

Dringhouses Primary School

Allergen Policy

Signature of Chair of Governors

Signature of Headteacher

Date of Adoption: April 2022

Date of Review: Annually April 2023

Reviewing Committee: Resources Committee

Statutory / Non-Statutory

Contents:

Statement of intent

1. Legal framework
2. Definitions
3. Roles and responsibilities
4. Food allergies
5. Animal allergies
6. Seasonal allergies
7. Adrenaline auto-injectors (AAIs)
8. Access to spare AAIs
9. Medical attention and required support
10. Staff training
11. In the event of a mild-moderate allergic reaction
12. In the event of anaphylaxis
13. Monitoring and review

Appendix

- A. Allergy Declaration and Consent to Use Emergency AAIs
- B. Special Diet Referral Form
- C. Parental Agreement for school to Administer Prescribed Medicines
- D. Medicine Dosage Record
- E. Pupil Individual Health Care Plan


Statement of intent

Dringhouses Primary School strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. Legal framework

- 1.1. This policy has due regard to legislation and government guidance including, but not limited to, the following:
- The Children and Families Act 2014
 - The Human Medicines (Amendment) Regulations 2017
 - Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
 - DfE (2015) 'Supporting pupils at school with medical conditions'
 - DfE (2019) 'Allergy guidance for schools'
 - Natasha's Law 2021
- 1.2. This policy will be implemented in conjunction with the following school policies and documents:
- Health and Safety Policy
 - Administering Medication Policy
 - Supporting Pupils with Medical Conditions Policy
 - Animals in School Risk Assessment
 - Educational Visits and School Trips Policy
 -  Register of AAls

2. Definitions

For the purpose of this policy:

- 2.1. **Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.
- 2.2. **Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.
- 2.3. **Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:
- Hives
 - Generalised flushing of the skin
 - Itching and tingling of the skin
 - Tingling in and around the mouth
 - Burning sensation in the mouth
 - Swelling of the throat, mouth or face
 - Feeling wheezy

- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

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

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive

1. Roles and responsibilities

2.5. The **governing board** is responsible for:

- Ensuring that arrangements are in place to support pupils with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities.
- Ensuring that policies, plans, systems and procedures are implemented to minimise the risks of pupils suffering allergic reactions or anaphylaxis at school.
- Ensuring that the school's approach to allergies and anaphylaxis focuses on, and accounts for, the needs of each individual pupil.
- Ensuring that the school's arrangements give parents and pupils confidence in the school's ability to minimise susceptible pupils' contact with allergens, and to effectively support pupils should an allergic reaction or anaphylaxis occur.
- Ensuring that designated staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least bi-annually.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis, and after any incident where a pupil experiences an allergic reaction.

2.6. The **headteacher** is responsible for:

- The development, implementation and monitoring of the Allergen Policy.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the Educational Visits and School Trips Policy, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that any identified protocols are effectively implemented, including those in relation to labelling foods that may contain common allergens, e.g. nuts.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.
- Ensuring that catering staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.
- Ensuring that catering staff are aware of any pupils' allergies which may affect the school meals provided.

2.7. The **School Business Manager** is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a child's allergy.
- Ensuring that the necessary staff members are informed about pupils' allergies.
- Understanding the action to take and processes to follow in the event of a pupil going into anaphylactic shock, and ensuring that this information is passed onto staff members.

2.8. All staff members are responsible for:

- Acting in accordance with the school's policies and procedures at all times.

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Promoting hand washing before and after eating.
- Monitoring all food supplied to pupils by both the school and parents, including snacks, ensuring food containing known allergens is not provided.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.
- Ensuring that any necessary medication is out of the reach of pupils but still easily accessible to staff members.
- Liaising with the School Business Manager and pupils' parents to ensure the necessary control measures are in place.

1.1. **Kitchen staff** are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with [section 4](#) of this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.

2.9. All parents are responsible for:

- Notifying the school of the following information:
 - Their child's allergens
 - The nature of the allergic reaction
 - What medication to administer
 - Specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with up-to-date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.

