



Allergy Safety Policy

Ratified by Governors: September 2026

Review: September 2027

1. Purpose, scope and legal status

This policy sets out how Herrick Primary School identifies children and young people with allergy, minimises the risk of them coming into contact with their known allergens, and responds when an allergic reaction or anaphylaxis occurs. It applies to pupils, staff, visitors and volunteers, on the school site and on all off-site activities.

1.1 Legal framework

Section 100 of the Children and Families Act 2014 places a duty on the governing body to make arrangements to support pupils with medical conditions. Section 34 of the Children's Wellbeing and Schools Act 2026 amends that duty by requiring the school to have an allergy safety policy, to publish it, and to keep it under review. The governing body must have regard to the DfE statutory guidance Allergy safety in schools (July 2026).

The following also apply:

- Equality Act 2010 — severe allergy can meet the definition of disability (Wheeldon v Marston's plc ET/1313364/2012), engaging the duty to make reasonable adjustments.
- Health and Safety at Work etc. Act 1974, section 2.
- Human Medicines Regulations 2012, as amended in 2014 (emergency salbutamol inhalers) and 2017 (spare adrenaline auto-injectors).
- Food Information Regulations 2014, including the 2021 amendment known as Natasha's Law (PPDS labelling).
- Sections 20 and 175, Education Act 2002; Keeping Children Safe in Education.
- Data Protection Act 2018 / UK GDPR — health data is special category data.
- The common law duty of care.

1.2 Related documents

- Medicine in School Policy — storage, administration and recording of medicines; controlled drugs; consent forms.
- First Aid Policy; Health and Safety Policy; Educational Visits Policy.
- Anti-Bullying Policy; Behaviour Policy; Attendance Policy; Complaints Policy.
- Data Protection Policy; SEND Policy; Safeguarding and Child Protection Policy.

1.3 Ownership and review

A named member of the senior leadership team — the Allergy Safety Lead — is responsible for driving implementation of this policy and for leading its review. Responsibility for allergy safety is not delegated to the catering manager.

This policy is reviewed at least annually. It is reviewed sooner where a serious incident or near miss suggests that arrangements may be leaving someone at risk. Every review takes account of incidents and near misses recorded during the year and records the lessons learned. Pupils with allergy, their parents, and staff with allergy are involved in developing and reviewing the policy.

The policy is published on the school website and made available in hard copy on request. Allergy safety is on the school's risk register and is actively managed by the governing body.

2. Allergy at Herrick Primary School

Allergy is a medical condition in which the immune system reacts abnormally to normally harmless substances — a food, an insect sting, a contact allergen such as latex or nickel, or an airborne allergen such as pollen. Allergy is a spectrum: food allergy, asthma, eczema and hay fever are all forms of it, and they frequently co-exist.

2.1 Recognising an allergic reaction

Most allergic reactions are not severe. Mild to moderate symptoms include:

- Swollen lips, face or eyes
- Itchy or tingling mouth
- Mild throat tightness
- Hives or an itchy skin rash
- Abdominal pain or vomiting
- A sudden change in behaviour

Mild reactions can worsen into anaphylaxis. Anyone having any allergic reaction is kept under observation, with an adult, for at least 60 minutes.

Signs of anaphylaxis — A, B, C

	Signs
Airway	Swelling of the throat, tongue or upper airway; tightness in the throat; hoarse voice; difficulty swallowing
Breathing	Sudden wheeze, difficulty breathing, persistent cough, noisy breathing
Circulation	Dizziness, faintness, sudden sleepiness or tiredness, confusion, pale clammy skin, loss of consciousness

Anaphylaxis can occur without a skin rash or any other mild sign. If in doubt, treat as anaphylaxis and give adrenaline. Giving adrenaline unnecessarily is very safe; delay is what kills. Investigations into fatal anaphylaxis show a window of only 20–30 minutes in which action can prevent death.

2.2 Conditions that are not allergy

Coeliac disease is an autoimmune condition and food intolerance is a non-immune digestive reaction. Neither can cause anaphylaxis, and neither falls within the scope of this policy. Both require strict dietary avoidance and are supported through the Medicine in School Policy and the pupil's Individual Healthcare Plan. Staff are trained to understand the difference so that a reaction is not misclassified.

