



Park Road Community Primary School

# Managing Medicine Policy

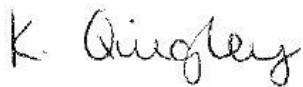
**Including Asthma, Allergy/Anaphylaxis and  
Administering Medication**

<b>Version Number</b>	1.0
<b>Date policy last reviewed</b>	February 2024
<b>Policy Type</b>	Statutory
<b>Owner</b>	Headteacher
<b>Approved By</b>	Local Governing Body
<b>Approval Date</b>	27 February 2024
<b>Next Review Date</b>	February 2025

## Review Date and Summary of Changes

Date of review	Summary of changes
December 2023	Updating to new format

Signed by:



Headteacher

Date:

27/2/2024



Chair of Governors

Date:

27/2/2024

## **Contents:**

### Statement of Intent

1. [Legal Framework](#)
2. [Roles and Responsibilities](#)
3. [Administering Medication](#)
4. [Emergency Medication](#)
5. [Storage/Disposal](#)
6. [Records](#)
7. [Refusing to Take Medication](#)
8. [Training](#)
9. [Health Care Plan](#)
10. [School Trips/Residential Trips and Visits Off Site](#)
11. [Emergency Procedures](#)
12. [Carrying Medicines](#)
13. [Monitoring and Review](#)

### **Appendices**

1. [Appendix 1 Asthma](#)
2. [Appendix 2 Allergies and Anaphylaxis](#)
3. [Appendix 3 Authorisation to Administer Medicine Form](#)
4. [Appendix 4 Administration of Medicine Log](#)
5. [Appendix 5 AL1 Child's Special Dietary Requirement Form](#)

## **Statement of Intent**

Park Road CP School will ensure that pupils with medical conditions receive appropriate care and support at school, in order for them to have full access to education and remain healthy. This includes the safe storage and administration of pupils' medication.

The school is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition, and make the pupil feel safe whilst at school.

For the purposes of this policy, "medication" is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs).

"Prescription medication" is defined as any drug or device prescribed by a doctor.

"Controlled drug" is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, eg morphine.

## 1. Legal Framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- Children and Families Act 2014
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2017) 'Using emergency adrenaline auto-injectors in schools'
- Framework for the Early Years Foundation Stage – December 2023

This policy operates in conjunction with the following school policies:

- Supporting Pupils with Medical Conditions Policy
- First Aid Policy
- Records Management Policy
- Complaints Procedures Policy

## 2. Roles and Responsibilities

All staff in schools have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child.

However, there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines. This is a voluntary role. Under the 'The Equality Act 2010', schools and settings should be making reasonable adjustments for disabled children, including those with medical needs, and are under a duty to plan strategically to increase access over time. Schools and settings should consider what reasonable adjustments they need to make to enable children with medical needs to participate fully in all areas of school life, including educational visits and sporting activities. Staff, including supply staff, must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise.

It is the responsibility of parents/carers to:

- inform the school of their child's medical needs
- provide any medication in a container clearly labelled with the child's name and dosage (only prescribed medicine will be administered)
- collect and dispose of any medicines held in school at the end of the course of treatment or at the end of the school year
- ensure that medicines have not passed the expiry date

Parents must complete the medicine consent form before staff can administer medicine to a child.

### 3. Administering Medication

All medication will be administered to pupils in accordance with the DfE documents

[Supporting pupils at school with medical conditions - December 2015](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)

[Statutory Framework for the Early Years Foundation Stage – December 2023](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)  
[Statutory framework for the early years foundation stage for group and school providers \(publishing.service.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf)

Unless in exceptional circumstances agreed by the Headteacher, only medicines prescribed by a doctor will be administered in school. Medication should be in original packaging with a legible prescription label attached.

Medication should be handed in to the school office or a member of staff by an adult with a completed 'Authorisation to Administer Medicine' form (available from the school office or to download from the school website).

Any member of staff, on each occasion, giving medicine to a pupil should check:

- name of pupil to ensure they have the right patient
- written instructions provided by the parents/carers or doctor to ensure they are administering the right medication, at the right time and in the right way – 'Authorisation to Administer Medicine' forms are available from the school office and on the school website
- prescribed dose (Note: ONLY Child Paracetamol is allowed Infant syrup 120mg (3 months to 6 years) or Six Plus syrup 250mg (6 years to 12 years))
- expiry date

Parents/carers will be contacted immediately to clear up any discrepancies.

### 4. Emergency Medication

Pupils suffering from conditions such as asthma or anaphylaxis may have to receive medication, usually in the form of an inhaler or adrenaline pen, during the school day.

Written details of the treatment must be provided by the parent, the medication should be administered where possible by the child under supervision of an adult.

