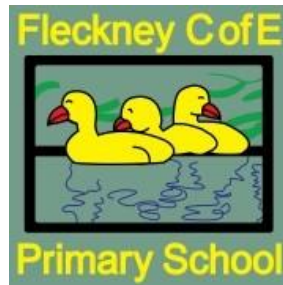


Fleckney C of E Primary School

Medication administration policy



Let your light shine Matthew 5:16

Be the best that you can be

Our Vision

Fleckney Church of England Primary School is a place where kindness, compassion and respect are at the heart of everything we do. We aspire for everyone to thrive and flourish and achieve our full potential in every aspect of school life. Through our Christian values, we nurture self-confidence, resilience and a sense of community so that we have an understanding of ourselves and our place in the wider world.

Date of Policy: September 2026

Drafted by: Steph Allen

Approved by:

Next review: September 2027

Named senior allergy lead: Steph Allen

This policy is to be read and implemented in conjunction with the school's Supporting Pupils with Medical Conditions Policy, Health and Safety Policy, First Aid Policy, Safeguarding and Child Protection Policy, Behaviour/Anti-Bullying Policy and Food/Allergen arrangements. Annex A is the school's dedicated Allergy Safety Policy.

Fleckney C of E Primary will:

- Be responsible for developing and regularly reviewing, its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers.
- Administer prescribed long term medication (prescribed for a long term basis or continual period for pupils with ongoing support needs).
- Ensure that emergency procedures are in place and shared with all staff
- Ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition
- Ensure that written records are kept of all medicines administered to pupils

Responsibilities

Governing Bodies

- The governors and staff at Fleckney C of E Primary school wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.
- They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The minimum qualification being a sufficient first aid qualification and any training identified by the health care professional.

Head Teacher

- The head teacher accepts responsibility for members of the school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day
- Should ensure that all relevant staff, including external providers, i.e. Before/After School and activity clubs are aware of pupil's conditions.
- Staff administering medicine should be provided with a clear health plan and support as required ((See supporting pupils with medical conditions policy)
- Should ensure there are adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication
- Controlled drugs – the controlled drug administration register is to be kept for two years from the date of the last entry in the register. If misuse of a controlled drug is suspected, all records should be checked by the Head Teacher and reported to the Police. Guidance on this should be sought from healthcare professionals.

School Staff

- When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- Staff will **not** give short term prescription or non-prescription medication.
- Staff will give longer term prescribed medication (e.g. inhalers) if there is specific written consent from a parent or carer (Parents/carers have completed a Medication Permission and Record form (pink form see Appendix 2)
- Staff will then administer the medicine as required, and record this on the pink form.
- If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.
- Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

Pupils and Parents

- Where possible, pupils will be encouraged to self-administer their own medication
- Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition.
- On the child's admission to the school the parent/carers should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements, and any other relevant information. This information should be renewed annually
- A measuring spoon/syringe/vessel must be provided by the parent/carers, and the dose of medicine is measured using this. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves

Refusal

- If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication. Staff will record the incident on CPOMS where applicable
- Fleckney C of E Primary will take prompt action by informing the parent/carers and healthcare professional as soon as possible

Medication

Pink forms for medication can be found (Appendix 1)

- No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every

effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality

- Medication must be in its original packaging, labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date
- Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose, and frequency of administration. Staff may take a note of the quantity provided to them, liquids may be marked with a line
- Aspirin **MUST NOT** be given to children under 16 years of age unless prescribed
- Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term

Controlled Drugs

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school.

Short-term Medication (Three Weeks or Less)

The school **will** administer one off doses of paracetamol/ ibuprofen. This will need to be provided by parents. In addition to this, a pink consent form needs to be completed first. Where paracetamol/ ibuprofen is required longer term, parents will need to arrange to come into school to administer this themselves.

The school **will not** administer antibiotics.

If a child requires prescribed medication for a period of **three weeks or less**, the following arrangements apply:

- For short-term medication, the school will make arrangements for administration by appropriately trained and competent staff where the medication is required during school hours and the school has agreed to administer it. Parents/carers will not be required to attend school to administer medication solely because the medication is short term.
- Where a parent/carer chooses to attend school to administer medication, the medication must remain under the agreed arrangements and be removed/stored safely afterwards in accordance with the school's procedures.
- If parents are unable to attend in person, they must complete a written consent form to allow another nominated adult to administer the medication on their behalf. **Appendix 3 (Medical consent form for a nominated adult)**
- Consent forms can be collected from the school office and should be completed in advance of the medication being given.

These measures ensure that medication is managed safely and appropriately, while supporting the wellbeing of all our pupils.