- Providing the school with any necessary medication, in line with the procedures outlined in the **Supporting Pupils with Medical Conditions Policy**.
- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the school, in writing, any details regarding the child's allergies.
- Working alongside the school to develop an IHP to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Signing their child's IHP, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the school.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

2.10. All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.

- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

3. Food allergies

- 3.1. Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- 3.2. Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.
- 3.3. When making changes to menus or substituting food products, the school will ensure that pupils' special dietary needs continue to be met by:
 - Checking any product changes with all food suppliers
 - Asking caterers to read labels and product information before use
 - Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
 - Ensuring allergen ingredients remain identifiable.
- 3.4. Kitchen staff will have a full list of allergens, and will avoid using them within the menu where possible.
- 3.5. Where meals include allergens or traces of allergens, staff will use clear and fully visible labels to denote the allergens of which consumers should be aware.
- 3.6. The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are completely certain that there are no traces of that ingredient in the product, and that all labelling is checked before service.
- 3.7. The school will ensure that there are always dairy-free and gluten-free options available for pupils with allergies and intolerances.
- 3.8. The school is a 'nut-free' school and will follow the processes outlined below:
 - Requesting that the school catering service eliminates nuts, and food items with nuts as ingredients, from meals as far as possible
 - Ensuring that food items containing nuts will not be served at, or be brought onto, school premises.
- 3.9. To ensure that catering staff can appropriately identify pupils with dietary needs, pupils will wear a coloured wrist band which denotes that they have a known food allergy. A poster displaying the children name, class, photograph and known allergen will be displayed on the wall in the serving area so that it is visible to all kitchen staff.

- 3.10. All food tables will be disinfected before and after being used.
- 3.11. Anti-bacterial cleaning fluid will be used.
- 3.12. Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.
- 3.13. Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.
- 3.14. Food items containing bread and wheat will be stored separately.
- 3.15. The catering staff of the school are responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.
- 3.16. Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

4. Animal allergies

- 4.1. An Animals in School risk assessment will be drawn up and adhered to at all times.
- 4.2. Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.
- 4.3. In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.
- 4.4. The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.
- 4.5. A supply of antihistamine tablets will be kept in the school office in case of an allergic reaction.

5. Seasonal allergies

- 5.1. The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.
- 5.2. Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst pupils are outside.
- 5.3. Pupils with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

- 5.4. Staff members will monitor pollen counts, making a professional judgement as to whether the pupil should stay indoors.
- 5.5. Pupils will be encouraged to wash their hands after playing outside.
- 5.6. Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.
- 5.7. The **site manager** is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.
- 5.8. Where a pupil with a known allergy is stung or bitten by an insect, first aid will be given immediately and medical attention will be sought.

6. Adrenaline auto-injectors (AAIs) (Epi-pens)

- 6.1. Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.
- 6.2. Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.
- 6.3. The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.
- 6.4. The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:
 - The name of the school.
 - The purposes for which the product is required.
 - The total quantity required.
- 6.5. The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:
 - **For pupils under age 6: 0.15 milligrams of adrenaline**
 - **For pupils aged 6-12: 0.3 milligrams of adrenaline**
- 6.6. Spare AAIs are stored as part of an emergency first aid kit, which includes the following for the AAIs:
 - One or more AAIs
 - Instructions on how to use the device(s)
 - Instructions on the storage of the device(s)
 - Manufacturer's information

- A checklist of injectors, identified by the batch number and expiry date, alongside records of termly checks
 - An administration record
- 6.7. All pupils who have prescribed AAI devices, these are stored in a suitably safe location in the classroom 'red medical bag' and centrally in the school office.
- 6.8.** Spare AAI devices are not located in the main school office.
- 6.9. All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.
- 6.10. All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.
- 6.11. In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.
- 6.12. The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):
- School Business Manager
 - Office Staff
- 6.13. The above staff members conduct a termly check of the emergency anaphylaxis kit(s) to ensure that:
- Spare AAI devices are present and have not expired.
 - Replacement AAI devices are obtained when expiry dates are approaching.
- 6.14. The following staff member is responsible for overseeing the protocol for the use of spare AAI devices, its monitoring and implementation, and for maintaining the Register of AAI devices: School Business Manager.
- 6.15. Any used or expired AAI devices are disposed of after use in accordance with manufacturer's instructions.
- 6.16. Used AAI devices may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with [section 12](#) of this policy.
- 6.17. A sharps bin is utilised where used or expired AAI devices are disposed of on the school premises.
- 6.18. Where any AAI devices are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

7. Access to spare AAls

- 7.1. A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.
- 7.2. Spare AAls are only accessible to pupils who are known to be prescribed an AAI and whom the school holds written parental consent to administer the spare AAls.
- 7.3. Consent will be obtained as part of the introduction or development of a pupil's IHP.
- 7.4. If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.
- 7.5. The school uses a register of pupils (Register of AAls) to whom spare AAls can be administered – this includes the following:
 - Name of pupil
 - Class
 - Known allergens
 - Risk factors for anaphylaxis
 - Whether medical authorisation has been received
 - Whether written parental consent has been received
 - Dosage requirements
- 7.6. Parents are required to provide consent on an **annual** basis to ensure the register remains up-to-date.
- 7.7. Parents can withdraw their consent at any time. To do so, they must write to the headteacher.
- 7.8. School Business Manager checks the register is up-to-date on an **annual** basis.
- 7.9. Office staff will also update the register relevant to any changes in consent or a pupil's requirements.
- 7.10. Copies of the register are held in each classroom, which are accessible to all staff members.

8. Medical attention and required support

- 8.1. Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, the school nurse if necessary and any other relevant staff members, in which the pupil's

allergies will be discussed and a plan of appropriate action/support will be developed.

- 8.2. All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.
- 8.3. Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.
- 8.4. Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.
- 8.5. All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.
- 8.6. Any specified support which the pupil may require is outlined in their IHP.
- 8.7. All staff members providing support to a pupil with a known medical condition, including those in relation to allergens, will be familiar with the pupil's IHP.
- 8.8. The School Business Manager is responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.
- 8.9. The School Business Manager has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

9. Staff training

- 9.1. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.
- 9.2. In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.
- 9.3. The school will arrange specialist training on a bi-annually basis or sooner if required where a pupil in the school has been diagnosed as being at risk of anaphylaxis.
- 9.4. Designated staff members will be taught to:
 - Recognise the range of signs and symptoms of severe allergic reactions.
 - Respond appropriately to a request for help from another member of staff.
 - Recognise when emergency action is necessary.
 - Make appropriate records of allergic reactions.

- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
- Understand that AAI should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAI.
- Understand how to access AAI.
- Understand that it may be necessary for staff members other than designated staff members to administer AAI, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI in accordance with manufacturer's instructions should it be necessary.
- Be aware of the provisions of this Allergen Policy.

10. In the event of a mild-moderate allergic reaction

10.1. Mild-moderate symptoms of an allergic reaction include the following:

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

10.2. If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and call for help from the designated staff members able to administer AAI.

10.3. The pupil's prescribed AAI will be administered by the designated staff member. Spare AAI will only be administered where appropriate consent has been received.

10.4. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

10.5. A copy of the Register of AAI will be held in each classroom for easy access in the event of an allergic reaction.

10.6. If necessary, other staff members may assist the designated staff members with administering AAI.

10.7. The pupil's parents will be contacted immediately if a pupil suffers a mild-moderate allergic reaction, and if an AAI has been administered.

10.8. In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and

seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

- 10.9. For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.
- 10.10. Should the reaction progress into anaphylaxis, the school will act in accordance with [section 12](#) of this policy.
- 10.11. The school will refer any pupil who has been administered an AAI to the hospital for further monitoring.
- 10.12. The headteacher will ensure that any designated staff member required to administer an AAI has appropriate cover in place, e.g. if they were teaching a class at the time of the reaction.

11. In the event of anaphylaxis

- 11.1. Anaphylaxis symptoms include the following:
 - Persistent cough
 - Hoarse voice
 - Difficulty swallowing, or swollen tongue
 - Difficult or noisy breathing
 - Persistent dizziness
 - Becoming pale or floppy
 - Suddenly becoming sleepy, unconscious or collapsing
- 11.2. In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor with their legs raised if unconscious or sit them rear facing and leaning over the back of a chair if conscious, and will call for help from a designated staff member.
- 11.3. The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.
- 11.4. Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.
- 11.5. If necessary, other staff members may assist the designated staff members with administering AAIs.
- 11.6. The emergency services will be contacted immediately.
- 11.7. A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lay flat/sat and still.
- 11.8. The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

- 11.9. If the pupil stops breathing, a suitably trained member of staff will administer CPR.
- 11.10. If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.
- 11.11. In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
- 11.12. A designated staff member will contact the pupil's parents as soon as is possible.
- 11.13. Upon arrival of the emergency services, the following information will be provided:
- Any known allergens the pupil has
 - The possible causes of the reaction, e.g. certain food
 - The time the AAI was administered – including the time of the second dose, if this was administered
- 11.14. Any used AAIs will be given to paramedics.
- 11.15. Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.
- 11.16. Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.
- 11.17. A member of staff will accompany the pupil to hospital in the absence of their parents.
- 11.18. If a pupil is taken to hospital by car, two members of staff will accompany them.
- 11.19. Following the occurrence of an allergic reaction, the senior leadership team will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

12. Monitoring and review

- 12.1. The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.
- 12.2. Following each occurrence of an allergic reaction, this policy and pupils' IHPs will be updated and amended as necessary.

Allergy Declaration Form & Consent to Administer Emergency AAls

Name of pupil:			
Date of birth:		Year group:	
Name of GP:			
Address of GP:			

Type of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Emergency School Supplied Spare AAls (Epi-Pens)

I understand that the school may purchase spare AAls to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

Name of child:	
Child's DOB:	
Allergen, Triggers and Type of Reaction if known (ie, nuts, shellfish – difficulty breathing if digested)	

Emergency Contact Details 1

Name of parent:	
Relationship to child:	
Contact details of parent:	
Parental signature:	
Date:	

Emergency Contact Details 2

Name of parent:	
Relationship to child:	
Contact details of parent:	
Parental signature:	
Date:	

SPECIAL DIET REFERRAL FORM: TO BE HELD BY THE SCHOOL COOK

Pupil Name:

Sex: Male / Female:

School Year:

Attach photo here

Dietary Requirement(s) (please tick)

☐

Dairy free

☐

Fish free

☐

Raw Egg free

☐

Wheat free

☐

Soya free

☐

Cooked Egg
free

☐

Diabetic

☐

Coeliac

☐

Nuts

Other (please state):

.....

.....

If modified texture meals are required, please give details:

.....

.....

Parent/Carer's signature:

Date:

Dringhouses Primary School

Parental Agreement for School to Administer Medicine

School staff can only administer medicine when this form is completed and signed.

Child's Name	
Date of Birth	
Class	
Medical Condition or Illness	
Date medicine provided by parent/carer	
Name and Strength of Medicine	
Quantity Received	
Expiry Date	
School staff to administer or child to self-administer	
How much to give (i.e. dose to be given)	
When to be given	
Special Precautions/Storage details	
Known side-effects	
Procedures to take in an emergency	
Day time tel. no. of parent/carer or adult contact	
Name and tel. no. of GP	

--	--

PRESCRIPTION MEDICINES MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY

- The above information is, to the best of my knowledge, accurate at the time of writing
- I accept that the school cannot be held responsible in the event of any missed or incorrect doses.
- I give consent to the school staff administering medicine in accordance with the school policy.
- I accept responsibility for collecting medication at the end of the school day and disposing of unused medicine.
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped

Parent's/Carer's Signature

Print Name Date

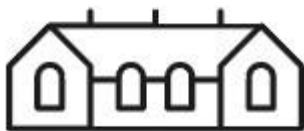
SURPLUS/UNUSED MEDICINE	
The following quantity <input type="text"/> of the above medicine was collected by:	
Name	Signature Date
THE ABOVE MEDICINE WAS NOT COLLECTED	
It was taken tochemist for safe disposal, by:	
Name	SignatureDate

Dosage Record

PLEASE CHECK THE DIRECTIONS OVERLEAF BEFORE ADMINISTERING MEDICINE

Child's Name:		Medicine to be administered:	
Class:		Start Date:	

[illegible]



Dringhouses Primary School

Enjoying Excellent Education

PUPIL INDIVIDUAL HEALTH CARE PLAN

Child's Name	
Class	
Date of Birth	
Address	
Medical Diagnosis/Condition	
Date of this Plan	
Review Date	

Name of Parent/Carer 1	
Contact Numbers	Mobile:
	Work:
	Home:

Relationship to Child	
------------------------------	--

Name of Parent/Carer 2	
Contact Numbers	Mobile:
	Work:
	Home:
Relationship to Child	

Clinic/Hospital Contact Name	
Clinic/Hospital Contact Numbers	Mobile:
	Clinic/Hospital:

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

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

--

Daily Care Requirements, level of support/supervision needed

Who will provide the support / training needs / expectations of role / proficiency to provide support / cover arrangements/ who needs to be aware of the support required (consideration to be given to confidentiality)

Specific support for the child's educational, social and emotional needs, e.g. extra time for tests, rest periods, counselling

Arrangements for written permission from parents/carers for administering of medication

Arrangements for educational visits, activities, etc.

Other Information / Follow-up Care

--

Describe what constitutes an emergency and the action to be taken if this occurs

Who is responsible in an emergency? (State if different for off-site activities)

Staff training needed/undertaken : Who / What / Where / When

Special religious and/or cultural beliefs which may affect medical needs

Plan developed with (names)	Signed

Plan copied to:

--