An emergency inhaler is located in the staffroom First Aid cupboard and an adrenaline pen is in the office cupboard, clearly indicated by a green sign with white cross. Any pupil having an asthma attack during the school day, should be recorded and parents informed immediately.

The emergency services will be called as soon as a pupil shows signs of going into an anaphylaxis shock.

## **5. Storage/Disposal**

All medicine will be kept in a cupboard that can be locked in the classroom if appropriate or in the locked First Aid wall cupboard if ambient temperature or in the fridge located in the school office if it must be kept chilled. The key to the First Aid wall cupboard in the office is in the righthand keypad and all staff have the code for this.

Where pupils need to have access to emergency medication, Asthma inhalers will be stored in the pupil's class and adrenaline pens will be stored in an unlocked cupboard in the school office – it is clearly identifiable with sign a white cross and green background.

All medicine must be labelled with the pupil's name.

When a course of medicine has been completed, parents/carers will be asked to collect the empty packaging so they can dispose of it correctly as there is no way that school can dispose of bottles etc securely (part of our GDPR responsibilities). With parents/carers' permission, school can shred a tablet box as the child's details will be destroyed in this process.

## **6. Records**

Staff will complete and sign a record sheet each time medication is given to a child, and, for asthma, the booklet will be kept in the class with the medication, all other medications will be recorded in the First Aid folder in the office. The sheets will record the following:

- name of pupil
- date and time of administration
- who supervised the administration
- dosage given
- name of medication

## **7. Refusing to Take Medication**

If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

## **8. Training**

Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, as and when appropriate.

## **9. Health Care Plan**

Where appropriate, a personal Health Care Plan will be drawn up in consultation with the school/setting, parents/carers and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. Health Care Plans will be reviewed annually.

## **10. School Trips/Residential Trips and Visits Offsite**

A thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip.

## **11. Emergency Procedures**

The Headteacher will ensure that all staff are aware of the school's planned emergency procedures in the event of medical need.

## **12. Carrying Medicines**

For safety reasons children are not allowed to carry medication.

All medicines must be handed by an adult to the school office or a member of staff on entry to the school premises.

## **13. Monitoring and Review**

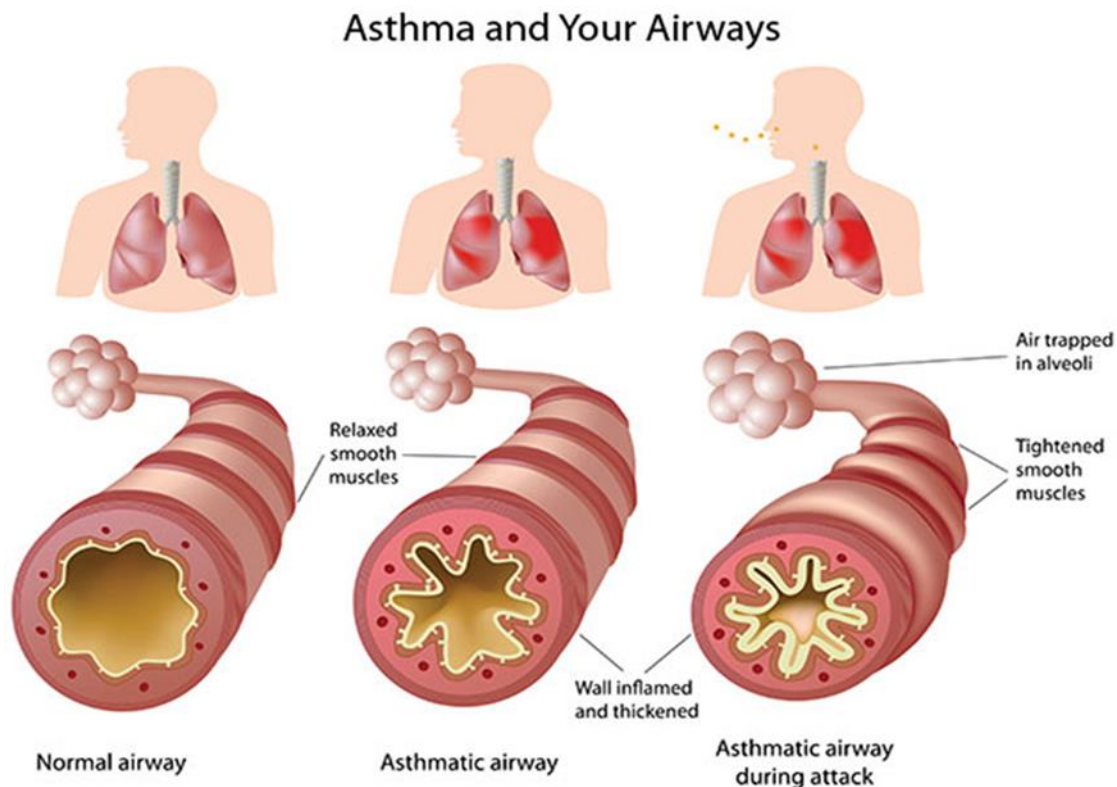
This policy will be reviewed by the Headteacher annually. The next review of this policy is shown on the front page of this policy.



## Appendix 1

### Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.



As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma policy
- an asthma lead
- all pupils with immediate access to their reliever inhaler at all times,
- all pupils have an up-to-date asthma action plan
- an emergency salbutamol inhaler
- ensure all staff have regular asthma training
- promote asthma awareness pupils, parents/carers and staff

### **Asthma Register**

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan
- their reliever (salbutamol/terbutaline) inhaler with their own spacer in school
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost

### **Asthma Lead**

This school has an asthma lead Sandra Harding. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

### **Medication and Inhalers**

All children with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

Inhalers are readily available in the child's classroom, and they are supervised by an adult when taking their inhaler. By Year 6, children will be encouraged to use their inhaler independently, however, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler and to allow it to be recorded correctly.

For all children, reliever inhalers are kept in the classrooms.

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique or are unable to take the inhaler by themselves. A spacer must always be available and used in school as recommended by the school nurse. Failure to receive their medication could end in hospitalisation or even death. Staff who have

had asthma training and/or administering medication training and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the Administering Medicines policy for further details about administering medicines.

### **Asthma Action Plans**

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions.

<https://www.asthma.org.uk/advice/child/life/school/>

### **Staff training**

Staff will need regular asthma updates. This training can be provided by the school nursing team and/or Compliance Education.

### **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- colds and infection
- dust and house dust mite
- pollen, spores and moulds
- feathers
- furry animals
- exercise, laughing
- stress
- cold air, change in the weather
- chemicals, glue, paint, aerosols
- food allergies
- fumes and cigarette smoke

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

### **Exercise and activity**

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

### **When asthma is affecting a pupil's education**

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that Pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

### **Emergency Salbutamol Inhaler in school**

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March 2015). A summary of the key points from this document can be found below.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have 6 emergency inhalers, which are kept in the staffroom first aid box, so they are easy to access. Disposable spacers are stored in the First Aid cupboard in the staffroom and in the school office.

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler and for whom written parental consent has been given.

The school's asthma lead and team will ensure that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- replacement inhalers are obtained when expiry dates approach
- replacement spacers are available following use
- the plastic inhaler housing (which holds the canister) has been cleaned, dried, and returned to storage following use, or that replacements are available if necessary
- before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

Any puffs should be documented so that it can be monitored when the inhaler is running out.

The spacer cannot be reused as there is a risk of cross-infection therefore, the spacer will be disposed of or assigned to the child for future personal use.

The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

As spent inhalers count as waste for disposal the school has a legal responsibility to register as a lower-tier waste carrier. (Free of charge)

<https://www.gov.uk/register-renew-waste-carrier-broker-dealer-england>

The emergency salbutamol inhaler will only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

### **Common 'day to day' symptoms of asthma**

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year (see last page). This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- dry cough

- wheeze (a 'whistle' heard on breathing out) often when exercising
- shortness of breath when exposed to a trigger or exercising
- tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (eg stopping exercise). As per Department of Health Document, they would not usually require the child to be sent home from school or to need urgent medical attention.

### **Asthma Attacks**

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- persistent cough (when at rest)
- a wheezing sound coming from the chest (when at rest)
- difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- nasal flaring
- unable to talk or complete sentences. Some children will go very quiet
- may try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

<b>Appears exhausted</b>	<b>Is going blue</b>
<b>Has a blue/white tinge around lips</b>	<b>Has collapsed</b>

It goes on to explain that in the event of an asthma attack:

- keep calm and reassure the child
- encourage the child to sit up and slightly forward
- use the child's own inhaler – if not available, use the emergency inhaler
- remain with the child while the inhaler and spacer are brought to them
- shake the inhaler and remove the cap
- place the mouthpiece between the lips with a good seal or place the spacer mask securely over the nose and mouth.

- immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- if there is no improvement, repeat these steps\* up to a maximum of 10 puffs
- stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- if you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- if the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- if the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- if an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- a member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

**References**

Asthma UK website School Policy Guidelines  
<https://www.asthma.org.uk/advice/child/life/school/>


BTS/SIGN asthma Guideline  
<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>

Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

**Asthma Record Book – every dose recorded**

Date	Time	Dosage Required	Trigger?	Staff Initials

Park Road Asthma  
Record Book



Child's Name \_\_\_\_\_

Intake \_\_\_\_\_

Medication: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

# Asthma Booklet – completed each year by parents and kept with inhaler

## AUTHORISATION TO ADMINISTER MEDICINES

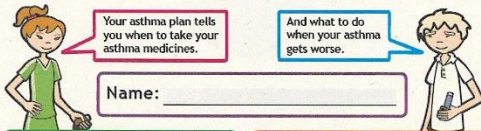
CHILD'S NAME:		
YEAR: (please circle)	R / 1 / 2 / 3 / 4 / 5 / 6	
DATE MEDICINE FIRST TAKEN:		
MEDICINE EXPIRY DATE:		
I confirm that the medicine is in its original packaging, that it was prescribed by a doctor and clearly shows the prescription label	Please Sign/Initial	
I understand that an ADULT must hand in and collect the medicine each day		
I understand that if the medicine is to be retained in school, it is my responsibility to ensure an adequate supply is maintained.		
NAME OF MEDICINE		
DOSAGE REQUIRED (only 1 dose per day can be given for antibiotics)		
TIME(S) MEDICINE TO BE ADMINISTERED: 10.45 am (1 hr before food)/1 pm (1 hr after food)		
START DATE:	/ /	/ /
END DATE:	/ /	/ /
MEDICAL CONDITION (must be completed)/ FURTHER INSTRUCTIONS		
I understand that school staff will follow the instructions I have given above. It is my responsibility to advise school of any alterations to dosage or times of administration and to ensure that the medication is within date.	Please Sign/Initial	
Signed/Date by Parent/Guardian: _____		
Received/Checked by staff member: _____		



Park Road CP School  
Asthma Booklet YYYY-YY  
For

Child: \_\_\_\_\_  
Year: \_\_\_\_\_

## My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.

Name: \_\_\_\_\_

### 1. My daily asthma medicines

- My preventer inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day: \_\_\_\_\_

- My reliever inhaler is called \_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

Does doing sport make it hard to breathe? IF YES I take: \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) beforehand.



### 2. When my asthma gets worse

- I'll know my asthma is getting worse if:
- I wheeze or cough, my chest hurts or it's hard to breathe, or
  - I'm waking up at night because of my asthma, or
  - I'm taking my reliever inhaler (usually blue) more than three times a week, or
  - My peak flow is less than \_\_\_\_\_

- If my asthma gets worse, I should:
- Keep taking my preventer medicines as normal.
- I also take \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every four hours.
- If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Remember to use my inhaler with a spacer (if I have one)



## My Asthma Plan

### 3. When I have an asthma attack

- I'm having an asthma attack if:
- My reliever inhaler (usually blue) isn't helping, or
  - I can't talk or walk easily, or
  - I'm breathing hard and fast, or
  - I'm coughing or wheezing a lot, or
  - My peak flow is less than \_\_\_\_\_

- When I have an asthma attack, I should:
- Sit up – don't lie down. Try to be calm.
- Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

- Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.
- If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another \_\_\_\_\_ puff/s of my reliever inhaler (usually blue) every 30 to 60 seconds (up to 10 puffs).

- You and your parents can get your questions answered:
- Call Asthma UK's friendly Helpline  
Monday to Friday 9am to 5pm  
0300 222 5800
- Get information at [www.asthma.org.uk](http://www.asthma.org.uk)

My asthma triggers (things that make my asthma worse)

Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

I need to see my asthma nurse every six months

Date I got my asthma plan: \_\_\_\_\_

Date of my next asthma review: \_\_\_\_\_

Doctor/asthma nurse contact details: \_\_\_\_\_

Parents – get the most from your child's action plan

- Make it easy for you and your family to find it when you need it
- Take a photo and keep it on your mobile (and your child's mobile if they have one)
  - Stick a copy on your fridge door
  - Share your child's action plan with school, grandparents and babysitter (a printout or a photo).



## Appendix 2 – Anaphylaxis and Allergy

Anaphylaxis is a severe and often sudden allergic reaction which may be life-threatening and must be treated immediately. Allergic reactions occur when a person's immune system responds inappropriately to a food or substance that it wrongly perceives as a threat.

### What causes an anaphylaxis reaction?

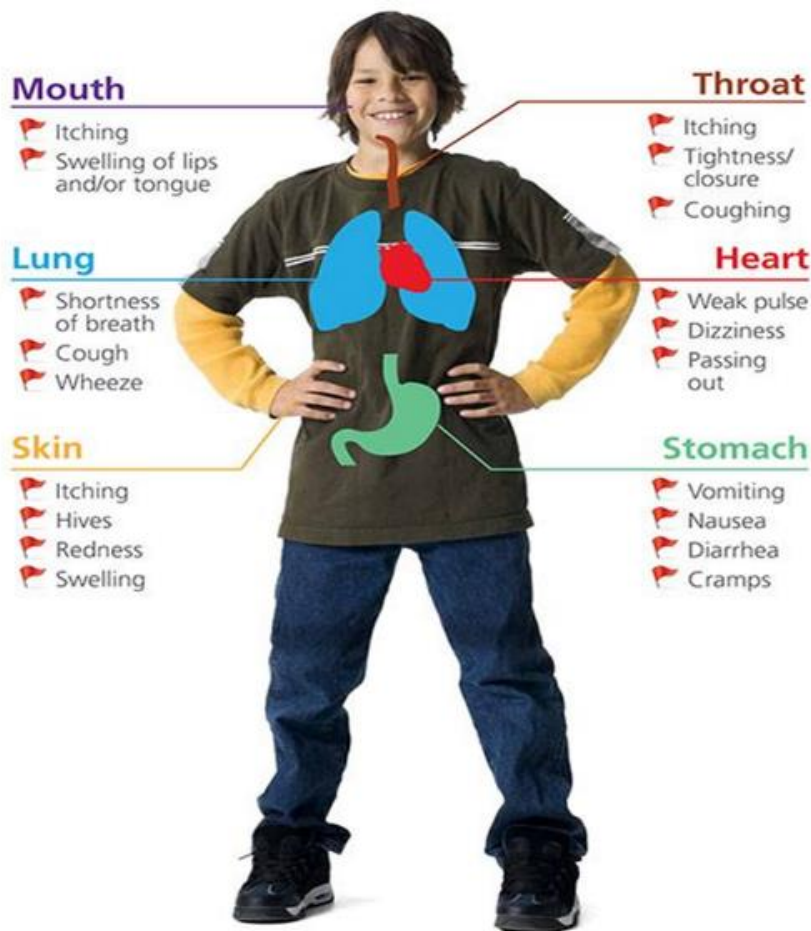
The common causes of allergies and anaphylaxis among children include:

- peanuts
- fish/seafood
- milk
- eggs
- tree nuts (such as almonds, walnuts, cashew nuts, brazil nuts)
- wheat
- kiwifruit
- less commonly, other foods

Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other medicines.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves a difficulty in breathing or affects the heart rhythm or blood pressure. Any one or more of the following symptoms may be present. These are often referred to as the ABC symptoms:

<b>A</b> irway	<b>B</b> reathing	<b>C</b> onsciousness/Circulation
Persistent cough	Difficult or noisy breathing	Feeling lightheaded or faint.
Vocal changes (hoarse voice)	Wheezing (like an asthma	Clammy skin
Difficulty in swallowing	attack)	Confusion
Swollen tongue		Unresponsive/unconscious (due to a drop-in blood pressure)



This school welcomes all pupils with allergies/anaphylaxis and aims to support these children in participating fully in school life, which could include ensuring that a child with a food allergy is able to eat a school lunch. We recognise the seriousness of this condition, but with accurate and comprehensive information we feel their condition can be managed.

We endeavour to do this by ensuring we have:

- all pupils have an up-to-date allergies and anaphylaxis healthcare plan
- an allergies and anaphylaxis register (School Medical Spreadsheet)
- up-to-date allergies and anaphylaxis policy
- an allergies and anaphylaxis lead (SLT)
- all pupils with immediate access to their adrenaline auto-injectors at all times,
- an emergency adrenaline auto-injector
- ensure all staff have regular anaphylaxis and adrenaline training
- promote anaphylaxis awareness pupils, parents/carers and staff
- practical measures to eliminate or reduce the allergen in school

### **Anaphylaxis Health Care Plan**

To comply with our statutory duty to support pupils with medical conditions. The school will complete a Health Care Plan with all pupils known to suffer from Anaphylaxis or who have been prescribed an Adrenaline Auto-injector.

The school Health Care Plan ensures the school is effectively supporting a pupil's medical condition by providing clarity about the child's condition, what the child is allergic to, recognising the first signs of allergic reaction and what to do in an emergency. Pupils' parents/guardians, relevant staff, and if necessary, healthcare professionals will be consulted.

Our Health Care Plan includes the following information:

- the child's details
- contact details – telephone and mobile numbers of parent or guardian and any other emergency contact details
- contact details of family GP
- the child's allergies – A list of the specific allergies and what to avoid
- a list of possible symptoms
- prescribed Medication
- details of Emergency Procedure – Including an assessment of symptoms, when and how to administer medication, contact numbers and the ambulance procedure
- who can help? – A list of staff members who have been trained
- consent and agreement – A parent or guardian must give written consent for staff to take responsibility for administering medication
- photograph - to ensure staff know and recognise children with severe allergies

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

### **Anaphylaxis Register**

We have an anaphylaxis register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed with anaphylaxis or has been prescribed an adrenaline auto-injector. When parents/carers have confirmed that their child is anaphylaxis or has been prescribed an adrenaline auto-injector we ensure that the pupil has been added to the anaphylaxis register and has:

- an up-to-date copy of their personal anaphylaxis healthcare plan
- their adrenaline auto-injectors (Epi-Pen, Jext, Emerade) is with them in school
- permission from the parents/carers to use the emergency Epi-Pen, Jext, Emerade adrenaline auto-injector if they require another dose before the emergency services arrive

### **Anaphylaxis Lead**

This school has an anaphylaxis lead (Kathryn Quigley). It is the responsibility of the anaphylaxis lead to manage the anaphylaxis register, update the anaphylaxis policy, manage the emergency Epi-Pen, Jext, Emerade adrenaline auto-injector (please refer to the Department of Health Guidance on the use of adrenaline auto-injectors in schools, September 2017) ensure measures are in place so that children have immediate access to their adrenaline auto-injector.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

### **Access to a child's Adrenaline Auto-injector**

All children with anaphylaxis should always have immediate access to their adrenaline auto-injector. The adrenaline auto-injector medication acts on the whole body to block the progression of the allergic response. It constricts the blood vessels, leading to increased blood pressure, and decreased swelling.

Children are encouraged to carry their adrenaline auto-injectors as soon as they are responsible enough to do so. As a child enters KS2, and becomes more independent and mature, we will discuss this each child's parent/carer and teacher if the child should carry this themselves. We recognise that all children may still need supervision in administering their adrenaline auto-injector.

School staff are not required to administer adrenaline auto-injector to pupils however the school understands that in an emergency a failure to administer the child's medication could end in hospitalisation or even death.

Therefore, the school will ensure an adequate number of staff have had adrenaline auto-injector training and/or administering medication training and are happy to support children. Please refer to the Administering Medicines policy for further details about administering medicines.

### **Emergency Adrenaline Auto-injector in school**

Legislation which came into effect in 2017 enables schools in the UK to buy Adrenaline Auto-injector (AAIs) without a prescription for emergency use on children who are at risk of anaphylaxis.

Adrenaline Auto-injector are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives.

Therefore, unless directed otherwise by a healthcare professional, the spare Adrenaline Auto-injector should only be used on pupils known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare Adrenaline Auto-injector has been provided.

We have 2 emergency kit(s), which are kept in the School Office so it is easy to access, in the unlocked cupboard clearly labelled with a white cross on a white background.

Each kit contains:

- a pre-loaded Adrenaline Auto-injector
- instructions on using the device(s)
- instruction on cleaning and storing the Adrenaline Auto-injector
- manufacturer's information

Adrenaline Auto-injectors are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (eg using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (eg using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device)
- Once an Adrenaline Auto-injector has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used Adrenaline Auto-injector can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

### **School Trips including Sporting Activities**

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc.

Pupils at risk of anaphylaxis should have their Adrenaline Auto-injector with them, and there should be staff trained to administer Adrenaline Auto-injector in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare Adrenaline Auto-injector obtained for emergency use on some trips.

### **Staff Training**

Severe anaphylaxis is an extremely time-critical situation: Delays in administering adrenaline have been associated with fatal outcomes. Therefore, it is important that as many of our staff are trained in how to administer an Adrenaline Auto-injector.

As of the 1 September 2021, Paediatric First Aid Course should incorporate basic training on how to 'Help a baby or child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions. Therefore, the school will check our training provider meets Early Years Foundation Stage Statutory Criteria. Annex A:

[https://assets.publishing.service.gov.uk/media/65aa5e42ed27ca001327b2c7/EYFS\\_statutory\\_framework\\_for\\_group\\_and\\_school\\_based\\_providers.pdf](https://assets.publishing.service.gov.uk/media/65aa5e42ed27ca001327b2c7/EYFS_statutory_framework_for_group_and_school_based_providers.pdf)

### **School Environment**

The school does all that it can to ensure the school environment is favourable to pupils with anaphylaxis. The school has a definitive no-nut policy. Pupil's anaphylaxis triggers will be recorded as part of their anaphylaxis healthcare plans and the school will endeavour that pupil's will not come into contact with their triggers, where possible.

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish anaphylaxis triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

## Food Prepared On Site – Lunch/Snack

All food and drink provided in our school meet the national food standards in England. All school lunches are cooked/provided by our school caterers.

Our school caterers comply with School Food Standards to ensure that food provided to pupils in school is nutritious and of high quality; to promote good nutritional health in all pupils; protect those who are nutritionally vulnerable; and promotes good eating behaviours.

Children with allergens are allocated a green tray for meals. A child's allergy is input into Cypad, the catering system, and when the child comes to be served, it gives details of any allergy or dietary requirement. Meals prepared for children with allergens are covered, labelled with their name and stored in a hot cupboard. When the meal is removed from a hot cupboard, the cover is removed and it is placed on a green tray and passed to the child. Our catering team have a full list with photographs of children who have autoinjectors prescribed/ allergies/ dietary specifications. Parents of a new child with allergens will be asked to complete an AL1 Form (appendix 5) with details of their allergy to allow the school MIS system and the catering system to be updated.

Reasonable adjustments are made to the menu to reflect medical, dietary, and cultural needs of our pupils.

To comply with the guideline information is made available listing all allergenic ingredients contained within the food and drinks we serve.

**DISHES AND THEIR ALLERGEN CONTENT**  
(Note – Please state the name of the cereal(s) containing gluten\*\* in that column AND/OR the name of the nut(s)\* in that column)

DISHES	Cereals	Cereals containing gluten**	Crustaceans	Eggs	Fish	Lupin	Milk	Molluscs	Mustard	Nuts*	Peanuts	Sesame seeds	Soya	Sulphur dioxide
Tuna Salad [example]	✓			✓	✓		✓		✓					

Review date: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

You can find this template, including more information, at [www.food.gov.uk/allergy](https://www.food.gov.uk/allergy)

## Food prepared off site (Packed Lunches, Birthday celebrations and festive treats)

- all parents providing a packed lunch for their child is made aware of any known allergens and are asked to co-operate with the school and ensure that all items are nut free

- a “no sharing” policy is in place, for when children bring food from home, and every effort is taken to ensure that allergic children do not take or accept food from another child's packed lunch
- a “treat box” of known allergen-free treats may be provided by the child’s parents, to ensure that they are included in all special occasions.

A list of dietary requirements and allergies is available in the staffroom to ensure that all staff are able to cater for individuals needs before any class events involving food and drink. Children with known allergens are encouraged to check with an adult before eating or before taking part in certain activities. Just a “is that okay for me?” which will support the child being taught awareness of their allergy and develop good management techniques. For those children who have non-food allergies, staff will be made aware of this via the school office and/or SENDCo.

### References

- Department of Health Guidance on the use of adrenaline auto-injectors in school  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)
- Department of Education Allergy Guidance for schools 17th November 2020  
<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>
- Department of Education Supporting Pupils with Medical Conditions at School  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)
- Department of Education School food in England  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/788884/School-food-in-England-April2019-FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788884/School-food-in-England-April2019-FINAL.pdf)
- Department of Education School Food Standards  
<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools>
- Anaphylaxis Campaign  
<https://www.anaphylaxis.org.uk/information-training/our-factsheets/>
- Early Years Foundation Stage Statutory Guidance effective 1st September 2021  
[https://assets.publishing.service.gov.uk/media/65aa5e42ed27ca001327b2c7/EYFS\\_statutory\\_framework\\_for\\_group\\_and\\_school\\_based\\_providers.pdf](https://assets.publishing.service.gov.uk/media/65aa5e42ed27ca001327b2c7/EYFS_statutory_framework_for_group_and_school_based_providers.pdf)

This child has the following allergies:

Name:

DOB:

Photo

## ● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- |   |  |   |
|---|--|---|
| <b>A AIRWAY</b>   | <b>B BREATHING</b>   | <b>C CONSCIOUSNESS</b>  |
| <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |

**IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:**

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 




  - 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: . . . mg)
  - 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- \*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

### AFTER GIVING ADRENALINE:

- 1 Stay with child until ambulance arrives, **do NOT stand child up**
- 2 Commence CPR if there are no signs of life
- 3 Phone parent/emergency contact
- 4 If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

### Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

..... (if vomited, can repeat dose)

• Phone parent/emergency contact

### Emergency contact details:

- 1) Name: .....  
.....  
.....
- 2) Name: .....  
.....  
.....

**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....  
Print name: .....  
Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

### How to give EpiPen®

- 1**  PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
- 2**  Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
- 3**  PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

### Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: .....  
Hospital/Clinic: .....  
Date: .....



This child has the following allergies:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Photo

### Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

\_\_\_\_\_ (if vomited, can repeat dose)

- Phone parent/emergency contact




## ● Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- |   |  |   |
|---|--|---|
| <b>A AIRWAY</b>   | <b>B BREATHING</b>   | <b>C CONSCIOUSNESS</b>  |
| <ul style="list-style-type: none"> <li>• Persistent cough</li> <li>• Hoarse voice</li> <li>• Difficulty swallowing</li> <li>• Swollen tongue</li> </ul> | <ul style="list-style-type: none"> <li>• Difficult or noisy breathing</li> <li>• Wheeze or persistent cough</li> </ul> | <ul style="list-style-type: none"> <li>• Persistent dizziness</li> <li>• Pale or floppy</li> <li>• Suddenly sleepy</li> <li>• Collapse/unconscious</li> </ul> |

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)  



- 2 Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: \_\_\_\_\_ mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*

### AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

### Emergency contact details:

1) Name: \_\_\_\_\_



2) Name: \_\_\_\_\_



**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools

Signed: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

© The British Society for Allergy & Clinical Immunology 6/2018

### How to give Jext®



**1** Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



**2** PLACE BLACK END against outer thigh (with or without clothing)



**3** PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



**4** REMOVE Jext®. Massage injection site for 10 seconds

### Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector device must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_



Date: \_\_\_\_\_

## AUTHORISATION TO ADMINISTER MEDICINES

<b>CHILD'S NAME:</b>		
<b>YEAR: (please circle)</b>	R / 1 / 2 / 3 / 4 / 5 / 6	
<b>DATE MEDICINE FIRST TAKEN:</b>		
<b>MEDICINE EXPIRY DATE:</b>		
I confirm that the medicine is in <u>its original packaging</u> , that it was <u>prescribed by a doctor</u> and clearly shows the prescription label	<b>Please Sign/Initial</b>	
I understand that an <b>ADULT</b> must hand in and collect the medicine each day		
I understand that if the medicine is to be retained in school, it is my responsibility to ensure an adequate supply is maintained.		

<b>NAME OF MEDICINE</b>		
<b>DOSAGE REQUIRED (only 1 dose per day can be given for antibiotics)</b>		
<b>TIME(S) MEDICINE TO BE ADMINISTERED:</b> 10.45 am (1 hr before food)/1 pm (1 hr after food)		
<b>START DATE:</b>	/	/
<b>END DATE:</b>	/	/
<b>MEDICAL CONDITION (must be completed)/ FURTHER INSTRUCTIONS</b>		
I understand that school staff will follow the instructions I have given above. It is my responsibility to advise school of any alterations to dosage or times of administration and to ensure that the medication is within date.	<b>Please Sign/Initial</b>	

Signed/Date by Parent/Guardian: \_\_\_\_\_

Received/Checked by staff member: \_\_\_\_\_

## Appendix 4 – Medicine Log

ADMINISTRATION OF MEDICINE LOG - PARK ROAD CP SCHOOL							
DATE	NAME	CLASS	MEDICINE	DOSEAGE REQ'D	TIME ADMINSTERED	SIGNED	SIGNED

## Appendix 5 – AL1 Child's Special Dietary Requirement Form

Warrington School Meals Service

**WARRINGTON**  
Borough Council  
Warrington School

**Child's Special Dietary Requirement  
AL1 Form (Cashless)**

**Part A (to be completed by parent/carer)**

Pupil Name	Pupil Date of Birth
School Name & Class	School Start Date

**Parent/Carer Information**

Parent/Carer Name	
Address	
Telephone Number	Email Address

**Diet Details**

Type of Medical Diet/Allergen
Additional Information
Cultural/Lifestyle

Signed letter from Health Professional confirming allergy/medical requirement attached: YES / NO

I/we confirm that the details are correct and will inform the School of any changes in circumstances by completing the AL2 form. (Please note that we may contact you for further information).

Signed: \_\_\_\_\_ Relationship to Pupil: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the completed form (including confirmation letter from Health Professional) to your child's school**

The information received will only be used for the purposes of attending to your child's dietary needs, and will not be shared except with nutrition professionals and will be stored and maintained under the guidelines of the School's retention schedule.

Please note: Warrington Borough Council School Meals Catering Service agrees to undertake the provision of the diet as detailed. Whilst all reasonable precautions will be taken to ensure all products supplied are free from nut traces and other allergens, we cannot guarantee this to be the case as products may be subject to external influences which cannot be controlled by the Catering Service.

May 2019

**Child's Special Dietary Requirement**

**Part B (to be completed by School Office only)**

**School Office**

I have received, logged on school's management system (Sims) and sent the Medical Diet Form to the School Meals Catering Supervisor in the kitchen.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Please state how the child will be identified when collecting their lunch: Wrist Band: \_\_\_\_\_  
Ticke/Token \_\_\_\_\_ Escorted by a member of the school \_\_\_\_\_ Other \_\_\_\_\_

**N.B. The child will not be served a meal until all the checks have been completed, the child's dietary requirements are shown on the CYPAD tablet and the catering supervisor has confirmed a start date.**

**Part C (to be completed by Catering Supervisor only)**

**Catering Supervisor**

**Recommendation**

Meeting required with Parent/ Carer:

IF NO state action: \_\_\_\_\_

IF YES contact School Meals Head Office, who will arrange a meeting with relevant parties: \_\_\_\_\_

I confirm as Catering Supervisor, I fully understand the specified medical diet menu to be provided and that all food packaging will be checked prior to preparation.

I have inputted the child's dietary information onto the CYPAD system

I confirm that the information now shows correctly on the CYPAD tablet

Date of Commencement of Diet: \_\_\_\_\_

I have notified the School via Email of the start date.

Print Name \_\_\_\_\_ Signed \_\_\_\_\_

Date: \_\_\_\_\_ **Hand this form back to the school to be stored securely**