirements introduced by section 34 of the Children's Wellbeing and Schools Act 2026 and have regard to the Department for Education's statutory guidance, Allergy safety in schools.
- Protect pupils with allergies by reducing risks and ensuring swift and effective responses to allergic reactions, including anaphylaxis.
- Support staff to understand their roles and responsibilities in allergy management.
- Promote awareness, inclusion and safeguarding so that pupils with allergies can participate fully in school life.

This policy should be used by staff as a working guide. It explains not just what the school expects, but how those expectations are to be implemented.

Legislation, statutory requirements and statutory guidance

This policy has regard to the Department for Education's statutory guidance: Allergy safety in schools.

It is also based on:

- Section 100 of the Children and Families Act 2014, which places a duty on relevant schools to make arrangements for supporting pupils with medical conditions.
- Section 34 of the Children's Wellbeing and Schools Act 2026, which introduces statutory allergy safety requirements and inserts sections 100A and 100B into the Children and Families Act 2014.
- Supporting pupils with medical conditions at school (DfE statutory guidance).
- The Equality Act 2010.
- The Health and Safety at Work etc. Act 1974.
- The Education Act 2002.
- Keeping Children Safe in Education.
- The SEND Code of Practice: 0 to 25 years.
- The Food Information Regulations 2014 and associated requirements relating to allergen information, including requirements for prepacked for direct sale (PPDS) food

Definitions

Allergy: An adverse reaction by the immune system to a normally harmless substance, such as food, medication, insect stings, or latex.

Allergen: A substance that triggers an allergic reaction.

Mild to Moderate Allergic Reaction: Symptoms may include swollen lips, face or eyes; an itchy or tingling mouth; mild throat tightness; hives or an itchy skin rash; abdominal pain or vomiting.

Anaphylaxis: A potentially life-threatening allergic reaction affecting the Airway, Breathing and/or Circulation ("ABC"). Signs may include swelling of the throat, tongue or upper airways; difficulty breathing, wheezing or persistent coughing; dizziness, faintness, confusion, pale or clammy skin or loss of consciousness. Anaphylaxis can occur without a skin rash or other mild symptoms and requires an immediate emergency response.

AAI: Adrenaline Auto-Injector. Emergency medication used to treat anaphylaxis.

As a school, we recognise that allergies are widespread, serious but controllable conditions. This school welcomes all pupils with allergies and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

1. An allergy safety **policy.**
2. **A register** of all pupils with allergies.
3. The ability for children to **easily access their medication.**
4. **Allergy Care Plans** for all children with an allergy
5. **Emergency kits** containing adrenaline auto-injectors.
6. **All staff training** on awareness, correct use of associated medical devices and emergency policies.
7. At least one named **Asthma & Allergy Champion** responsible for adherence to asthma and allergy friendly school standards in the school.

The Allergy Safety Policy is regularly reviewed, evaluated and updated. Overall responsibility for the implementation of this policy will be the Headteacher, Lisa Cousins.

This policy has been developed referencing information provided by North East London Health & Care Partnership and NELFT NHS Foundation Trust. It is closely linked to the school's asthma and medical conditions polices.

Roles and responsibilities
The successful management of allergies requires shared responsibility across the school community. A coordinated approach ensures that pupils with allergies are supported effectively and that the school environment remains safe and inclusive.

The Governing Body
The Governing Body has ultimate responsibility to make arrangements to support pupils with allergies. They will ensure that all staff have received suitable training and monitor the effectiveness of the school's allergy safety arrangements.

The Headteacher
The Headteacher is the school's designated senior leader with overall responsibility for allergy safety, implementation of this policy, monitoring compliance and reporting to Governors.

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of staff available to implement this policy and deliver against all individual healthcare plans, including in contingency and emergency situations.
- Take overall responsibility for the development of the Care Plans
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

Asthma & Allergy Champion
The school's asthma & allergy champion is the Welfare Officer, Kay Hales.
The asthma & allergy champion will:

- Manage the asthma and allergy register.
- Update the asthma and allergy policy.
- Manage the emergency kits and ensure medications are available/accessible.
- Communicate to parents/carers regarding any deterioration in a child's condition during school (this may be delegated to other staff as appropriate).

Staff

- Supporting pupils with allergies during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with allergies
- Ensure they complete their annual allergy training.

- Must know how to recognise an allergic reaction and anaphylaxis, how to summon assistance and where emergency medication is located
- Must follow pupils' allergy care plans and take reasonable steps to minimise exposure to known allergens.
- Teachers will take into account the needs of pupils with allergies that they teach.
- Required to report allergy-related near misses, including incorrect food provision, allergen exposure risks and medication access concerns.

Parents / Carers

- Will be responsible for keeping the school informed about any new medical condition or changes to their child/children's health.
- Will participate in the development and regular reviews of their child's allergy care plan.
- Will complete a parental consent form to administer medicine or treatment.
- Will provide the school with the medication their child requires and keep it up to date including collecting leftover medicine.
- Will carry out actions assigned to them in the care plan with particular emphasis on, they, or a nominated adult, being contactable at all times.

