

Allergy Policy

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Version History

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1. Scope

Red Balloon Educational Trust (RBET) has two distinct forms of provision. Learner Centres are registered schools where young people attend a full day, Monday to Friday. **Red Balloon of the Air (RBAir)** is an Alternative Provision, which offers a combination of online and in-person education, as well as pastoral and therapeutic support, on a session-by-session basis. Whilst RBAir adheres to the RBET Allergy Policy, it also has differences in the management of food within its Centre in Cambridge.

The differences can be summarised as:

- RBAir does not prepare any hot meals on a daily basis for learners.
- Any food preparation is part of the curriculum or a club.
- Learners, if their sessions straddle lunch time, bring in their own food.
- Learners do not share food that they bring in for their lunch.

2. Aims

This policy aims to:

- set out RBAir's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction;
- make clear how our provision supports learners with allergies to ensure their wellbeing and inclusion;
- promote and maintain allergy awareness amongst the RBAir community.

3. Legislation and guidance

This policy is based on the Department for Education (DfE)'s guidance on [allergy safety in schools, supporting learners with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation: , and the following legislation:

- [GOV.UK Allergy Safety in Schools Statutory Guidance \(DfE, July 2026\)](#) — *This completely replaces the old 2017/2024 guidance.*

- [GOV.UK Supporting Pupils with Medical Conditions at School](#) (DfE, December 2015/September 2014)

4. Roles and responsibilities

4.1 The RBET Trustee Board

The Red Balloon Education Trust (RBET) is responsible for ensuring that:

- risks relating to learners with allergies are included in the risk register and actively managed;
- RBAir has an allergy safety policy which sets out:
 - arrangements to reduce the risk of individuals coming into contact with their known allergens;
 - emergency response plans for cases of anaphylaxis.

RBET delegates the day-to-day implementation of this policy to the Allergy Safety Lead.

4.2 Allergy Safety Lead

The nominated Allergy Safety Lead is Hannah Curry, Head of Centre.

The Allergy Safety Lead is responsible for:

- implementing this allergy safety policy;
- reviewing the Allergy Safety Policy at least annually, updating it when necessary, and making sure it is published;
- promoting and maintaining allergy awareness across RBAir's community;
- developing and reviewing arrangements for the safe storage and disposal of adrenaline auto-injectors (AAIs);
- ensuring:
 - all allergy information is up to date and readily available to relevant members of staff;
 - all learners who require support with allergies have an up-to-date individual healthcare plan (IHP);
 - all learners with a known food or insect-sting allergy have up-to-date allergy action plans issued by a medical professional;
 - all staff receive regular allergy awareness training;
 - all staff are aware of RBAir's policy and procedures regarding allergies;

- relevant staff are aware of what activities need an allergy risk assessment;
- serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
 - the lessons that can be learned from any incidents
 - any potential changes to the medical conditions and/or allergy safety policies and/or to any learner's IHP.

4.3 The Head of Centre

The Head of Centre is responsible for:

- deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a learner's allergy can be managed through the adjustments made under RBAir's Supporting Learners with Medical Needs Policy or whether an IHP is required to specify arrangements that reflect the learner's circumstances.

4.4 Roles and responsibilities in support

The First Aid Lead and the Health and Safety Coordinator are responsible for:

- checking spare AAls are present and in date on a monthly basis;
- making sure that replacement AAls are obtained when expiry dates approach.

4.5 RBAir staff

All teaching and support staff are responsible for:

- promoting and maintaining allergy awareness among learners;
- maintaining awareness of RBAir's Allergy Policy and procedures;
- being able to recognise the signs of severe allergic reactions and anaphylaxis;
- being aware of specific learners with allergies in their care;
- reducing the risk to learners with known allergies coming into contact with known allergens;
- ensuring the wellbeing and inclusion of learners with allergies;
- reporting any allergic reaction or case of anaphylaxis to the Allergy Safety Lead.

4.6 Parents/carers

Parents/carers are responsible for:

- being aware of RBAir's Allergy Policy;
- providing RBAir with up-to-date details of their child's medical needs, dietary requirements and any history of allergies, reactions and anaphylaxis;
- If required, providing their child with two in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine, etc., and making sure these are replaced in a timely manner;
- following RBAir's guidance on food brought into the Centre;
- updating RBAir on any changes to their child's condition.

4.7 Learners with allergies

If age-appropriate, these learners are responsible for:

- being aware of their allergens and the risks they pose;
- carrying their AAI on their person and only using it for its intended purpose;
- understanding how and when to use their AAI.