Controlled Drugs

Long-term Medication (More than three weeks)

Fleckney C of E Primary will follow additional safety controls for storage, administration, and disposal, under the Misuse of Drugs Regulations 2001, to ensure that all legal requirements and best practice are adhered to (See supporting pupil with medical conditions policy)

- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.
- Storage: the medication should be double locked, i.e., in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened. Named staff only should be allowed access to the medication.
- Administration: two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration
- A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan and administered during school hours
- Additional training should be provided to the identified staff
- Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers
- Record keeping: A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication
- Fleckney C of E Primary School will seek advice from healthcare professionals regarding unused controlled drugs as they should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals

Storage of medication

- Medication should be kept in a known, safe, and secure location.
- A designated refrigerator in an appropriate location i.e., medical room (lockable is preferred) will be available for cold storage. This will be strictly in accordance with product instructions; paying particular note to temperature and in the original container in which dispensed.
- Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil, or immediately accessible at all times; including P.E and off-site educational visits, before and after school clubs
- Parents/carers are responsible for ensuring that the education setting has an adequate amount of medication for their child
- Fleckney C of E Primary will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.
- **Inhalers** will be kept in individual classrooms unless there is a specific reason why this is not appropriate.

Record Keeping

- Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms.
- The pupil's name, age, and class, Contact details of the parent/carer and GP
- Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, the educational setting and other professional input as appropriate. (See supporting pupil with medical conditions policy)
- Records must be kept for each child detailing each medication administered. There must also be a daily summary sheet detailing all pupils that have received medication that day under the supervision of the school.

Emergency Medication

- Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term. Parents will be sent a letter requesting collection. After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist. (See example letter Appendix C, in this document)

Complaints Procedure

Fleckney C of E Primary will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.

- Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure
- Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

Transport, School Trips, Visits and Sporting Events

- Medication required during a trip should be carried by the child if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary.
- Medication provided by the parent must be accompanied with written directions for its use written on the pink form. All responsible persons should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit

- For pupils with known medical conditions, staff will contact the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader (Please see supporting pupil with medical conditions policy)
- Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e., in an emergency) they must receive training and support and fully understand what procedures and protocols to follow
- Appropriate trained escorts if they consider them necessary to be available for the journey. This may include drivers having basic first aid training as part of their role.
- This should be agreed and documented with the school, the parent, and the transport/driver

Documents and support links can be found here:

Department of Education Guidance	Supporting Pupils with Medical Conditions
Government Commonly encountered controlled drugs	Commonly encountered controlled drugs
Government Controlled drugs	Policy drug misuse
Asthma General Information	www.asthma.org.uk
Epilepsy	www.epilepsy.org.uk
Haemophilia	www.haemophilia.org.uk
Anaphylaxis	www.anaphylaxis.org.uk See separate LCC Allergy and Anaphylaxis Guidance Document: 'Emergency Action Plan' forms for EpiPen/Jext Pens. <i>If administered please report this to:</i> Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk
Thalassaemia	https://ukts.org/
Sickle Cell Disease	www.sicklecellsociety.org
Cystic Fibrosis	www.cftrust.org.uk
Diabetes	www.diabetes.org.uk Paediatric Diabetes Specialist Nurse: 0116 258 6786 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
Insurance Section LCC	James Colford, Tel: 0116 305 6516 (for insurance concerns)
Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: healthandsafety@leics.gov.uk
Public Health	PublicHealth@leics.gov.uk

Diana Children's Community Service	Bridge Park Plaza, Thurmaston, Leicester LE4 8PQ Telephone: 0116 2955080
Public Health (school) Nurses	https://www.healthforkids.co.uk/leicestershire/school-nurses/

Appendix 2 (Pink medical consent form)

Fleckney C of E Primary School Medicine Consent Form	
Child's name and class	
Child's date of birth	
My child has been diagnosed as having (condition)	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from (start date)	
Until (end date)	
The medicine should be taken by (mouth, nose, in the ear, other: please provide details as appropriate)	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. (Please delete as appropriate)	
I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. (Please delete as appropriate)	
By signing this form I confirm the following statements:	
• That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions.	
• That I will update the school with any change in medication routine use or dosage	
• That I undertake to maintain an in date supply of the medication	
• That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication	
• That I understand the school will keep a record of medicine given and will keep me informed that this has happened.	
• That I understand staff will be acting in the best interests of my child whilst administering medication.	
Signed	
Name (please print)	
Contact details	
Date	

Record of Medication Given

[illegible]

Appendix 3 (Medical consent form for a nominated adult)

Medication Consent Form (Short-term Medication Three Weeks or Less)

Child's Full Name: _____
Class/Year Group: _____
Name of Medication: _____
Reason for Medication: _____
Dosage and Method: _____
Time(s) to be administered: _____
Duration of Course (dates): _____

Parent/Guardian Details

Name: _____
Contact Number: _____

Nominated Adult (if not parent/guardian):

Name: _____
Relationship to Child: _____
Contact Number: _____

Declaration:

I confirm that the above information is accurate and that I give permission for the nominated adult named above to administer this medication to my child in school. I understand that any medication brought into school for this purpose must be taken away and stored at home after each administration.