Pupils

Pupils with allergies will often be best placed to provide information about how their condition affects them. Where possible, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their care plans. Pupils with allergies are encouraged to take control of their condition wherever possible.

School nurses and other healthcare professionals

Our school will liaise with the designated School Nurse when a pupil has been identified as having a medical condition that will require their support in school. The school will also liaise with other Healthcare professionals, such as GPs and paediatricians, and notify them of any pupils identified as having an issue with their medical condition when necessary.

Management of Allergies

General medical information

New parents at Parkside are asked to declare whether their child has any health conditions or health issues on the enrolment form. Parent/carers are sent a communication each year, asking them to inform the school of any new diagnosis of a medical need or changes to a child's existing medical need.

A Medical Register (by class) is kept detailing children's medical conditions / needs. Copies are kept in the first aid room, on the shared drive and backed-up on the password protected medical tablets. Medical needs and conditions are also recorded on the pupil's Arbor and Medical Tracker records. Teachers have a class summary of their children's medical issues in their class medical cupboard. Supply and temporary staff

will be directed to look at this summary to ensure they are aware of pupils with significant allergies before assuming responsibility for pupils.

Allergy register

We have an allergy register of all children with allergies within the school. The allergy register will be reviewed at least termly to ensure accuracy and completeness. It will also be updated each time a new pupil with an allergy is identified and when any pupil's allergy changes. The allergy register enables our school to support our pupils with their health condition. This register will hold key information about all pupils with an allergy, including: their name, DOB, class and prescribed medication.

Access to medication

Pupils who have been prescribed adrenaline devices will have access to their prescribed devices at all times, including during lessons, break and lunchtimes, PE and sport, extracurricular activities and educational visits.

If a pupil requires other medication during school hours, a medication form must be completed by the parent/carer **(see appendix 1).**

All medication must have the pharmacists label with the pupil's name, date of birth, the name of the medication, expiry date and the prescriber's instructions for administration, including dose and frequency. Alternatively, a medical letter from the child's doctor including all of this information or medication listed on the child's care plan (e.g. Allergy Action Plan) provided by their medical practitioner will be accepted. The medication must also be in its original container/packaging with instructions for storage clearly legible.

Prescribed medication is normally kept in the first aid room (or in the Nursery) in accordance with the specific medicine storage instructions. If the medicine needs to be refrigerated, then it will be stored in the fridge in the first aid room or fridge in the nursery.

All medication will be administered by a first aider or a member of staff nominated by the Welfare Officer. Prescribed medication is stored separately for each child and the daily dose and any reaction is recorded on the medication use record on Medical Tracker at the time of administration. Medication must be brought to the school office by parents/carers; children must not bring any medication to school via their classroom door, via breakfast club or in their school bags. This is so that the school can keep track of all medication in school, store the medication appropriately and effectively monitor expiry dates. When a new bottle of antihistamine medication is brought in to be stored in school, the bottle must be sealed and unused. This is because the expiry dates on these medications often depends on when they were opened.

Parents/carers should collect medicines that are no longer required or are past their expiration date from the school office. Parents/carers will be informed when medication is close to its' expiry date and that if the medicine is not collected from the school by the end of the half term, the medicine will be taken to a pharmacy for disposal.

The school is unable to administer non prescribed medicines although parent/carers may make arrangements to come into school / nursery if they wish to give these to their child. If a medication is given before school that might affect the timings of medicines given in school, the parent/carer must inform the school office so that it can be recorded on Medical Tracker. Any medication that is given during school hours will be recorded on Medical Tracker.

Medication is stored in the first aid room. If an auto-adrenaline injector (AAI) is required these will be kept in a clearly marked designated area in the first aid room, (or designated area in Nursery). These will be kept together with a folder of allergy plans for each child at risk of suffering anaphylaxis.

Allergy Action Plans
All children with allergies will have a care plan. As a school, we have an allergy form and emergency allergy plan **(see appendix 2),** which should be completed for all pupils who have been identified as having an allergy unless they have their own allergy action plan that covers all of their allergies. Pupils requiring specific arrangements because of an allergy that exceed the bounds of the school allergy plan or their allergy action plan will have those arrangements documented through an Individual Healthcare Plan (IHP). If a child has complex healthcare needs in addition to their allergies, an IHP will be completed (**see appendix 3**). All pupils, particularly those with complex and difficult to manage allergies, are encouraged to provide a copy of their personalised allergy action plan (provided by their GP or allergy team) to the school. Their allergy action plan will be attached to their IHP.

Children that may be susceptible to allergic reactions will be recorded on the medical registers. All staff need to be aware of any factors that might trigger a reaction. All children with specified allergies should follow their individualised allergy action plan, IHP or the school emergency allergy plan.

Allergy action plans and individual healthcare plans are kept in the first aid room, on the child's Arbor and Medical Tracker record and on the shared drive and backed-up on the password protected medical tablets.