4.8 Learners without allergies

These young people are responsible for:

- being aware of allergens and the risk they pose to their peers.

5. Identifying individuals at risk

Allergies form a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an 'allergen') they are allergic to. Common allergic conditions include:

- hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mould;
- skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals;

- food allergy, which can cause symptoms ranging from mild itching in the mouth to ‘whole body’ reactions including anaphylaxis;
- asthma, which may be triggered by airborne allergens;
- an allergy to insect stings and medicines.

5.1 Identifying learners at risk

For new starters, we carry out an Initial Assessment with parent/carers of learners as part of the ‘onboarding’ process. Any medical needs, including allergies, will be discussed and planned for in the provision.

We will:

- ensure that all learners have a Risk Management Plan (RMP) in place within the first two weeks of starting. If a young person has a Health Care Plan in place on starting for allergies, it will be communicated to all staff members;
- send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary.

We ask that parents/carers proactively inform us by either a phone call to RBAir (**01223 354338**) or an email to the **First Aid Lead** (admin@rbair.org.uk) if their child’s medical needs change during RBAir year.

5.2 Identifying staff and visitors at risk

RBAir will:

- ask new staff to provide details of their allergies in advance of their start date;
- ask visitors to provide details of their allergies in advance of their visit;
- ensure they are aware of the RBAir Allergy Policy.

5.3 Individual Healthcare Plans (IHP)

Learners should have an IHP if they:

- have an allergy which has a functional impact on them in the RBAir physical environment;
- are at risk of harm as a result of their allergy; and
- require arrangements which are additional to or different from those made generally.

It is not necessary for a learner to have a formal diagnosis of an allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place to support the learner. RBAir will make every effort to make sure that arrangements are put in place within two weeks, or by the beginning of the relevant term for learners who are new to RBAir.

Not all young people with an allergy will require an IHP. Some allergies will have little or no impact on the learner while they are at the Centre, or pose no risk to the individual. Some allergies will not require arrangements which are additional to or different from those made generally.

The Head of Centre is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a learner's allergy can be managed through the adjustments made under RBAir's Supporting Learners with Medical Needs Policy or whether an IHP is required to specify arrangements that reflect the learner's circumstances.

RBAir will consider the following principles:

- If the arrangements or support which a learner requires would be available to any learner as part of normal policies, an IHP may not be required;
- If the learner only needs non-prescription medication and RBAir's Supporting Learners with Medical Needs Policy would permit them to carry and administer it, an IHP may not be required.

IHPs will be reviewed at least annually and more frequently if the learner's needs have changed. Where a learner moves to a new school or college, their IHP will be shared as part of the transition.

5.4 Allergy and asthma action plans

All learners who have a known allergy to a specific food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All learners who have asthma should be issued with an asthma action plan by their healthcare professional.

The plans include medical and parental/carer consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the learner's IHP. Whenever the allergy action plan is updated, the learner's IHP should be reviewed to incorporate it.

5.5 Register of learners with known allergies

RBAir maintains a register of learners who have a known allergy. The register includes:

- known allergens and risk factors for anaphylaxis;
- whether a learner has been prescribed AAI's (and if so, what type and dose);
- whether parental/carer consent has been given to administer emergency medication where a learner has been prescribed an AAI;
- a photograph of each learner to ensure a visual check is made to confirm the identity of the learner.

The register is kept in the Centre's administration hub ('Poplar') and can be checked quickly by any member of staff as part of initiating an emergency response.

Allowing all learners to keep their AAI's with them will reduce delays and allows for confirmation of consent without the need to check the register.

6. Assessing risk

RBAir will conduct a risk assessment for any learner at risk of anaphylaxis taking part in:

- sessions/clubs where food stuffs might be present;
- science experiments involving foods;
- crafts using food packaging;
- off-site events and RBAir trips;
- any other activities involving animals or food, such as animal handling experiences or baking.

A risk assessment for any learner at risk of an allergic reaction will also be carried out where a visitor requires a guide dog and/or when other animals are brought into the Centre as part of curriculum activities.

7. Minimising risk

7.1 Hygiene procedures

- Learners are reminded to wash their hands before and after eating to prevent cross-contamination.
- Sharing food, food containers, and food utensils is strictly prohibited.
- Where food is not directly provided by RBAir (for example, food brought in for celebrations or cooking activities), staff must obtain prior written parental permission before allowing a learner with a known allergy to consume or handle it.

