Allergy Safety Policy

The review date is a guide and the policy remains in place until such time as it has been reviewed or superseded by updated relevant statutory guidance.

Last Reviewed:	**September 2026**
Date Reviewed:	**September 2026**
Reviewed by:	**Executive Team**
Next Review:	**September 2027**

This policy is in line with DfE *'supporting pupils at school with medical conditions'* (Statutory Guidance) December 2015

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1. Policy Statement

Children First Academy Trust is committed to safeguarding the health, wellbeing and inclusion of all children. In accordance with the principles underpinning Benedict's Law, the Trust will maintain robust allergy management arrangements, promote awareness of allergy-related risks, ensure staff are appropriately trained, and implement effective procedures to prevent, recognise and respond to allergic reactions and anaphylaxis. We believe that every child has the right to learn, thrive and participate fully in school activities within a safe and supportive environment.

This policy should be read alongside the Trust's Supporting Pupils with Medical Conditions Policy, Safeguarding Policy, Health and Safety Policy, First Aid Policy, Educational Visits Policy, Equality Policy and Attendance Policy.

The Trust recognises that allergic reactions, including anaphylaxis, can be serious and potentially life-threatening. We are committed to implementing effective arrangements for allergy prevention, risk reduction, emergency response and the promotion of wellbeing for individuals living with allergies.

This policy establishes the Trust's arrangements for:

- Identifying individuals with allergies;
- Reducing exposure to allergens;
- Supporting pupils with medical needs;
- Ensuring effective communication between parents, staff and healthcare professionals;
- Providing appropriate training for staff; and
- Responding effectively to allergic reactions and anaphylaxis.

All schools within the Trust will take reasonable and proportionate steps to minimise risks whilst ensuring that pupils with allergies are able to participate fully in all aspects of school life.

Allergy safety is everyone's responsibility and relies upon effective communication between pupils, staff, caterers and healthcare professionals.

Section 34 of the **Children's Wellbeing and Schools Act 2026** requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

Under Section 100 of the Children and Families Act 2014, schools have a duty to support pupils at their school with medical conditions.

The Trust will comply with all statutory requirements relating to allergy safety, including maintaining a written Allergy Safety Policy, maintaining individual healthcare plans where required, ensuring staff training, and holding spare Adrenaline Auto-Injectors (AAIs) in accordance with current legislation.

The Allergy Safety Policy will be reviewed annually but can be reviewed more frequently, particularly where incidents or 'near misses' suggest areas for improvement. Any review will take account of any incidents and 'near misses' and seek to learn lessons from them.

The Trustees of the Trust will ensure that the policy is readily accessible to parents and staff. The Allergy Safety Policy will be published on the Trust's website and a hard copy will be available on request.

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an 'allergen') they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

The most common causes of 'whole body' allergic reactions – including anaphylaxis – are:

- foods e.g. peanuts, tree nuts, cow's milk/dairy foods, egg, wheat, fish/shellfish and sesame;
- insect stings e.g. bee, wasps;
- medication e.g. antibiotics, pain medicines such as ibuprofen;
- latex e.g. rubber gloves, balloons, swimming caps.

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less serious allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact is very rare. Students who have a skin reaction need monitoring for at least an hour.

2. Equalities Statement

Children First Academy Trust understands that severe allergies are included in the Equality Act 2010. The act considers a person disabled if they have a physical or mental impairment that has a substantial and long-term negative effect on their ability to carry out normal daily activities. Seasonal rhinitis such as hay fever is explicitly excluded from the definition of disability, unless it aggravates the effect of another health condition.

Our Trust is clear about the need to actively support pupils with medical conditions to participate in school life.

The Trust will make reasonable adjustments where required in accordance with the Equality Act 2010.

Risk Assessments will be undertaken in accordance with Section 10.

3. Principles

- To comply with all relevant health, safety, food information, equality, safeguarding and allergy-related legislation, regulations and statutory requirements.