Signature of Parent/Guardian: _____ Date: _____

School Use Only

Received by (Staff Name): _____
Date: _____ Time: _____

ANNEX A
ALLERGY SAFETY POLICY

Fleckney C of E Primary School

Dedicated Allergy Safety Policy – September 2026

1. Purpose and status

This Annex is the school's dedicated Allergy Safety Policy and forms an integral part of the Medication Administration Policy. It is intended to meet the school's statutory duties under section 100 of the Children and Families Act 2014, as amended by section 34 of the Children's Wellbeing and Schools Act 2026, and to have regard to the Department for Education's statutory guidance 'Allergy safety in schools' (July 2026). The Annex should be clearly identifiable and published on the school website.

The policy will be reviewed at least annually and sooner where there is a significant change in guidance, legislation, school arrangements, a pupil's needs, or following a serious allergy incident or near miss.

2. Named leadership and responsibilities

Named senior leader responsible for this policy: _____

Deputy/named allergy leads: _____

The Governing Body will ensure appropriate arrangements for allergy safety and that this policy is kept under review. The Headteacher/named senior leader will implement the policy, oversee training, IHPs, emergency arrangements, information sharing and incident review.

All staff who are present when pupils are on site, including permanent, temporary, supply, agency, peripatetic, catering and regular breakfast/after-school staff, will receive allergy awareness and emergency-response training at least annually. First-aid training alone is not sufficient.

3. Whole-school approach

The school recognises that allergy includes conditions such as food allergy, asthma, eczema and allergic rhinitis, as well as allergies to insect stings, medicines, latex and other triggers. All staff must be able to recognise and respond to anaphylaxis because a first allergic reaction can occur at school.

The school will take reasonable steps to minimise exposure to known allergens while avoiding unnecessary exclusion or barriers to participation. Children with allergy will be supported to participate as fully as possible in learning, play, sport, clubs, visits and trips.

4. Identification and information sharing

- The school will actively seek information about known allergies when pupils join the school and whenever an existing pupil is diagnosed or their condition changes.
- The school will maintain an appropriate register of pupils with known allergy, including whether an Individual Healthcare Plan and/or Allergy Action Plan is in place and whether prescribed adrenaline is carried/stored.
- Relevant staff will be given the information they need to keep pupils safe. Information will be shared proportionately and in accordance with data protection and safeguarding requirements.
- Where appropriate, staff-only allergy information, including photographs and known allergens, will be available in food preparation/serving and other relevant areas.
- Arrangements for a new pupil with allergy should be in place before they start where practicable; for a mid-year move, the school will make arrangements as promptly as reasonably possible.

5. Individual Healthcare Plans and Allergy Action Plans (See Appendix 4)

A pupil should have an Individual Healthcare Plan where their allergy has a functional impact, creates a risk of harm and requires arrangements additional to or different from the school's general arrangements.

- IHPs will be developed with the pupil and parent/carer, taking account of relevant healthcare-professional advice.
- A healthcare-professional Allergy Action Plan will be attached to the IHP where one has been issued.
- The IHP will describe known allergens/triggers, impact on the pupil, risk-reduction measures, food arrangements, medication, emergency response, trips/visits and wellbeing or inclusion measures required.
- Plans will be reviewed when needs change and at least annually as part of the school's review arrangements.
- Pupils will be supported to develop age-appropriate understanding and independence in managing their allergy.

6. Recognising and responding to anaphylaxis

Anaphylaxis is a medical emergency and may involve the Airway, Breathing and/or Circulation (ABC), for example:

- Airway: swelling of the throat/tongue, throat tightness, difficulty swallowing or a hoarse voice.
- Breathing: sudden wheeze, noisy or difficult breathing, persistent cough or chest tightness.
- Circulation: dizziness, faintness, collapse, pale/clammy appearance or loss of consciousness.