7.2 Food management in Centre

RBAir is committed to providing safe food options to meet the dietary needs of learners with allergies.

Where any food is prepared, staff will have appropriate training and are able to identify learners with allergies.

Food allergen information relating to the ‘top 14’ allergens is displayed on the packaging of all food products, allowing learners and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA).

Where food is provided by RBAir, staff will understand how to read labels for food allergens.

7.3 Insect bites/stings

RBAir will risk assess any outdoor activity or visit. The treatment for bites and stings will follow the RBAir administration of first aid protocols. If a learner has a Health Care Plan for Anaphylaxis, as a result of bites or stings, and the requirement to use an AAI, staff will be able to administer the protocol as advised.

7.4 Animals

RBAir will risk assess any activities involving animals whether in Centre or in the wider environment.

Learners will:

- always wash hands after interacting with animals to avoid putting learners with allergies at risk through later contact;
- will not interact with animals to which they are allergic (those learners with animal allergies).

7.5 Visits and trips

- No learners with allergies will be excluded from taking part.
- RBAir will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of learners' allergies and to have received appropriate training.
- RBAir will conduct a risk assessment for any learner at risk of anaphylaxis taking part in an RBAir trip.
- Learners at risk of anaphylaxis should have their own AAI's with them.
- Staff trained to administer adrenaline in an emergency will be present on an RBAir trip.
- Appropriate measures will be taken in line with RBAir's allergy protocols for off-site events and RBAir trips.

8. Procedures for handling an allergic reaction

Please refer to - Anaphylaxis Emergency Protocol – RBAir

All staff are trained to recognise the signs of both mild and severe allergic reactions (known as anaphylaxis) and respond appropriately.

- Staff are trained in the administration of adrenaline to minimise delays in an emergency.
- If the learner has an allergy action plan, this must be followed.
- A spare RBAir AAI device will only be used if:
 - the learner does not have a prescribed AAI's;
 - the learner's prescribed AAI's are not available or misfire.
- Parents/Carers will be informed.

9. Adrenaline auto-injector devices (AAIs)

9.1 Prescribed AAI's

Learners who are prescribed AAI's are encouraged to keep them near or on their person at all times, including when travelling to or from RBAir and on RBAir trips. It is recommended that two devices are carried at all times. Learners with prescribed AAI's should take them home at the end of their sessions at the Centre, and parents/carers are responsible for ensuring that they are in date.

If a learner cannot keep their AAls with them in the classroom (due to age or other considerations), then the devices will be stored as follows:

- In an appropriate central location that is unlocked and accessible at all times. Spare AAls will be located in:
 - **Poplar, the administrative hub**
 - **Bay Kitchen.**
- **The AAls will be no more than five minutes** away from where they may be needed.
- They will be kept at room temperature (in line with manufacture's guidelines), protected from direct sunlight and extremes of temperature.

A copy of the learner's allergy action plan is kept alongside their medication, as it includes instructions on how it should be used in an emergency. Any use of a device on the premises will be recorded, and parents/carers will be informed.

9.2 Spare AAls and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAls) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAI may be used in an emergency. Schools can purchase an emergency asthma reliver inhaler which can only be used if the learner's prescribed inhaler is not available and where written consent has been obtained.

The Allergy Safety Lead is responsible for sourcing spare AAls and ensuring they are stored according to the guidance.

The First Aid Lead and Health & Safety Coordinator are responsible for:

- checking monthly that spare AAls are present and in date;
- obtaining replacement AAls when the expiry date is near.

9.3 Disposal

AAls can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions.

9.4 Using spare AAls in an emergency situation without prior consent

The [Human Medicines \(Amendment\) Regulations 2017](#) do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

RBAir will obtain advance consent from parents/carers or learners for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

9.5 Use of AAls away from Centre premises

Learners at risk of anaphylaxis, who are able to administer their own adrenaline, should carry their own AAls with them on trips and off-site events.

10. Serious incidents and ‘near misses’

A **serious incident** is any event relating directly to a medical condition (including an allergy) in which a learner, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **‘near miss’** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

10.1 Incident recording

RBAir will record serious incidents and ‘near misses’ relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and learners responded and what was done to support the individual

- Whether emergency services were called
- How the incident concluded

RBAir will approach serious incidents and ‘near misses’ in a ‘no blame’ spirit of seeking to learn lessons.

