

Allergy Safety Policy

A policy for all Employees, Staff, Trustees and Visitors

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This policy is based upon and should be read in conjunction with the corresponding policy adopted by the Trust. The school has reviewed and adapted the Trust's policy to reflect its specific operational arrangements, local context, and organisational structure, whilst remaining fully aligned with the Trust's overarching principles, statutory obligations, and governance requirements. In the event of any inconsistency between this adapted version and the Trust's approved policy, the Trust policy shall take precedence unless otherwise authorised by the Trust Board or its delegated authority.

Contents

1. Aims	3
2. Legislation and guidance	3
3. Roles and responsibilities	3
4. Identifying individuals at risk	5
5. Assessing risk	7
6. Minimising risk	7
7. Procedures for handling an allergic reaction	8
8. Adrenaline devices (ADs)	8
9. Serious incidents and 'near misses'	11
10. Allergy awareness	12
11. Wellbeing	13
12. Information sharing	13
13. Monitoring arrangements	13
14. Links to other policies	13

1. Aims

This policy aims to:

- Set out our school'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 school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on [allergy safety in schools](#) and [supporting pupils 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:

- [The Food Information Regulations 2014](#)
- [The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

3.1 The governing body

The governing body is responsible for ensuring:

- Risks relating to pupils with allergy are included in the school risk register and actively managed
- The school 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

The governing body delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Bernadette O'Rourke, Head of School, with support from the medical lead, Katie Downs.

They're responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff
 - All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
 - All pupils 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 the school'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:
 - What lessons there are to learn
 - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil’s IHP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil’s allergy can be managed through the adjustments made under the school’s medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil’s circumstances

3.4

Bernadette O’Rourke and Katie Downs are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school’s allergy safety policy
- Providing the school 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 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Following the school’s guidance on food brought in to be shared
- Updating the school on any changes to their child’s condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their AD on their person and only using it for its intended purpose
- Understanding how and when to use their AD

3.8 Pupils without allergies

These pupils are responsible for:

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

Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Identifying individuals at risk

Allergy is 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
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary via our MIS.

We ask that parents/carers proactively inform us by either phone call to the school office or an email to enquiry@brookfields.create.org.uk if their child’s medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- Asking new staff to provide details of their allergies in advance of their start date
- Asking visitors to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- They 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 pupil to have a formal diagnosis of 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 for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

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

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions 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 pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.3.1 EYFS Pupils

Due to their age and stage of development, pupils in the Early Years Foundation Stage will not normally be expected to carry or self-administer allergy medication. Medication will be stored in an agreed accessible location and staff will ensure rapid access at all times. Individual arrangements will be documented within the pupil's Individual Healthcare Plan and reviewed regularly with parents/carers.

4.4 Allergy and asthma action plans

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

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

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

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

4.5 Register of pupils with known allergies

- The school maintains a register of pupils who have a known allergy. The register includes:
 - Known allergens and risk factors for anaphylaxis
 - Whether a pupil has been prescribed ADs (and if so, what type and dose)
 - Where a pupil has been prescribed an AD, whether parental consent has been given to administer emergency medication
 - A photograph of each pupil to allow a visual check to be made (this will require parental consent)
- The register is kept on our secure school teams channel, with a copy of relevant care plans in medical boxes and can be checked quickly by any member of staff as part of initiating an emergency response

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Allergy-aware environment

Brookfields Primary School does not describe itself as an allergen-free school, as it is not possible to guarantee the complete absence of allergens within a school environment. Instead, we adopt an allergy-aware approach which aims to minimise risk through effective communication, staff training, risk assessment, appropriate supervision and reasonable adjustments for individuals with known allergies.

To further reduce the risk of accidental exposure to allergens, the school asks parents/carers to support our allergy management arrangements by not sending products containing nuts into school. While we cannot guarantee that nuts will never be brought onto the premises, we actively encourage all members of the school community to work together to minimise this risk and support the safety and wellbeing of pupils with allergies.

Where necessary, the school may implement additional controls and reasonable adjustments for individual pupils in accordance with medical advice and their Individual Healthcare Plan (IHP).

6.2 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food, food containers, and food utensils is not allowed
- Pupils have their own named water bottles, and lunch boxes provided to pupils with food allergies will be clearly labelled with the name of the child for whom they are intended
- Where food is not directly provided by the school, parental engagement and permission will be sought in advance

6.3 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy safe meals with parents/carers
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils

- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils 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 the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

6.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

6.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

6.6 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own ADs with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AD protocols for off-site events and school trips (see section 8.5)

7. Procedures for handling an allergic reaction

- 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 pupil has an allergy action plan, this must be followed
- A spare school AD device will only be used if:
 - The pupil does not have a prescribed AD
 - The pupil's prescribed AD are not available or misfire
 - When contacting medical professionals for support, they advise we administer the device.

8. Adrenaline devices (ADs)

8.1 Prescribed ADs

Pupils who have been prescribed adrenaline devices (ADs) are expected to carry their devices when travelling to and from school to ensure they are available in the event of an emergency. The school strongly encourages parents/carers to obtain an additional prescribed AD from their GP so that a device can be kept in school at all

times. Where required, the school will support parents/carers by providing a letter to their GP requesting an additional prescription for school use. It is recommended that pupils always have access to two devices.

School-based prescribed ADs will be stored in clearly identified medical boxes within the classrooms of pupils who require them. During breaktimes and lunchtimes, these devices will be available at designated medical stations to ensure rapid access if required. Staff will be made aware of the location of all ADs and the arrangements in place to support pupils with allergies.

Where pupils are developmentally able and it is appropriate to do so, they will be encouraged to keep their ADs near to, or on, their person throughout the school day, including during educational visits and off-site activities, with oversight from a key adult. Where this is not appropriate due to age or other considerations, ADs will be stored:

- In clearly identified locations that are unlocked and accessible to authorised staff at all times.
- No more than five minutes away from where they may be needed.
- At room temperature, in accordance with the manufacturer's guidance and protected from direct sunlight and extremes of temperature.

The school will ensure that prescribed ADs accompany pupils during educational visits, sporting activities and other off-site events. Arrangements will also be in place to ensure rapid access to medication in classrooms, dining areas, playgrounds and sports fields.

A copy of each pupil's Allergy Action Plan will be kept alongside their medication and will be readily accessible to staff. The action plan will provide clear guidance on recognising symptoms and administering medication in an emergency.

Parents/carers remain responsible for ensuring that prescribed ADs are in date and replaced before their expiry date. The school will maintain an up-to-date register of pupils who have been prescribed ADs, including details of their Allergy Action Plan, medication location, expiry dates and parental contact information. Records will be reviewed regularly to ensure they remain accurate and up to date.

8.2 Spare ADs and inhalers

Current regulations only allow schools to purchase **adrenaline auto-injectors (AAIs)** as spare emergency devices. Non-injectable adrenaline devices, such as nasal sprays, may be prescribed to individual pupils but cannot currently be stocked by the school as spare emergency medication. If a pupil prescribed nasal adrenaline experiences anaphylaxis, the school's spare AAI may be used in an emergency where appropriate.

The school may also hold an emergency asthma reliever inhaler. This can only be used when a pupil's prescribed inhaler is unavailable and where appropriate parental consent has been obtained.

The **Allergy Safety Lead** is responsible for sourcing, monitoring and maintaining spare AAIs and the emergency asthma reliever inhaler (where applicable), ensuring they are managed in accordance with current guidance.

Spare AAIs will be purchased from a local pharmacy. Wherever possible, the school will purchase a single brand of AAI to minimise confusion during an emergency. Appropriate dosages will be maintained in line with national guidance and the age profile of pupils attending the school.

Spare AAls will be stored:

- In an appropriate central location that is accessible to staff at all times.
- No more than five minutes away from where they may be needed.
- At room temperature, in accordance with the manufacturer's guidance and protected from direct sunlight and extremes of temperature.
- Separately from pupils' prescribed ADs and clearly labelled as emergency school stock.

Spare AAls will be kept in pairs to ensure a second dose is available if required during an emergency.

The **Allergy Safety Lead** and **School First Aid Lead** are responsible for:

- Carrying out monthly checks to ensure that spare AAls and the emergency asthma reliever inhaler (where applicable) are present, appropriately stored and within their expiry dates.
- Maintaining accurate records of stock, expiry dates and replacement dates.
- Obtaining replacement devices prior to expiry and following any emergency use.
- Ensuring staff are aware of the location of spare AAls and understand the procedures for accessing and administering them in an emergency.

8.3 Disposal

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

8.4 Using spare ADs 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.

The school will obtain advance consent from parents/carers or pupils 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.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips, educational visits and off-site events. At Brookfields, we will always liaise with parents about what is most appropriate for the child.

For all off-site activities, the trip leader will ensure that appropriate arrangements are in place for the safe management of pupils' allergies and access to medication. This will include reviewing relevant Allergy Action Plans and ensuring that staff accompanying the visit are aware of any pupils at risk of anaphylaxis and understand the emergency procedures to be followed.

Where a pupil is not able to carry or self-administer their own AD, a designated member of staff will be responsible for carrying and maintaining immediate access to the pupil's medication throughout the visit. This will be risk assessed appropriately.

In addition to pupils' prescribed ADs, a minimum of two spare AAls will be taken on all educational visits and off-site activities involving pupils who have been identified as being at risk of anaphylaxis. Spare AAls will be carried by a trained member of staff and stored securely whilst remaining immediately accessible in an emergency.

The visit leader will ensure that:

- All prescribed ADs and Allergy Action Plans accompany the relevant pupils.
- Spare AAls are taken where appropriate and checked prior to departure to ensure they are in date.
- At least one member of staff accompanying the visit has received appropriate anaphylaxis and AAI training.
- Mobile communication is available to contact emergency services if required.
- Emergency contact details for pupils are readily accessible throughout the visit.

Any use of a prescribed or spare AD during an off-site activity will be treated as a medical emergency. Emergency services will be contacted immediately, parents/carers will be informed as soon as possible, and the incident will be recorded in accordance with the school's medical needs and reporting procedures.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, 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.

9.1 Incident recording

The school 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 pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible. Brookfields will share the report with the pupil's parents, the pupil 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. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

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

Staff will always share the incident report with Bernadette O'Rourke, lead DSL and Katie Downs, Medical Lead. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on them and reduce the chance of an incident reoccurring.

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

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See [how to make a RIDDOR report](#)]

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.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually. This is delivered by the school nurse team. New starters will complete this training as part of their induction.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school will ensure that all staff have regular opportunities to practise using AD training devices, including EpiPen and Jext training pens, so that they are familiar with the operation of each device and can respond confidently and effectively in an emergency.

To support staff preparedness, the school will conduct annual allergy safety drills. These drills will involve a simulated anaphylaxis scenario designed to test the school's emergency response procedures in a safe environment, without risk to any individual. The purpose of these exercises is to ensure that staff understand their roles and responsibilities, can access medication promptly and can respond appropriately in the event of an allergic reaction. Outcomes from the drills will be recorded and reviewed, with any learning points used to inform ongoing staff training and the regular review of this policy.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes 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 allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy

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

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school's website and shared with parents/carers at the start of the school year.

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

11. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its behavior policy.

11.1 Wellbeing support following an incident or 'near miss'

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

The school will support staff involved in any incident or 'near miss'.

See section 9 of the policy for more detail on incidents and 'near misses'.

12. Information sharing

Information about an individual's health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead and the Head of School by:

- Number of allergic incidents
- Number of near misses
- Staff training compliance
- Medication audit outcomes
- Parental concerns and complaints

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.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy

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- Supporting pupils with medical conditions policy
 - School food policy
 - Data protection policy
 - Behavior policy

Any substantive changes to this policy will be communicated to parents/carers via the school website and normal communication channels.