Where anaphylaxis is suspected, staff must act immediately:

7. Keep the child/young person with the adult providing care and call for help.
8. Bring the pupil's prescribed adrenaline device to them. Do not send the pupil to retrieve it.
9. Place the pupil flat with legs raised where possible. If they are struggling to breathe, allow them to sit up only as necessary; do not allow them to stand or walk.
10. Administer adrenaline without delay, in accordance with the pupil's Allergy Action Plan/device instructions.
11. Call 999 and clearly state that the person is experiencing anaphylaxis.
12. Note the time adrenaline was given.
13. If there is no improvement after 5 minutes, administer a second adrenaline device if available and appropriate.
14. If the person becomes unresponsive and is not breathing normally, commence CPR and follow emergency-service instructions.
15. Contact the parent/carer as soon as practicable.
16. A person who has experienced anaphylaxis or has received adrenaline must be assessed by emergency medical services and taken to hospital for further observation/treatment.

Staff must not delay administration of adrenaline while attempting to obtain parental consent or waiting for an ambulance. Emergency adrenaline may be administered in accordance with the legal framework and the school's training and emergency procedures.

7. Prescribed adrenaline auto-injectors (AAIs)

- Parents/carers are responsible for providing prescribed medication, keeping it in date and replacing it when necessary.
- Where prescribed, pupils should have access to two AAIs. Where a pupil is not yet able to carry their own devices safely, they will be stored securely but readily accessible and not locked away.
- Prescribed AAIs must be available wherever the pupil is, including PE, the playground, clubs and off-site visits.
- AAIs must be clearly labelled and kept with the pupil's current Allergy Action Plan.
- The school will carry out regular checks of expiry dates and will remind parents/carers when replacement is required.
- Used or expired AAIs will be dealt with safely as sharps in accordance with the school's disposal arrangements.

8. Spare adrenaline devices

The school will maintain spare adrenaline auto-injectors for emergency use. These are school emergency devices and are not a replacement for a pupil's prescribed medication.

- Spare AAIs will be held in pairs and in the correct dosage(s) required for the age/needs of pupils on roll.
- For a primary school, the school will normally hold at least one pair of 150 microgram devices for children under 6 and one pair of 300 microgram devices for individuals over 6, subject to the school's current pupil population and the DfE/DHSC requirements in force.
- Spare AAIs will be readily accessible, clearly labelled as emergency anaphylaxis devices, and not locked away. They are in the filing cabinet in the school office.
- They will be located so that they can be brought to a person experiencing anaphylaxis and administered within 5 minutes. The school will consider whether more than one emergency kit is required because of site layout.
- Spare AAIs will be checked regularly, including expiry dates, physical condition and availability. Used or expired devices will be replaced promptly.
- Advance parental consent will be sought where appropriate, but treatment will not be delayed in an emergency because consent cannot be confirmed.

Spare AAI location(s): _____

Spare AAI expiry-check responsibility: _____

9. Allergy awareness and emergency training

All staff who are present when pupils are on site will receive allergy awareness and emergency-response training at least annually, with new/temporary staff trained as soon as practicable. Training will cover:

- common allergens and how allergic reactions can occur
- food allergy, asthma, eczema, hay fever and other allergic conditions
- the difference between food allergy, coeliac disease and food intolerance
- recognition of allergic reactions and anaphylaxis
- when and how to call emergency services

- safe and timely use of adrenaline devices
- risk reduction and allergen avoidance
- the school's Allergy Safety Policy, IHPs and Allergy Action Plans
- the responsibilities of staff, catering staff, trip leaders and other relevant adults
- incident and near-miss reporting and learning lessons

Training provider/date/records: _____

10. Minimising exposure to known allergens

- The school will undertake an individual risk assessment for pupils with significant allergies and review it when circumstances change.
- Known allergen risks will be considered in classrooms, dining areas, food activities, science, art/craft, PE, outdoor activities, clubs, events and visits.
- The school will use reasonable measures to reduce accidental exposure and cross-contact, while recognising that no school can guarantee an entirely allergen-free environment.
- Staff will follow the pupil's IHP and information supplied by parents/carers and healthcare professionals.
- Food, cooking, craft, science and special-event activities will be risk assessed where an allergen could be involved.

11. Food, catering and allergen management

The school will work with its catering provider to ensure pupils with food allergy can safely access food provided by the school. Allergen information must be available for food provided, and catering staff must know which pupils have food allergies and what arrangements apply.

- Menus and ingredient/allergen information will be made available in advance where practicable.
- Catering staff will keep ingredient information under review because suppliers and recipes can change.
- Measures will be taken to reduce cross-contact during preparation, cooking and serving.
- Food brought from home for an allergic pupil should be clearly labelled with the pupil's name.
- Primary-age pupils with food allergy will not be given food treats or food at events without the appropriate parental/school arrangements.
- The school will not rely on a blanket 'nut-free' claim as its sole allergy-safety measure. A whole-school allergy-aware approach will be used.