- To encourage proactive steps to keep pupils safe.

- To ensure pupils from diverse backgrounds, ethnicities or different cultural heritages are not disadvantaged when dealing with allergies and food labelling.

- To work with the catering provider to establish a robust process and documentation for menu planning, food labelling, storing, avoidance of cross-contamination, stock ordering of food/drink used at the school.

- To provide an effective staff awareness programme on food allergies and intolerances, possible symptoms (anaphylaxis) recognition and actions to take.

4. Allergy Management Checklist

- Does the child have an Individual Healthcare Plan
- Does your school hold the required number of spare Adrenaline Auto-Injectors (AAIs) which are accessible and regularly checked?
- Does each child have a completed and signed Allergy Action Plan?
- Have ALL school staff been trained in allergy and anaphylaxis?
- Does the school allergy policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAI's and each child's AAI?
- Does the school allergy policy cover catering for children with allergies?
- Does the allergy policy include pupil allergy awareness?
- Has the school completed an allergy risk assessment?
- Does the allergy policy include risk assessment of extra curricular activities?
- Does the allergy policy cover safeguarding children with allergies, including bullying?

5. Roles and Responsibilities

Practical Steps (see also Appendix I & Appendix II)

In order to put these principles into practice we will:

Governors/Trustees

Governors and Trustees are responsible for ensuring that:

- The Trust has effective arrangements in place to support pupils and staff with allergies.
- The Allergy Policy is reviewed annually and remains compliant with current legislation and guidance.
- Appropriate resources are available to implement this policy effectively.
- Allergy safety is monitored through regular reports from school leaders, including significant incidents, training compliance and policy developments.
- Allergy management forms part of the Trust's wider safeguarding, health and safety and wellbeing arrangements.
- Ensure adequate resources for the management of allergies are available.
- Ensure appropriate material is available on the school website for parent/carers highlighting how the school is managing pupils with allergies.
- Monitor the effectiveness of this Policy to ensure it remains fit for purpose.

The Headteacher will report annually to Governors on:

- Number of pupils with allergies.
- AAI usage.
- Near misses.
- Training compliance.
- Catering compliance.
- Policy review outcomes.

Headteacher

The Headteacher is responsible for ensuring that:

- This policy is implemented consistently across the school.
- Appropriate systems are in place to identify pupils with allergies and communicate relevant information to staff.
- Individual Health care Plans (IHPs) and Allergy Action Plans (AAPs) are maintained where required.
- Staff receive appropriate allergy awareness and anaphylaxis training.
- Emergency procedures are in place and understood by staff.
- Risk assessments are completed for activities where allergen exposure may occur.
- Parents/carers, healthcare professionals and catering providers are involved in supporting pupils with allergies.
- Allergy incidents, near misses and the use of AAIs are recorded, investigated and reviewed.

- Provide, as far as practicable, a safe and healthy environment in which people at risk of allergic reaction and anaphylaxis can participate equally in all aspects of school life and are not subject to bullying because of their condition.

- Ensure all visitors, volunteers, work experience students, sub-contractors are made aware of the school's commitment to allergy management as part of Safeguarding.

- Ensure the school sends a copy of the medical details it holds for the child to parents/carers for review and update at the end of each school year. Seek updated medical information at the commencement of each calendar year and for any pupil joining in year.

- Ensure effective communication of individual pupil medical needs to all staff and that they know how and where to check for updated information.

- Ensure there are enough trained staff to meet the statutory requirements and assessed needs, allowing for staff absences away from the school premises.

- Ensure First Aid staff training includes allergy awareness, anaphylaxis recognition, AAI administration and emergency response procedures.

- Ensure best practice in the labelling of foodstuffs and their contents.

- Report to the Board of Governors/Trustees regarding the management of allergies within the Trust.

Allergy Lead/Designated Medical Lead

Each school will appoint a named member of the Senior Leadership Team as the Allergy Lead

The designated Allergy Lead is responsible for:

- Maintaining an accurate register of pupils with allergies.

