

Appendix A

Regina Coeli Catholic Primary School

Student Food Allergy Action Plan

Family/Student Section

Student's Name	
Class	
Allergy to (please highlight)	• celery • cereals containing gluten (such as wheat, rye, barley and oats) • crustaceans (such as prawns, crabs and lobsters) • eggs • fish • lupin • milk • molluscs (such as mussels and oysters) • mustard • peanuts • sesame • soybeans • sulphur dioxide and sulphites (at a concentration of more than ten parts per million) • tree nuts (such as almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans, pistachios and macadamia nuts)
If other, please note below	
Known level of reaction to allergen(s) and common symptoms	
What actions are required to deal with the allergic reaction?	
Is medication (adrenaline auto-injectors such as EpiPens etc.) required for the student to deal with allergy? If yes, which? (If yes to this, the parent / guardian will also need to complete a medication request form)	Yes / No
Has the above allergy been confirmed by the student's GP / doctor?	Yes / No
I am happy for the relevant allergen information on this form and (where	Yes / No

required) a photo of my child to be displayed in the school's staff room, medical area, Food Technology Department (staff area only) and the school's catering kitchen (near main servery) <i>(School please alter this list as required)</i>	
I am aware that the school may require more information, which may include medical information to ensure the safety of the pupil.	Yes / No
I am aware that in emergency situations the school may use one of their stocked AAI pens on my child.	
Name of parent / guardian completing form	
Signature of parent / guardian completing form	
Date of completion	

School Name Section (school to complete section)

Does the student's condition require additional controls such as access to medication? If yes, where will this be stored?	Yes / No
What, if any, additional controls are required?	
Does the student have a separate Individual Health Care Plan	Yes / No / NA
Confirmation that the parent / guardian has completed a medication request form that has been agreed by the school?	Yes / No / NA
Confirmation that the parent / guardian has supplied the above medication?	Yes / No / NA
Has the school requested / taken a photo of the student for display?	Yes / No / NA

Has the relevant information regarding person's the allergy been passed on to the school's first aiders?	
Do staff have the relevant training to deal with an allergic reaction (such as 'EpiPen' training etc.)	
Name of school's Responsible Person	
Date of completion	
Review date (Annual)	

Caterers and other Food Providers

If a student or staff member has a food allergy covered by this document, the school's food provider will be informed, so they can review ingredients and menus where required and help avoid serving food to people who should not have it.

Has a copy of the completed form (and in relation to students, a photo) been passed to the caterers?
Yes / No