12. Inclusion, wellbeing and bullying

Children with allergies must not be stigmatised, discriminated against or unnecessarily excluded. The school will promote inclusion and wellbeing and will consider the emotional impact of living with allergy.

- Allergy-related bullying, teasing, coercion or deliberate exposure to an allergen will be treated seriously under the Behaviour and Anti-Bullying Policy.
- Staff will be alert to anxiety or distress associated with allergy and will provide appropriate pastoral support.
- Attendance rewards or arrangements will not penalise a pupil where absence is related to their medical condition or allergy.

- The school will not routinely require parents/carers to attend school to provide medical or allergy support where the school is responsible for providing appropriate support.

13. Trips, visits, sport and extracurricular activities

- Pupils with allergy will be enabled to participate in trips, residential, sports and extracurricular activities wherever reasonably possible.
- Trip planning will include the pupil's IHP, medication, Allergy Action Plan, emergency contacts, food arrangements, allergen risks and access to trained staff.
- Prescribed AAls and any other required emergency medication will accompany the pupil and be immediately accessible.
- Spare emergency AAls will be available in accordance with the school's arrangements where appropriate.
- At least one appropriately trained member of staff will accompany activities where required to support a pupil at risk of anaphylaxis.
- The school will not require a parent/carer to accompany a pupil solely because of their allergy.
- Overnight visits will be planned in advance with the family and venue/catering provider.

14. Serious incidents and near misses

Any serious allergy incident or near miss will be recorded promptly. This includes anaphylaxis, administration of adrenaline, significant accidental exposure, failure or delay in accessing medication, serious catering/allergen errors, or other events where a pupil may have been placed at significant risk.

- Parents/carers will be informed.
- The incident will be reported to the Governing Body through the school's established reporting arrangements.
- Any statutory reporting requirements will be followed.
- The school will investigate what happened, including relevant information supplied by parents/carers.
- Lessons learned will be recorded and used to review the IHP, risk assessment, staff training and/or this policy where appropriate.
- Following a serious incident, the school will consider the pupil's wellbeing and any support required after the event.

15. Complaints and concerns

Concerns about allergy safety should initially be raised with the Headteacher or named senior allergy lead. If the concern is not resolved, the school's formal complaints procedure may be followed. The school will treat complaints as an opportunity to review and improve allergy safety.

16. Monitoring and review

- The named senior leader will review this policy at least annually.
- Training records, AAI expiry checks, IHPs, risk assessments, incidents and near misses will be monitored.
- The policy will be reviewed after any serious allergy incident or near miss where lessons indicate that changes are required.

- The policy will be updated when DfE statutory guidance, regulations or other relevant legal requirements change.

17. Related policies and guidance

- Medication Administration Policy
- Supporting Pupils with Medical Conditions Policy
- Health and Safety Policy
- First Aid Policy
- Safeguarding and Child Protection Policy
- Behaviour and Anti-Bullying Policy
- Educational Visits/Trips Policy
- Food/Catering and Allergen arrangements
- Department for Education – Allergy safety in schools statutory guidance (July 2026)
- Department for Education – Supporting pupils with medical conditions at school
- British Society for Allergy and Clinical Immunology (BSACI) Allergy Action Plans
- Anaphylaxis UK and Allergy UK school resources

18. Key emergency reminder for staff

SUSPECT ANAPHYLAXIS → GIVE ADRENALINE WITHOUT DELAY → CALL 999 → KEEP THE CHILD FLAT/SAFE → SECOND AAI AFTER 5 MINUTES IF NEEDED → STAY WITH THE CHILD.

Name:	
Date of birth:	Photograph
Year / class:	
Emergency contacts:	
Staff who need to be aware:	
Allergy:	
Other known Allergens:	
How the allergy is managed:	
Impact on education:	
Arrangements for support:	
Visits and trips:	
Emergency response:	
Last discussed with parents:	Date:
Issued by:	Date:
Next planned review:	Date:

NAME – Individual Healthcare Plan for allergy
Annex: Medication needed while in school / college / setting

Non-prescription medication:

Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require 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 consent has been given for the allergy medication to be administered, and the date of consent.

Parental consent:

Date:

Prescription medication:

Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).

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 consent has been given for the allergy medication to be administered, and the date of consent.

Prescribed by:

Date:

Parental consent:

Date:

Use of “spare” adrenaline devices:

Note whether parental consent has been given to administer adrenaline (e.g. using “spare” adrenaline devices) in an emergency.

Parental consent:

Date:

Use of “spare” salbutamol inhaler:

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.

Parental consent:

Date: