



Allergy Management

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--



The specific allergy/allergens.

Recognised symptoms of a reaction (mild, moderate, severe)

Steps to minimise exposure

Specific instructions for administering medication (e.g., AAI dosage, location, when to administer)

Emergency contacts and procedures (who to call, when to call 999)

Any other relevant information (e.g., asthma management, which can impact allergy severity)

Allergy Action Plans: Where a student has an AAI prescribed, a clear, written Allergy Action Plan (e.g., the BSACI plan,) will be attached to or incorporated into the IHP. This will include a photograph of the student and clear instructions for emergency management. Can we please have a copy of this if relevant.

Daily care requirements



Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to