All children with an individualised allergy action plans issued by a healthcare professional will have their photo displayed in the first aid room, staff room and class medical cupboard and be added to the whole school medical summary.

Relevant staff must know where these plans and emergency medication can be accessed.

Where a pupil experiences a **mild to moderate allergic reaction**, staff will:

- follow the pupil's Allergy Action Plan where one is available;
- administer any medication prescribed or authorised for that reaction;
- contact the pupil's parent or emergency contact;
- keep the pupil under direct supervision and not leave them unattended; and
- observe the pupil in a safe place for at least 60 minutes because a mild reaction can develop into anaphylaxis.

Anaphylaxis is a medical emergency.
Where a pupil shows signs affecting the Airway, Breathing and/or Circulation, or where staff are otherwise concerned that anaphylaxis is occurring:

- the pupil will be placed flat with their legs raised;
- adrenaline will be administered immediately;
- if there is uncertainty about whether the reaction is anaphylaxis, staff should treat it as anaphylaxis and give adrenaline;
- the pupil's own prescribed adrenaline device will be used in the first instance where available;
- a school spare AAI may be used where the pupil's own prescribed device is unavailable, cannot be used or malfunctions, or where an individual experiences anaphylaxis without having a previously prescribed adrenaline device;
- staff must not delay administering adrenaline while attempting to contact emergency services;
- 999 will be called immediately after adrenaline has been administered and "anaphylaxis" will be stated;
- the pupil must not be expected to walk to the school office, first-aid room or medication storage area — help and emergency medication must be brought to them;
- the pupil must not be left unattended;
- a further dose of adrenaline will be administered after five minutes if there has been no improvement, in accordance with current emergency guidance and the pupil's action plan; and
- parents or carers will be informed as soon as practicable.

The absence of prior parental consent must not delay emergency treatment where adrenaline is required to save life.

A reliever inhaler must not be used instead of adrenaline to treat anaphylaxis.

The incident and the school's response will be recorded. Following any serious allergic reaction or near miss, the school will review what happened, identify any learning and consider whether the pupil's IHP, this policy or wider school arrangements require amendment. Appropriate emotional and pastoral support will be provided to the pupil and others affected.

Emergency AAI Kits
Our school purchases emergency AAIs **(see appendix 4)**. The emergency AAIs should be used in the event of malfunctioning personal devices, unavailable devices or the first presentation of anaphylaxis in an individual without a previous diagnosis.

As a school, we are aware of the guidance 'The use of adrenaline auto-injectors in schools' from the Department of Health (September 2017) which gives guidance on the use of emergency salbutamol inhalers in schools and letter from the MHRA (The Medicines and Healthcare products Regulatory Agency) issuing clarification on when schools' spare adrenaline auto-injectors can be used.

The school has two Kitt Anaphylaxis kits located in the first aid room and the Year 6 practical (cooking) room. Each of these kits contain two 150mcg AAIs and two 300mcg AAIs. There are also emergency AAIs in the first aid room which can be taken on school trips that include children at risk of anaphylaxis (as identified by their allergy action plans).

Our school has the responsibility for maintaining the emergency kits, including replacing used medication, storing medicines at the proper temperature and disposing of used medicines properly **(see appendix 5).**

Staff training
All staff who are present while pupils are scheduled to be on the school site will receive allergy-awareness and emergency-response training at least annually. This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It includes catering staff and others who may oversee children and young people at breakfast or after school clubs. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

Allergy-awareness training will form part of the induction arrangements for new staff. The school will also ensure that appropriate arrangements are made for temporary, supply and cover staff. For temporary staff and volunteers, it will be issued when they do their safeguarding training. Supply or cover staff will come only from agencies that ensure all their staff have annual allergy training and the location of the emergency medication will be communicated to them when they first arrive on site.

Training will ensure that staff:
- understand what allergy is and the risks it may pose;
- understand that allergic conditions can include food allergy, asthma, eczema and hay fever and that these may co-exist;
- understand the distinction between food allergy, food intolerance and coeliac disease;
- know how to access information about pupils' known allergens;
- recognise the signs of mild and moderate allergic reactions and anaphylaxis;
- know how to respond in an emergency;
- know where prescribed and spare emergency medication is located;
- know how to administer emergency adrenaline;
- understand the school's Allergy Safety Policy and relevant individual plans;
- understand their responsibility to reduce exposure to known allergens;
- understand the potential emotional and wellbeing impact of allergy; and
- know how to report an allergy-related incident or near miss.

Where an individual pupil requires healthcare support beyond the school's general allergy-safety arrangements, any additional clinical training, competency or delegation requirements will be agreed separately with the appropriate healthcare professional or service.

The following information will also be communicated to staff:

- How to raise issues about pupils with uncontrolled symptoms.
- Where pupil allergy plans are stored.
- Where emergency kits are stored.
- Where to find the allergy register.
- Procedures for school trips, physical education and other settings outside the classroom/break time.
- Where medication is stored.
- Who their asthma & allergy champion is at the school.

Prevention and Risk Reduction

The school will take reasonable and proportionate measures to minimise the risk of pupils, staff and visitors being exposed to their known allergens. Allergy risks will be considered when planning lessons, activities, events, extracurricular provision and educational visits. This includes potential exposure through food and through contact or airborne allergens.

Staff planning activities will consider whether materials may contain allergens, including activities involving:

- food preparation or cooking;
- science;
- art and craft materials;
- music;
- animals or animal feed; and
- food packaging or containers previously used for food.

Where a pupil has a known allergy, reasonable steps will be taken to enable them to participate alongside their peers rather than excluding them from an activity.

For pupils with food allergy:

- food and drinks provided specifically for an individual pupil will be clearly identifiable;
- food sharing, swapping or trading between pupils will be discouraged or prohibited where this creates an allergy risk;
- staff handling or serving food will understand how to check allergen information and reduce cross-contamination;
- food brought into school by pupils, parents or staff for celebrations, events or activities will be managed in a way that takes account of known allergies;
- unlabelled food will not be assumed to be safe for a pupil with a food allergy; and
- appropriate cleaning and food-handling procedures will be used to reduce cross-contamination.

The school and any catering provider will comply with applicable food information legislation. Accurate information about allergens in food provided by the school must be available to pupils and parents, including information required for prepacked for direct

sale (PPDS) food. School leaders will maintain appropriate oversight of catering arrangements and the controls used to prevent allergen exposure. The school will not rely solely on blanket “allergen-free” or “nut-free” claims as a substitute for robust allergy-management arrangements. Where restrictions on particular foods are considered appropriate, these will form part of a wider risk-management approach.

Specific risk assessments will be completed where appropriate for pupils with allergies taking part in school trips or external visits. Pupils at risk of anaphylaxis must have appropriate access to their prescribed adrenaline device, and staff accompanying them must know how to respond to an emergency. The school will consider whether spare AAIs should also accompany a visit without leaving the school site without appropriate emergency provision.

Dietary requirements
Staff and children are requested not to bring nuts or nut products into school as these are a known allergic trigger for many children.

Children with any known allergies or intolerance to certain foods will be carefully monitored in the dining hall. Whenever food is served or consumed at lunchtime, breakfast club, after school club or class parties, these children will wear a coloured lanyard with a badge that identifies their dietary requirement. The severity of the dietary requirement will be identified by the colour of the lanyard. Red for allergies, yellow for intolerance, green for preference and blue for Halal.

Lunchtime Catering
Juniper Ventures provides lunchtime catering and the menus can be viewed on their website: https://www.juniperventures.co.uk/services/catering/

Juniper have their own policies and procedures regarding allergies/intolerances. Key points of these are:

- All parents/carers of children that have a new or updated allergy/intolerance must come into the school so that a new Juniper medical diet referral form can be completed by a member of school staff and sent to Juniper.
- Medical evidence will be required for all allergies. Juniper will not accept a medical diet referral for allergies without evidence that covers every allergy the child has. Accepted evidence is an allergy action plan or an NHS letter. For intolerances, medical evidence is strongly encouraged.
- Medical evidence is also required to remove existing allergies.
- Juniper will not support the gradual reintroduction of food groups (e.g. dairy/egg ladders). Children will be treated as either allergic/intolerant or not, therefore reintroductions must take place outside school.
- Any changes to allergy information will require processing time. During this processing period, children may receive an allergen-free menu (free from the 14 main allergens) or may be asked to bring a packed lunch until adjustments are made.
- For consistency of the dietary restriction badges and medical/allergy registers kept in school, breakfast and after school club dietary restrictions will be the

same as lunchtime (Juniper). If there is no medical evidence of the pupil's allergies or if Juniper is processing the allergy/intolerance or unable to support the allergy, the pupil will have a dietary restrictions badge that states all the allergies/intolerances but also says 'no school dinners'.

Supporting Pupils with Allergies

The school recognises that allergies can affect pupils' emotional wellbeing, confidence and social participation as well as their physical health. Pupils may experience anxiety about exposure to allergens or anaphylaxis and may feel different, isolated or stigmatised because of the arrangements needed to keep them safe.

The school will take an inclusive approach and will support pupils with allergies to participate fully in lessons, school meals, educational visits, extracurricular activities and other aspects of school life. Reasonable adjustments and individual arrangements will be made where required.

Pupils will be supported, according to their age and competence, to understand and increasingly manage their own allergy. This may include recognising symptoms, seeking help, understanding triggers and carrying their own medication where appropriate. Increasing independence will not remove the school's responsibility to provide appropriate support and supervision.

Bullying, intimidation or teasing associated with allergy will not be tolerated. This includes deliberately exposing or threatening to expose a pupil to a known allergen, making fun of allergy-management arrangements or otherwise using a pupil's allergy to frighten, isolate or humiliate them. Concerns will be addressed in accordance with the school's Behaviour and Anti-Bullying Policies and, where appropriate, its safeguarding procedures.

Unacceptable practice

The school considers the following practice unacceptable:

- preventing a pupil from having ready access to their prescribed medication;
- ignoring the views of the pupil, their parents or relevant healthcare professionals;
- assuming that all pupils with allergies require identical support;
- assuming that an older or more independent pupil no longer requires support;
- failing to put reasonable arrangements in place simply because a pupil does not yet have a formal diagnosis;
- unnecessarily excluding a pupil from school meals, lessons, trips, extracurricular activities or other normal school experiences because of their allergy;
- sending a pupil who is having an allergic reaction to seek help or medication without appropriate supervision;
- requiring a parent or carer routinely to attend school to administer medication because suitable school arrangements have not been put in place;
- penalising a pupil for absence genuinely associated with the management of their allergy; or
- allowing allergy-related arrangements to result in avoidable discrimination, stigma or isolation.

Pupil Transition

The school recognises that admission and transition are important points at which allergy-management arrangements must be established or reviewed.

When a pupil joins the school, parents will be asked to provide information about any known or suspected allergy, relevant healthcare advice, medication and any existing Allergy Action Plan, Asthma Action Plan or IHP.

Where the school is aware in advance that a pupil with an allergy will be joining, appropriate arrangements should wherever possible be in place by the start of the relevant school term.

Where a pupil joins unexpectedly or transfers during the school term, every effort will be made to put appropriate arrangements in place as soon as possible and, where appropriate, within two weeks.

Information about pupils with allergies will be shared appropriately when pupils move between classes, year groups, key stages or relevant staff teams so that continuity of support is maintained.

When a pupil transfers to another education setting, relevant allergy information, including the existing IHP and any healthcare-professional-issued Allergy or Asthma Action Plan, will be shared securely with the receiving setting where this is necessary to support safe transition. The receiving setting will be responsible for establishing arrangements appropriate to its own environment.

Monitoring Arrangements

The effectiveness of the school's allergy-safety arrangements will be kept under review by the Headteacher, named senior leader responsible for allergy safety and Governing Body.

This policy will be reviewed at least annually and sooner where:

- there has been a serious allergy-related incident or near miss;
- an incident indicates that existing arrangements may not be sufficiently robust;
- relevant legislation or statutory guidance changes; or
- there is a significant change to school circumstances or practice.

The review will take account of feedback from pupils with allergies, parents, staff and other relevant persons where appropriate.

All serious allergy-related incidents and near misses will be recorded as soon as practicable. Records will include sufficient information to establish what happened, who was affected, when and where it occurred, how staff responded and how the incident concluded.

Parents or carers will be informed as soon as practicable about a serious incident or near miss involving their child. Appropriate incidents will also be reported to the

Governing Body and to any external body where a separate statutory reporting requirement applies.

Serious incidents and near misses will be reviewed in a learning-focused manner to determine whether changes are required to:

- the pupil's IHP or action plan arrangements;
- staff training;
- food or catering arrangements;
- emergency medication arrangements;
- risk assessments; or
- this Allergy Safety Policy.

This policy will be published on the school's website and made readily available to parents and staff. The school will take steps at least annually to bring the policy to the attention of pupils, parents and carers, and people working at the school.

Links to other policies

This policy links to the following policies:

- Medical Conditions Policy
- Asthma Policy
- First Aid Policy
- Accessibility plan
- Complaints Policy
- Health and safety
- Safeguarding and Child Protection Policy
- Special educational needs information report and policy
- Well-Being & Positive Mental Health Policy

Updated September 2026

Appendix 1

Request to administer medication

Please be aware that we cannot administer any medicines that have not been prescribed by a doctor and that the name, description and dosage must match the prescription label.
All medicines must be dropped off to and collected from the school office.

Name of child……**Class** ……

I authorise the School Welfare Officer or nominated member of their team to administer the following medication to my child and confirm that this is a medication that they have taken before without adverse effects:

Name of medicine/treatment……

Dosage……

When (please tick and complete as appropriate):	
	At set time (please specify):
	When child has certain symptoms **(Please also complete form overleaf)**
	Other (please give details):

Duration (please tick and complete as appropriate):	
	For ……. days or until……..(date - including this date)
	Until finished
	Until further notice

Availability (please tick)	
	The school can keep this medicine as we have more at home
	We need to collect this medicine from the school office daily ASC: M T W Th F Other after school clubs:

Please give a brief description of why your child needs this medicine:

……

……

Is there anything else we should be aware of (e.g. side effects):

……

……

Signed:……..(parent/carer) Date:……

Only complete this side of the form for medication that is given when your child has symptoms (not at set times)

If your child needs their medicine when they exhibit certain symptoms, please also complete this side of the form.