Some pupils have medically recognised triggers that do not meet the clinical definition of allergy — for example mast cell disorders — but which can still cause serious reactions. Any known trigger with the potential to cause significant harm is identified and managed in the same way, on the basis of a letter from the relevant healthcare professional.

3. Culture

3.1 Allergy awareness training

All staff who are present at times when pupils are scheduled to be on site receive allergy awareness and emergency response training at least annually. This includes permanent staff, temporary and supply staff, peripatetic staff, agency workers, regular volunteers, catering staff, cleaning staff, and staff who oversee breakfast and after-school clubs. It does not extend to contractors with no pupil-facing role, such as builders or electricians.

First aid training alone is not sufficient. Training may be delivered online — the school uses [training provider, e.g. Allergy School (free, DfE-endorsed), AllergyWise, or Anaphylaxis UK].

Training ensures that every member of staff can:

- Explain what allergy is, the risks it poses, and how allergic reactions occur
- Recognise that allergy covers multiple co-existing conditions — food allergy, asthma, eczema, hay fever
- Distinguish food allergy from coeliac disease and food intolerance
- Find information on allergy triggers, and check whether an individual is on the school's allergy register
- Identify the full range of symptoms of allergic reaction, and recognise anaphylaxis
- Locate and administer emergency medication — both a pupil's own prescribed device and the school's spare adrenaline devices — and use an asthma reliever inhaler
- Call the emergency services and inform parents
- Use an Allergy Action Plan or Asthma Action Plan
- Describe their own responsibilities in reducing the risk of exposure to known allergens
- Understand the impact allergy has on a child's wellbeing
- Understand this policy
- Report an allergic reaction, a case of anaphylaxis, or a near miss

New staff complete allergy awareness training as part of induction, before or in their first week of pupil contact. Supply and cover staff are given a written allergy briefing on arrival by the school office, covering the location of the emergency anaphylaxis kit, the pupils in their class with known allergy, and how to summon help. A record of all training is maintained by the Allergy Safety Lead using Form E.

Training under this policy is allergy awareness and emergency response training. It does not replace separate clinical governance, competency or delegation arrangements where a pupil requires healthcare support beyond school-level allergy safety arrangements.

3.2 Wellbeing and inclusion

Living with the risk of anaphylaxis is a significant cause of anxiety, and that anxiety is compounded when a child feels singled out by the very arrangements meant to keep them safe. The school is active in reassuring pupils and parents that risks are being minimised and that robust arrangements are in place if a reaction occurs.

In practice this means:

- Regular communication with pupils, parents and staff about allergy, so that awareness of the risk is maintained rather than assumed
- Proactive contact with new joiners who have a known allergy, before they start, setting out what support is available
- Never seating a pupil with food allergy at a separate table or otherwise segregating them at mealtimes
- Ensuring that class activities, parties, celebrations and rewards involving food are planned so that pupils with allergy are included, not given a substitute while everyone else has something else

3.3 Allergy-related bullying

Allergy-related bullying is treated as a safeguarding matter and is dealt with under the Anti-Bullying Policy. It can range from deliberately excluding a peer from activities by using a known allergen, to mocking the need to avoid allergens, to threats to force-feed. Staff respond immediately to any report and record it. Pupils are taught, through PSHE and assemblies, that a peer's allergy is a medical condition and that interfering with it can be life-threatening.

3.4 Minimising the risk of exposure

The school does not claim to be an allergen-free environment. It takes reasonable steps to minimise the risk of any individual — pupil, member of staff or visitor — coming into contact with their known allergens.

Food provided by the school

- Meals for pupils with food allergy are prepared first, on cleaned surfaces, with cleaned utensils, to prevent cross-contact.
- At least two independent methods are used to identify pupils with allergy at the canteen — for example a named staff member checking, plus photographs

and allergen details displayed in the kitchen and serving area (in staff-only areas).