10.2 Incident reporting

The parents/carers of a learner aged below 16 should be notified of the incident or ‘near miss’ as soon as possible. In the case of a learner aged 16 and over, it would normally be standard practice to inform the parent/carer, although this would depend on the individual needs of the young person.

RBAir will share the report with the learner’s parents/carers, the learner, or the individual involved. They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. RBAir will then confirm what has been learned from the incident and outline any actions being taken as a result.

In some cases, the impact of exposure to an allergen at the Centre may be delayed and not recognised until the learner is at home. This means that incident reporting is not limited to staff – the learner, parents/carers, or others (such as healthcare professionals) will need to report to RBAir if there has been an incident with a delayed reaction.

Staff must immediately share the incident report with the Head of Centre and the Health & Safety Coordinator. Following an incident, the Allergy Safety Lead will:

- Review whether the current allergy safety arrangements and policies were appropriate.
- Update this policy and/or the learner's Individual Healthcare Plan (IHP) as required.
- Formally share key learnings with all staff to reduce the risk of a reoccurrence.

RBAir will also share the report with other agencies in the following circumstances:

- Health and Safety Executive (HSE): incidents which arise directly out of the way RBAir carried out a work activity which results in death or immediate hospitalisation. For example, where a learner has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff.

- In the event that the incident or ‘near miss’ was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

11. Allergy awareness

11.1 Staff training

RBAir ensures that all staff who are expected to be present during times when learners are scheduled to be on site receive allergy awareness training at least annually. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff and regular volunteers. It does not include contractors carrying out work with no learner-facing role such as builders, electricians or other ad hoc maintenance personnel.

RBAir has purchased ‘training pens’ from EpiPen so staff can practice safely and be familiar with the differences.

RBAir will conduct allergy drills annually. This is a simulated case of anaphylaxis to test out how staff respond, without risk to any individual. The results of the drill will be recorded and used to inform the ongoing review of this policy.

Allergy awareness training will ensure that all staff:

- have an awareness of allergies, the risks they pose, how allergic reactions can occur and how to manage them;
- understand that allergies include multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- know where to find information on allergy triggers;
- can identify the range of symptoms of allergic reactions;
- understand and can recognise anaphylaxis;
- know how to respond in an emergency, including:
 - calling emergency services and informing parents/carers
 - how to locate and administer emergency medication
 - how to use the medication/device in an emergency;
- understand the impact allergies can have on a learner’s wellbeing;
- understand RBAir’s Allergy Policy;

- know how to check whether an individual is on the record of those with a known allergy and how to use an allergy or asthma action plan;
- understand their responsibilities in reducing the risk of individuals with a known allergy coming into contact with their known allergens;
- understand how to report an allergic reaction or case of anaphylaxis (whether an incident or ‘near miss’).

11.2 Awareness of RBAir’s Allergy Policy

This Allergy Policy will be published on the RBAir’s website and shared with parents/carers at the start of the RBAir year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

12. Wellbeing

Learners with allergies will have additional support through:

- pastoral care;
- regular check-ins with their Link Mentor;
- reassurance that steps are being taken to minimise the risks of exposure to allergens and that robust measures are in place in the event of anaphylaxis.

12.1 Wellbeing support following an incident or ‘near miss’

RBAir recognises that an incident or a ‘near miss’ is a serious event with a potential impact not only on the learner but their family, those involved in responding, and any witnesses. RBAir will provide support to those involved.

See section 10 of the policy for more detail on incidents and ‘near misses’.

13. Information sharing

Information about an individual’s health is considered special category data under UK GDPR. It will therefore be handled in line with RBET’s Data Protection Policy.

14. Monitoring arrangements

This policy will be monitored by the Allergy Safety Lead.

It will be reviewed and approved annually by the Allergy Safety Lead, or more frequently if a serious incident or 'near miss' identifies an area for improvement.

Appendix A

Source: www.anaphylaxis.org.uk Recognise the ABC symptoms.

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

Recognise the **ABC symptoms** and act quickly - you could save a life.

WHAT TO LOOK FOR

A AIRWAY

- Swelling in throat, tongue or upper airways
- Vocal changes (hoarse voice)
- Difficulty swallowing

B BREATHING

- Sudden onset wheezing
- Breathing difficulty
- Noisy breathing
- Persistent cough

C CIRCULATION

- Dizziness or feeling faint
- Sudden sleepiness, confusion
- Pale clammy skin
- Loss of consciousness or collapse

These severe symptoms may occur alongside milder skin, mucosal or gut symptoms.

Anaphylaxis may occur without skin symptoms (e.g. hives or swelling).