Name of child……**Class** ……

Name of medicine/treatment……

Dosage……

I authorise the School Welfare Officer or nominated member of their team to administer the above medication when my child exhibits the following symptoms:

……

……

Please read carefully and tick the option that applies:	
	This medicine is an emollient cream and can be kept in the class medical cupboard and applied as often as needed. My child can apply their own cream ☐ My child needs assistance to apply cream ☐
	My child does not routinely have their medication in the morning before school, so can be given their medicine in school at any time. I will let Mrs Hales know (by emailing kay.hales@parkside.waltham.sch.uk or by calling 02085594278) if they do have their medicine in the morning before school.
	My child sometimes has their medication before school. If they need their medication in school before 12.30pm, please call parent/carer before administering medication in school to see whether it is appropriate. After 12.30pm, they can be given their medicine as needed.
	My child has a dose of this medicine each morning before school and therefore this medication should not be administered before 12.30pm. After 12.30pm, they can be given their medicine as needed.
	Other (please give details):

Please tick the following statements if they apply:

	My child can have a second dose of this medicine after 4 hours if they need it
	The school can send an email via Medical Tracker to inform parent/carer contact each time my child has their medicine in school (This will not apply to emollient creams)

Signed:……..(parent/carer) Date:…….

Appendix 2

Parkside Primary School
21 Wellington Avenue
Chingford, LONDON, E4 6RE
Tel: 020 8559 4278

Allergy/Intolerance Form

Name of child……..**DOB** ……

Food(s) or other allergen(s)	Allergy or Intolerance	Diagnosed by Doctor?	Symptoms	Action
	Allergy ☐ Intolerance ☐	Yes ☐ No ☐ Allergy Action Plan? Yes ☐ No ☐	Of mild reaction:	
			Of severe reaction:	
	Allergy ☐ Intolerance ☐	Yes ☐ No ☐ Allergy Action Plan? Yes ☐ No ☐	Of mild reaction:	
			Of severe reaction:	
	Allergy ☐ Intolerance ☐	Yes ☐ No ☐ Allergy Action Plan? Yes ☐ No ☐	Of mild reaction:	
			Of severe reaction:	

If your child has an allergy action plan, please give the school a copy each time it is updated.
Parents/carers must inform the school of any of the details on this form change. **Please turn over and sign the allergy plan**

Signed:……..(parent/carer) Full name of parent/carer…… Date:……

Emergency Allergy Plan

Does child have their own Allergy Action Plan provided by medical professional? Yes*No*

If yes, that allergy action plan supersedes this emergency allergy plan and should be referred to in its place.

Child has the following allergies: .....

.....

If the child showing signs/symptoms of mild/moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

REMEMBER: Stay with the child & call for help if necessary

- Stay calm and reassure the child.
- Contact medical room or if on school trip, bring up medical information on medical kindle.

ADMINISTER THE MEDICINE if child has own antihistamine in school

1. Check medication record to see if has recently had dose of medicine
2. Check prescription label
3. Administer antihistamine as directed on school medication form/medical register
4. If vomited, can repeat dose
5. Note the time the medication was administered and record in medication book
6. Inform parent/carer by Medical Tracker or phone as per school medication form/medical register

If child does not have own antihistamine in school, contact parent/carer

Watch for signs of ANAPHYLAXIS (life threatening allergic reaction)

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse Voice • Difficulty swallowing • Swollen tongue	• Difficulty or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ARE PRESENT:

1. **Lie child flat with legs raised** (If breathing is difficult, allow child to sit)
2. **Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. If circumstances are deemed exceptional and child's life is at risk, administer spare adrenaline auto-injector if available
4. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives. **Do NOT stand child up**
6. Phone parent/carer/emergency contact

***** IF IN DOUBT, GIVE ADRENALINE*****

Signed:.....(parent/carer) Date:.....

Name of child.....**DOB** .....

Appendix 3

Parkside Primary School
21 Wellington Avenue
Chingford, LONDON, E4 6RE
Tel: 020 8559 4278

Individual Health Care Plan for a Pupil with Medical Needs

Pupil Details:

NAME:	
DATE OF BIRTH:	
CONDITION:	
ADDRESS:	
GP:	
PAEDIATRICIAN:	
NAMED RESPONSIBLE PERSON(S) AT SCHOOL:	

PHOTOGRAPH

DATE OF ORIGINAL CARE PLAN:		
REVIEW DATES:		
NEXT REVIEW DUE:		

FAMILY CONTACT 1	**FAMILY CONTACT 2**
NAME:	**NAME:**
1st PHONE NO (MOB/HOME/WORK):	**1st PHONE NO (MOB/HOME/WORK):**
ALTERNATIVE PHONE NO (MOB/HOME/WORK):	**ALTERNATIVE PHONE NO (MOB/HOME/WORK):**
RELATIONSHIP TO CHILD:	**RELATIONSHIP TO CHILD:**

DESCRIBE CONDITION AND GIVE DETAILS OF PUPIL'S INDIVIDUAL SYMPTOMS:

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

***See Allergy Action Plan**

Mild to moderate allergic reaction: swollen lips, face or eyes, itchy/tingling mouth, hives or itchy skin rash, abdominal pain or vomiting, sudden change in behaviour

Signs of ANAPHYLAXIS:
Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue
Breathing: Difficult or noisy breathing, wheeze or persistent cough
Consciousness: Persistent dizziness/pale or floppy, suddenly sleepy, collapse, unconscious

ADDITIONAL INFORMATION:

Including specific support for the pupil's educational, social and emotional needs, details of other medical conditions which would not require a care plan etc.