- Where menus are substituted at short notice, allergen requirements are still met and the change is highlighted to parents and pupils.
- Pupils entitled to free school meals receive a reasonable adjustment so that they can access their entitlement safely. This is recorded in their Individual Healthcare Plan.

Food brought in by others

- Lunchboxes, bottles and drinks provided by parents or the school for a child with food allergy are clearly labelled with that child's name.
- Pupils do not trade or share food, drinks, utensils or containers. This expectation is taught and reinforced, not simply stated.

Activities, craft, science and cooking

Any member of staff planning an activity considers the risk of allergen exposure as part of planning it. Where an activity would involve most pupils using a material that contains an allergen known to affect someone in the group, an alternative is found for the whole group rather than excluding the individual. Points staff are trained to watch for:

- Some play dough and modelling materials contain wheat flour — use a wheat-free alternative
- Some glues contain milk, wheat or soya
- Bird feed frequently contains nuts and sesame
- Empty food packaging — egg boxes, yoghurt pots, cereal boxes — retains traces of allergens; use non-food containers for junk modelling where possible
- Activities involving animals, visits to petting zoos, and classroom pets carry risk for pupils with animal allergy
- Latex — gloves, balloons, swimming caps, erasers, rubber bands, and stoppers used in science

Airborne and contact allergens, and air quality

Where a pupil has a known allergy to an airborne or contact allergen, reasonable measures are put in place and recorded in their Individual Healthcare Plan. Clean air is a core asthma control measure: the school maintains good ventilation and considers air quality alongside its wider health and safety responsibilities.

Insect stings

Wasp, bee and ant nests on the school site or immediately adjacent to it are reported by any member of staff to the site manager and removed promptly. A record is kept of reports and the response.

3.5 From "nut free" to "allergy aware"

The school's previous "NO NUT POLICY" has been withdrawn. DfE statutory guidance advises against nut-free policies because they create a false sense of security. Nuts are one of fourteen regulated allergens, any food can cause a reaction,

and precautionary "may contain" labelling makes such policies difficult to apply consistently.

Herrick Primary School is an allergy aware school. We continue to ask families not to send nut products in packed lunches, and the school kitchen does not knowingly use nut ingredients. But we do not represent the school as a nut-free environment, and staff are trained not to relax their vigilance on that basis. What protects pupils is active awareness of allergen risk, identification of the individuals at risk, and a robust emergency response.

4. Individual pupils

4.1 Identification and the allergy register

The school maintains a register of all individuals with known allergy — pupils, staff and, where relevant, regular visitors. For each pupil the register records their known allergens, whether they have an Individual Healthcare Plan, whether they have an Allergy Action Plan or Asthma Action Plan issued by a healthcare professional, and whether they have been prescribed adrenaline devices or a reliever inhaler.

Information is gathered from the pupil, their parents and their previous setting, including copies of any existing Individual Healthcare Plan and Action Plan. Requests for information about allergy form part of the standard admissions process and the annual data-collection round.

Timescales:

- For pupils joining at the start of a term, arrangements are in place before the first day of that term.
- For pupils joining mid-term, every effort is made to have arrangements in place within two weeks.
- For staff, arrangements are in place when they start work.
- For visitors, information about allergy is sought in advance where possible — particularly if they will be given food.

A current photograph of each pupil with a known allergy, together with their allergens, is displayed in the kitchen and the staff work room. These lists are kept in staff-only areas. Health information is not displayed anywhere accessible to other pupils, parents or visitors.

4.2 Individual Healthcare Plans

A pupil has an Individual Healthcare Plan (IHP) where all three of the following apply:

1. They have an allergy which has a functional impact on them in school;
2. They are at risk of harm as a result of their allergy; and
3. They require arrangements that are additional to, or different from, those made generally.

A formal diagnosis is not required. Where symptoms have emerged or investigation is under way, the school does not wait for a diagnosis before putting arrangements in place; it acts on the best assessment that can be made of the risk, in discussion

with the pupil, their parents and, where available, the school nursing team. Assuming a pupil does not have an allergy because they do not yet have a diagnosis is unacceptable practice.

A pupil has a single IHP covering all their needs — not one plan per condition. The IHP is not a clinical document. It records how the school will respond to the information and advice it has received. The school holds the pen on it; the school does not make clinical judgements.

Where a healthcare professional has issued an Allergy Action Plan or Asthma Action Plan, it is attached to the IHP rather than summarised, so that clinical instructions are never paraphrased or introduced with error. The IHP notes which professional issued the plan, their role and the date. Whenever an updated Action Plan is received, the IHP is reviewed to incorporate it.

IHPs are drawn up in collaboration with the pupil and their parents, reviewed at least annually, and reviewed sooner if the pupil's needs change or following any incident or near miss. Where a pupil with an IHP moves to another school, a new IHP is drawn up by the receiving school; Herrick shares the existing plan to inform it. Form B is used.

Not every pupil with an allergy needs an IHP. Where the support required is available to any pupil under the school's normal policies — for example a pupil with mild hay fever who carries and self-administers over-the-counter antihistamine under the Medicine in School Policy — an IHP may not be needed. That decision rests with the Headteacher, in discussion with parents and any relevant healthcare professional.

4.3 Prescribed adrenaline devices

Two types of adrenaline device are licensed: adrenaline auto-injectors (AAIs, such as EpiPen, Jext or Emerade) and non-injectable nasal adrenaline devices. Clinical advice is that anyone at risk of anaphylaxis carries two devices at all times, because a second dose may be needed.

The school ensures that pupils prescribed adrenaline devices have rapid access to them at all times — in the classroom, dining hall, playground, sports field, on trips, and travelling to and from school.

- Pupils are encouraged to keep both devices with them in their school medical box.
- In a case of anaphylaxis, adrenaline must be administered within five minutes. Devices must therefore be close enough to hand to be brought to the pupil within that time, wherever they are on site.
- A copy of the pupil's Allergy Action Plan is kept with their medication.
- Parents are responsible for supplying in-date devices. The Allergy Safety Lead checks expiry dates each half term and notifies parents in writing at least four weeks before a device expires.
- A record is kept of which pupils have been provided with prescribed adrenaline devices and an Allergy Action Plan.
- Where a pupil is prescribed a nasal adrenaline device and it is not available, the school's spare AAIs are used instead.

5. School-wide arrangements

5.1 Spare adrenaline devices

The Human Medicines (Amendment) Regulations 2017 permit schools in England to buy spare adrenaline auto-injectors without a prescription, for emergency use. The DfE expects all schools to do so, and the Government intends to make this a statutory duty through forthcoming Regulations. Herrick Primary School stocks spare AAls.

Spare devices are additional to, not a replacement for, a pupil's own prescribed devices. They may be used where a pupil has no prescribed device, where their device is not available, or where it misfires — including for a child presenting with anaphylaxis for the first time, with no known allergy.

Stock held

Dose	Quantity	Location
Jext 150 — for pupils under 6	One pair	First Aid Room- Inside white cabinet- unlocked
Jext 300 — for pupils aged 6 and over	One pair	First Aid Room- Inside white cabinet- unlocked

Storage

- Spare devices are readily accessible and are NOT locked away. Delay in administering adrenaline is associated with fatal outcomes.
- They are stored at room temperature, per the manufacturer's instructions — never refrigerated, never in direct sunlight, never anywhere subject to extremes of heat.
- They are clearly labelled "SPARE — NOT PRESCRIBED", to avoid confusion with devices prescribed to a named pupil.
- They are held in a clearly marked emergency anaphylaxis kit alongside the emergency salbutamol inhaler and spacer, and printed instructions for use.
- Because AAls contain needles, kits are positioned out of reach of pupils, but never behind a lock or in a room that may be closed.

Checking, replacement and disposal

- The Allergy Safety Lead Mrs A Aydin or Ms Nita Kaur , checks every spare device and the emergency inhaler at the start of each half term. Checks confirm presence, expiry date and physical condition.
- Devices are replaced before they expire and immediately after any use. The school does not operate below the stock levels in the table above at any time.
- Used and expired AAls are disposed of as medicines waste, not general or clinical waste. A used device may be handed to attending paramedics; otherwise devices are returned to a pharmacy or placed in a pre-ordered sharps bin for council collection.

- Spare AAls are purchased from a pharmaceutical supplier using a signed request on school headed paper from the Headteacher, stating the school name, the quantity required, and that the devices are for administering to pupils in an emergency. Form K provides the template.

5.2 Emergency salbutamol inhaler

The school holds an emergency salbutamol reliever inhaler and spacer, purchased without prescription under the Human Medicines Regulations 2012 as amended in 2014. It is kept with the spare adrenaline devices. The emergency inhaler may only be used for a pupil who has been prescribed a reliever inhaler but whose own inhaler is not available, broken or empty – and only where written parental consent has been obtained in advance (Form F).

5.3 Emergency response

Anaphylaxis – immediate actions

1. Shout for help. Do not leave the person.
2. Lay them flat with their legs raised. If breathing is difficult, allow them to sit up, but they must not stand or walk.
3. Send someone to bring the adrenaline device to the casualty – their own if available, otherwise the school's spare. Never move the casualty to the medication.
4. Give adrenaline immediately, within five minutes. Do not wait for the ambulance to be called first. Follow the pupil's Allergy Action Plan if they have one.
5. Call 999 and ask for an ambulance. State clearly that it is anaphylaxis. The 999 operator can advise.
6. Give a second dose of adrenaline if there is no improvement after five minutes.
7. Contact parents.
8. Stay with the casualty until the ambulance arrives. Record the time each dose was given and hand used devices to the paramedics.

If it is unclear whether a reaction is anaphylaxis, treat it as anaphylaxis. If a pupil known to have both asthma and food allergy suddenly develops difficulty breathing, treat it as anaphylaxis. Giving adrenaline in these circumstances is very safe and may save a life.

For a mild or moderate reaction that does not involve airway, breathing or circulation, an oral antihistamine may be given in accordance with the pupil's Action Plan or IHP. Parents are telephoned. The pupil is not left unattended and is observed in a safe place for at least 60 minutes, because mild reactions can develop into anaphylaxis. The pupil does not normally need to be sent home.

Consent in an emergency

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained before a spare adrenaline device is used. The school seeks advance consent from parents as good practice (Form G), so that consent can be assumed. But in an emergency, any member of staff may act to save a life without first checking whether consent has been given. Staff must not delay treatment to look for a consent form.

Staff acting in an emergency

Anyone — staff, volunteer or bystander — may take reasonable action to save the life of a person having a life-threatening medical emergency. The law recognises that rescuers act under extreme pressure and protects those who act in good faith, even if injury results. Hesitation, mistakes or imperfect technique in an emergency do not amount to serious or wilful misconduct. Staff are expected only to act reasonably, to the best of their ability. Staff at this school are indemnified by Leicester City Council when acting within the scope of their employment and in accordance with this policy.

5.4 Educational visits and off-site activities

Pupils with allergy are not prevented from taking part in any visit or activity, and parents are not required to accompany their child as a condition of participation.

- A specific allergy risk assessment is completed for every pupil at risk of anaphylaxis taking part in any off-site activity, forming part of the wider visit risk assessment.
- The pupil takes their own prescribed adrenaline devices, and a copy of their Allergy Action Plan and IHP travels with the group.
- At least one member of staff on the visit is trained to recognise anaphylaxis and administer adrenaline. In practice all staff on the visit will hold current allergy awareness training.
- The visit leader confirms in advance that safe food will be available, or that an effective alternative arrangement is in place, and considers emergency planning — access to medication, mobile signal, distance to medical care.
- Residential visits, sporting fixtures, swimming, and visits to restaurants, farms or food premises are given specific consideration at the planning stage.

5.5 Serious incidents and near misses

Failure to learn lessons from serious incidents and near misses has contributed directly to the deaths of children in schools. Recording and reviewing them is therefore a core part of this policy, not an administrative afterthought.

A serious incident includes any anaphylaxis, any administration of adrenaline, any allergic reaction requiring medical attention, and any incident in which a pupil was given or came into contact with a known allergen. A near miss is any occasion on which a pupil could have been exposed but was not — for example an allergen-containing meal prepared and identified before it was served, an unlabelled food distributed in class, or a missing or expired device discovered on a check.

- All incidents and near misses are recorded on Form I, whether or not anyone was harmed.

- They are reported to the pupil's parents, to the Allergy Safety Lead, and to the governing body, alongside any statutory reporting required.
- Reporting is not limited to staff. The effects of exposure at school are sometimes not recognised until the child is home, so pupils, parents and healthcare professionals can report an incident directly to the school office or the Allergy Safety Lead, and are told how to do so.
- Every incident and near miss prompts a review of whether the arrangements in place were appropriate, and whether this policy or the pupil's IHP needs to change. The outcome is recorded on the form.
- The Allergy Safety Lead reports a summary of incidents, near misses and lessons learned to the governing body each term.

Following any serious incident the school considers the wellbeing of the pupil, their family, other pupils who witnessed it, and the staff involved, and arranges support accordingly.

5.6 Information sharing

A pupil's health information is special category data under UK GDPR. The school has a lawful basis to hold, use and share it where necessary to keep the pupil safe and included, but does so in a controlled and respectful way. Unnecessary sharing embarrasses children and undermines their confidence in staff.

- Allergy information is shared with those who need it to keep the pupil safe — class teachers, teaching assistants, catering staff, lunchtime supervisors, club staff, first aiders, office staff, and supply or cover staff working with the pupil.
- The pupil and their parents are involved in decisions about sharing health information, and where they raise confidentiality concerns, the individuals to be entrusted with the information are specified in the IHP.
- Photo-and-allergen lists are displayed only in staff-only areas.
- Further detail is in the school's Data Protection Policy.

5.7 Awareness of this policy

This policy is published on the school website and available in hard copy from the office. All staff are made aware of it and understand it as part of their annual allergy awareness training. Parents are notified when it is updated. Allergy safety is raised with pupils through PSHE, science and assemblies, in a way that builds understanding and reduces the risk of bullying.

Where a pupil is prescribed adrenaline devices, it may be appropriate for their friends to know how to summon help in an emergency. Any such wider awareness is discussed and agreed with the pupil and their parents first, and never replaces staff emergency response arrangements. Responsibility for responding to anaphylaxis always rests with adults.

6. Unacceptable practice

The governing body will ensure that the following are not permitted at Herrick Primary School:

- Preventing a pupil from easily accessing their prescribed adrenaline device or inhaler, or storing emergency medication behind a lock
- Sending a pupil who becomes unwell to the office or medical room without supervision. In an allergic emergency, help and medication come to the pupil – never the other way round
- Allowing or requiring a pupil having a suspected anaphylactic reaction to stand or walk
- Delaying adrenaline in order to find a consent form, contact a parent, or wait for the ambulance service
- Ignoring the views of the pupil or their parents
- Ignoring medical evidence or the advice of healthcare professionals, or insisting on a letter from a consultant rather than a GP or community nurse
- Assuming that every pupil with allergy needs the same support
- Assuming that older pupils do not need support because they can take some responsibility for managing their allergy
- Assuming a pupil does not have an allergy because they do not yet have a formal diagnosis
- Sending pupils home frequently for reasons associated with their allergy, or preventing them from staying for lunch, clubs or other normal activities
- Penalising pupils for absence related to their allergy, including excluding them from 100% attendance rewards
- Requiring parents to attend school to administer medication or provide medical support, or otherwise making them feel obliged to – including allowing the school's arrangements to affect a parent's work or other responsibilities
- Preventing pupils from participating, or creating unnecessary barriers to participation, in any aspect of school life including trips – for example by requiring a parent to accompany the child
- Segregating pupils with food allergy at mealtimes
- Representing the school as an allergen-free or nut-free environment

7. Roles and responsibilities

Governing Body

- Ensures the school has, publishes and reviews an allergy safety policy, and that allergy safety is on the school risk register and actively managed
- Ensures sufficient staff are trained and competent, and that adequate insurance is in place
- Receives termly reports on incidents, near misses and lessons learned
- Ensures this policy is explicit about unacceptable practice