WHAT TO DO

Lay the person flat and raise their legs - do **NOT** allow them to stand or walk anywhere.

- ! If unconscious, place them in the recovery position
- ! If breathing is difficult, allow them to sit up supported

Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

Phone 999 and tell them the person is suffering from **ana-fil-ax-is**

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given

Medical observation in hospital is recommended after anaphylaxis.

Appendix B

Source: www.anaphylaxis.org.uk What do to in an emergency



anaphylaxis UK

Be Allergy Aware & Save a Life

Anaphylaxis is a serious and life-threatening reaction to allergens such as food, insect stings, medication and latex.

In the event of a serious allergic reaction, time is critical.

What to do in an emergency

Get in position



Lay the person flat and raise their legs - do NOT allow them to stand or walk.

- ! If unconscious, place them in the recovery position
- ! If breathing is difficult, they can be propped up with legs stretched out straight

Give adrenaline immediately



Administer adrenaline without delay (use prescribed AAI or intranasal EURneffy) Refer to device label for instructions.

- ! Note the time that the first dose of adrenaline is given
- ! ALWAYS carry two in-date adrenaline devices, as a second dose may be needed

Call 999

Call emergency services immediately and tell the operator it is "anaphylaxis" **(ana-fil-ax-is)** Give your exact location (What3Words can help if you are outside). Stay with the person until emergency services arrive.

Do not move

Stay lying flat or propped up until help arrives. Do not stand up, walk or run, even if you start to feel better. Movement can make symptoms worse and cause a sudden drop in blood pressure.



Give second dose of adrenaline

If symptoms don't improve after five minutes, or symptoms get worse, a second dose of adrenaline can be given.

www.anaphylaxis.org.uk

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anaphylaxis UK

A brighter future for people with serious allergies

Appendix C

Source: [Allergy safety in schools - GOV.UK](#) Individual Healthcare Plan

NAME – Individual Healthcare Plan for allergy	
Date of birth:	Current photo
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy: <i>Note what allergy the child or young person has.</i> <i>Note any known allergens.</i> <i>Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</i>	
How the allergy is managed: <i>Note any care or action plans or prescribed medication issued by healthcare professionals.</i> <i>If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.</i> <i>Note the extent to which the child or young person is able to take responsibility for managing their allergy.</i>	
Impact on education: <i>Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.</i> <i>Indicate how the allergy may impact the child or young person's learning.</i> <i>Indicate how the allergy may impact the child or young person's emotional wellbeing.</i> <i>If relevant, note any interaction between allergy and SEN.</i>	
Arrangements for support: <i>Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.</i>	

Outline measures to reduce the risk of contact with known allergens.

Give details of the specific support or adaptations to manage food allergy at meal and snack times.

Note arrangements for maintaining educational progress where absence or missed learning occurs due to an allergy.

Visits and trips:

Give details of any arrangements or procedures which may be required for RBAir trips or other activities outside of the normal timetable that will ensure the child can participate.

Note any requirement for a risk assessment and prompts for specific issues which should be considered.

Emergency response:

Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.

Otherwise, summarise the signs or symptoms which would indicate an emergency.

Set out what to do in an emergency, including who to contact.

If relevant, note where 'spare' adrenaline devices are located.

Last discussed with parents/carers:

Date

Issued by:

Date:

Next planned review:

Date:

NAME – Individual Healthcare Plan for allergy

Annex: Medication needed while in Centre

Non-prescription medication:

Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may need to manage their allergy in the education setting.

Note whether it is emergency medication, where the medication is stored, and how and when the child or young person may need access.

Note whether parental/carer consent has been given for the allergy medication to be administered, and the date of consent.

Parental/Carer consent:	Date:
Prescription medication: <i>Record any prescription medication for an allergy prescribed by a healthcare professional (e.g. adrenaline).</i> <i>Note whether it is emergency medication, where the medication is stored, and how and when the child or young person may need access.</i> <i>Note whether parental/carers consent has been given for the allergy medication to be administered, and the date of consent.</i>	
Prescribed by:	Date:
Parental/Carer consent:	Date:
Use of 'spare' adrenaline devices: <i>Note whether parental/carers consent has been given to administer adrenaline (e.g. using 'spare' adrenaline devices) in an emergency.</i>	
Parental/Carer consent:	Date:
Use of 'spare' salbutamol inhaler: <i>If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a 'spare' salbutamol reliever inhaler.</i>	
Parental/Carer consent:	Date:

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

Date:	Date:
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