DAILY CARE REQUIREMENTS (E.G. BEFORE SPORT/AT LUNCHTIME)

Including arrangements for school visits/trips etc.

Open access to Auto Adrenaline Injector (AAI) at all times

- Kept in medical room/nursery medical cupboard which is always accessible
- To take AAI on all school trips and offsite activities

MEDICATION:

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
Include medication given at home.

*Cetirizine/Antihistamine - in medical room/nursery medical cupboard
AAI – *brand and dosage – in medical room/nursery medical cupboard
*Has consent to use emergency AAI

ACTIONS TO BE TAKEN IN THE EVENT OF PRESENTING WITH THE FOLLOWING SYMPTOMS:

***See Allergy Action Plan**

Mild to moderate allergic reaction (swollen lips, face or eyes, itchy/tingling mouth, hives or itchy skin rash, abdominal pain or vomiting, sudden change in behaviour): Stay with *name and call for help if necessary, give antihistamine (*dosage – if vomited, dose can be repeated), contact parent/carer.

Watch for signs of ANAPHYLAXIS:

Airway: Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

Breathing: Difficult or noisy breathing, wheeze or persistent cough

Consciousness: Persistent dizziness/pale or floppy, suddenly sleepy, collapse, unconscious

If any ONE of these signs is present:

1. Lie flat (if breathing is difficult, allow to sit)
2. Give AAI – If in doubt, give AAI
3. Dial 999 for ambulance and state Child Anaphylaxis ("ana-fil-ax-is")
4. Stay with *name and contact parent/carer
5. If no improvement after 5 minutes, give second dose of AAI

WHEN TO CALL FOR EMERGENCY SERVICE (999)

After administering AAI

RESPONSIBILITIES (add more as appropriate):

School:

- Will keep an up to date copy of the care plan in the medical room and the classroom
- Will inform parent of observed symptoms or other relevant information as outlined in care plan
- Provide appropriate training for staff – use of AAIs

Parent:

- Will inform the school of all relevant changes as they occur and provide copies of new allergy
- action plans each time they are updated
- Will provide all medication and equipment and ensure AAIs in school are replaced as needed

Pupil:

- Will inform staff when/if they feel unwell
- Will participate/comply with the requirements of the care plan & attend the initial & review
- meeting if appropriate

ADDITIONAL SUPPORTING DOCUMENTS

- **Allergy Action Plan**
- **Asthma Plan**
- **Medication Form**

Appendix 4 - Emergency Kit Contents

- In the first aid room, at least two salbutamol metered dose inhaler (MDI) and two spacers compatible with these inhalers
- Kitt Anaphylaxis kits with two adrenaline-auto injectors at each available strength. Located in first aid room and year 6 practical (cooking) room.
- Two adrenaline-auto injectors at each available strength located in first aid room for taking out on school trips.
- Instructions on using the inhaler with spacer
- Instructions on using the adrenaline auto-injector are on the side of the device and on the allergy management plan
- Instructions on cleaning and storing the inhaler
- Manufacturers' information for inhalers and adrenaline auto-injectors
- A checklist of adrenaline auto-injectors, identified by their batch number and expiry date, with monthly checks recorded;
- A checklist of expiry dates for inhalers;
- A note of the arrangements for replacing the inhalers, spacers and adrenaline auto-injectors;
- The names of the pupils permitted to use the emergency kit
- A record of any medication administration

Appendix 5 - Maintaining Emergency Kit

- Check termly that the inhalers, spacers and adrenaline auto-injectors (AAIs) are present and in working order, and that the inhaler has sufficient doses available and has greater than 2 months until expiry
- Obtain replacement inhalers and AAIs if the expiry date is within 2 months
- The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm soapy water and left to dry in air in a clean, safe place. The canister will be returned to the plastic housing when dry and the cap replaced. Return to emergency kit after cleaning and drying.
- Following use of the spacer, wash in warm soapy water and leave to air dry in a clean, safe place. **DO NOT** towel dry. Return to the emergency kit after cleaning and drying.
- Empty inhaler canisters will be returned to the pharmacy to be recycled.
- Before using a salbutamol inhaler for the first time, shake and release 2 puffs of medicine into the air
- The AAI devices should be stored at room temperature (in line with manufacturer guidance), protected from direct sunlight and temperature extremes.
- Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidance as it contains a needle
- Used AAI can be given to ambulance paramedics on arrival or disposed of in a sharps bin (available from pharmacies or online) for collection by the local council

Appendix 6

Ambulance Procedures

When the decision to call an ambulance for a child has been made, these procedures should be followed: -

- A first-aider stays with the child
- The person calling the ambulance needs to have a verbal report on the child's condition from the first-aider to pass onto the operator, who then gives advice on dealing with the child until the ambulance arrives
- If necessary, a red triangle should be sent to summon help in dealing with the other children (e.g. in the gym or playground) or help via the telephone system
- As soon as the ambulance has been summoned, the Parents/Carers should be contacted
- If they can get to the school quickly, they can go with the child to the hospital
- If not, they should be asked to go straight to the hospital
- The child's details should be copied out for the paramedics
- If Parent/Carers have not arrived, a member of staff should accompany the child to hospital and wait with the child until their Parent/Carer arrives
- The red ambulance book should be completed
- The other children should be reassured and kept informed at a level appropriate to their age and understanding.

Accident and Incident Reporting via My Compliance Management System

Accidents must be reported on the online form generated by scanning the QR code on the posters which are located around the school, including in the medical room, staff room and office. The form can also be found by clicking on this link: MY Compliance Management - Incidents (my-compliance.co.uk) Staff need to be aware of the accident reporting system. An online form should be completed for ALL:

- Significant accidents/injuries
- Violence and aggression
- Occupational illnesses
- Incidents/near misses

Full details of reportable accidents/incidents can be found in the first aid policy.

Reviewed January 2026

Appendix 7: Qualified First Aiders

Emergency First Aid at Work	Date for Renewal	Full Paediatric First Aid	Date for Renewal
Amy Hartzer-Coyle	8th Jan 2027	Amy Hartzer-Coyle	8th Jan 2027
Erin Naylor	8th Jan 2027	Erin Naylor	8th Jan 2027
Tina Olliver	8th Jan 2027	Tina Olliver	8th Jan 2027
Joanne Ginn	8th Jan 2027	Joanne Ginn	8th Jan 2027
Yasmin Limbada	8th Jan 2027	Yasmin Limbada	8th Jan 2027
Carly Tuttle	8th Jan 2027	Carly Tuttle	8th Jan 2027
Claire Burns	8th Jan 2027	Claire Burns	8th Jan 2027
Michelle Eggington	8th Jan 2027	Michelle Eggington	8th Jan 2027
Amber Grange	8th Jan 2027	Amber Grange	8th Jan 2027
Nicky Williams	8th Jan 2027	Nicky Williams	8th Jan 2027
Andrew Peckham	31st May 2027	Kay Hales	25th Jan 2028
Marios Adamides	31st May 2027	Lauren Austin	25th Jan 2028
Timothea James	31st May 2027	Kelly Brett-Fine	25th Jan 2028
Kay Hales	25th Jan 2028	Liz Bugler	25th Jan 2028
Lauren Austin	25th Jan 2028	Debbie Gayle	25th Jan 2028
Kelly Brett-Fine	25th Jan 2028	Dilek Mahmut	25th Jan 2028
Liz Bugler	25th Jan 2028	Lucy Edwards	25th Jan 2028
Debbie Gayle	25th Jan 2028	Sophia Reilly	25th Jan 2028
Dilek Mahmut	25th Jan 2028	Nikki Moon	25th Jan 2028
Lucy Edwards	25th Jan 2028	Sophia Poppleton	25th Jan 2028
Sophia Reilly	25th Jan 2028	Lesley Pearce	7th Feb 2028
Nikki Moon	25th Jan 2028	Debbie Murphy	7th Feb 2028
Sophia Poppleton	25th Jan 2028	Desire Lubbe	8th Jan 2029
Desire Lubbe	8th Jan 2029	Koulla Giordano	8th Jan 2029
Koulla Giordano	8th Jan 2029	Sanam Mahmood	8th Jan 2029
Sanam Mahmood	8th Jan 2029	Connie Nisbet	8th Jan 2029
Connie Nisbet	8th Jan 2029	Debbie Rowan	8th Jan 2029
Debbie Rowan	8th Jan 2029	Lynne Wearing	8th Jan 2029
Lynne Wearing	8th Jan 2029	Amy Buckle	8th Jan 2029
Amy Buckle	8th Jan 2029	Ayesha Ahmad	8th Jan 2029
Ayesha Ahmad	8th Jan 2029	Emma Chandler	8th Jan 2029
Emma Chandler	8th Jan 2029	Jesy Cordell	8th Jan 2029
Jesy Cordell	8th Jan 2029	Nicola Pond	8th Jan 2029
Nicola Pond	8th Jan 2029		

If Nursery or Reception children are onsite or going on a school trip, at least one First Aider must have a Full Paediatric First Aid Certificate

Those with Certificates in First Aid Awareness cannot be the lead first aider on a school trip as they have not been practically assessed doing CPR			
Certificate in First Aid Awareness	**Date for Renewal**	**Certificate in Paediatric First Aid Awareness**	**Date for Renewal**
Imren Boran	7th Nov 2027	Deborah Dyer	16th June 2027
Tracy Joshua	18th Nov 2027		
Naran Hussein	19th Nov 2027		
Seyran Elginoz	26th Nov 2027		
Salma Hussain	26th Nov 2027		
Sharon Tomlinson	27th Nov 2027		
Sakine Kilinc	6th Jan 2028		