Headteacher

- Ensures the policy is implemented and that all staff understand their role in it
- Decides, with parents and healthcare professionals, whether a pupil requires an IHP
- Signs requests for the purchase of spare adrenaline devices
- Ensures parents are aware of the policy

Allergy Safety Lead (member of the senior leadership team)

- Drives implementation of this policy and leads its review
- Maintains the allergy register and ensures IHPs are in place, current and shared appropriately
- Ensures all staff receive allergy awareness training, and maintains the training record
- Ensures spare devices and the emergency inhaler are in place, in date, in pairs, unlocked and correctly stored; runs half-termly checks
- Records incidents and near misses, ensures they are reported, and leads the review of lessons learned
- Liaises with parents, the school nursing team and healthcare professionals

All staff

- Complete allergy awareness training annually and know the pupils in their care with known allergy
- Know where the emergency anaphylaxis kit is and how to use its contents
- Consider allergen risk when planning any activity
- Follow a pupil's Allergy Action Plan and IHP; act immediately on a suspected reaction and call 999
- Respond immediately to allergy-related bullying and report it
- Report incidents and near misses

Catering staff

- Provide accurate allergen information for all food served, and meet parents to discuss safe provision
- Know which pupils have food allergy and use the school's two identification methods at the servery
- Prevent cross-contact in storage, preparation and service
- Ensure suppliers are aware of the school's arrangements and label products accurately
- Report any allergen incident or near miss

Parents and carers

- Tell the school about their child's allergy, and about any change, as soon as possible
- Work with the school to develop and review the IHP

- Provide in-date, correctly labelled prescribed medication, and replace it after use or expiry
- Provide the Allergy Action Plan issued by their child's healthcare professional, and any updates
- Arrange the annual review of their child's clinical care plan with the healthcare team — the NHS does not send reminders
- Read this policy, and raise any concern with the Allergy Safety Lead

The school will not make a parent feel obliged to attend school to manage their child's allergy, and will not treat a failure to return paperwork as a reason to withhold emergency treatment.

Pupils

Pupils are supported to develop age-appropriate independence in managing their allergy. Responsibility for keeping a pupil safe rests with adults; what follows is what pupils are helped and encouraged to do, not a condition of their safety.

- Tell an adult straight away if they think they are having a reaction, or if they have eaten something they are unsure about — even if they are not certain
- Avoid sharing or swapping food, drinks or utensils, and avoid food with unknown ingredients
- Wash hands before and after eating
- Know where their medication is, and carry it where this has been agreed
- Tell an adult if they are being teased or threatened about their allergy
- Learn to recognise their own symptoms, and understand them

Appendix 1: Sources of support

- DfE, Allergy safety in schools — statutory guidance (July 2026), with template allergy safety policy and IHP: gov.uk/government/publications/allergy-safety-in-schools
- DfE, Supporting pupils at school with medical conditions — statutory guidance
- BSACI, spareadrenalineinschools.uk — Allergy Action Plans, advice for schools and parents
- Allergy School (Natasha Allergy Research Foundation) — free DfE-endorsed online training, approximately one hour: allergyschool.org.uk
- Anaphylaxis UK — AllergyWise in Education
- Benedict Blythe Foundation — benedictblythe.com
- DHSC, Using emergency adrenaline auto-injectors in schools; Emergency asthma inhalers for use in schools
- MHRA, Adrenaline auto-injectors: guidance and resources for safe use
- Asthma + Lung UK — template Asthma Action Plans and school posters
- Food Standards Agency — allergen guidance for food businesses; PPDS labelling for schools

Appendix 2: Forms

The forms below are held in Appendix C of the Medicine in School Policy and are available from the school office.

Form	Purpose
Form A	Request for the school to administer medication
Form B	Individual Healthcare Plan (allergy)
Form C	Record of medicine administered to an individual child
Form D	Parental consent for emergency salbutamol inhaler use
Form E	Parental consent for use of the school's spare adrenaline devices
Form F	Allergy incident and near miss record