- Ensuring allergy information is shared appropriately with staff and catering teams.

- Coordinating the development and review of IHPs.

- Monitoring the storage, accessibility and expiry dates of medication, including spare AAIs.

- Maintaining records of training, incidents and near misses.

- Acting as the key point of contact for parents/carers and external professionals regarding allergy management.

- Supporting staff in implementing allergy-related procedures and risk assessments.

- Follow all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context.

- Report to the Headteacher regarding pupils with allergies.

- Lead on the training of staff regarding allergy medical needs and their identification and management.

- Work closely with in-house and sub-contracted Catering Managers and Chef Managers in assisting in the support of pupils with known allergies (including meeting with parents/carers where requested) to discuss any special requirements.

- Ensure all copies of the AAP/IHP located around the school and/or on IT systems are identical if an updated version is received.

- Where an AAP has not been received for a pupil with recognised allergies, or if the medication information is not clear, liaise with GP/School Nursing Team, to obtain an up-to-date copy and/or clarification.

- Be trained in the use of an Adrenaline Auto-Injector (AAI) and be competent in performing any possible required prescribed medical treatment as outlined in the pupil's IHP and/or AAP.

- Ensure all school trips, excursions or off-site extra curricula activities for pupils are pre-checked so that 'safe' food is provided or that an effective control is in place to minimise risk of exposure for pupils with allergies.

- Ensure spare AAI arrangements comply with Section 6 of this policy.

- Arrange for the correct disposal of out-of-date AAIs.

- Where anaphylaxis is suspected in an undiagnosed individual, call the emergency services and state ANAPHYLAXIS is suspected, then follow their advice as to whether administration of a spare AAI is appropriate.

- Ensure that, if a pupil notifies school that they are no longer allergic to a food, this information is checked prior to updating records and the IHP. (if applicable)

All Staff

All staff are responsible for:

- Following this policy and any individual healthcare arrangements relevant to pupils in their care.

- Complete statutory anaphylaxis training on an annual basis and be confident to respond to an allergy emergency.

- Recognising the signs and symptoms of allergic reactions and anaphylaxis.

- Taking immediate action in accordance with emergency procedures.

- Promoting an inclusive, allergy-aware environment.

- Following risk assessments and agreed control measures during lessons, visits and school activities.

- Reporting allergy-related incidents, concerns and near misses promptly.

- Follow as directed all the requirements of the school, including all legal requirements, recommended best practice and whole school procedures pertaining to allergies within the school context.

- Highlight the need for anti-bullying of pupils with the condition.

- Be aware of the pupils in your care (including regular cover classes) who have known allergies as an allergic reaction could occur at any time, not just at breaks or mealtimes.

- Any food-related activities must be planned, risk assessed and supervised in accordance with this policy.

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Parents/Carers

Parents and carers are responsible for:

- Informing the school of any allergy, medical diagnosis or changes to treatment.

- Providing up-to-date medication and ensuring it remains within its expiry date.

- Providing an Allergy Action Plan and supporting the development of an Individual Health care Plan where required.

- Ensuring contact details are kept up to date.

- Supporting their child to develop age-appropriate allergy awareness and self-management skills.

- Informing the school of any allergic reactions or significant changes occurring outside school.

- Contribute to the provision of an IHP in partnership with the school, and relevant healthcare professional, where required.

- Provide any other written medical documentation, instructions and medications as directed by a health professional.

- If you require it, meet with the catering manager to discuss any specific requirements relating to your child's allergy (information from these meetings will be recorded by the catering manager.)

- Be aware of the school Allergy Safety Policy and any arrangements for managing children with allergies and at risk of anaphylaxis.

- Communicate regularly with the school to support our ability to keep our children safe and act immediately in the event of an allergic reaction.

- Providing appropriate foods to be consumed by the child, if necessary, i.e. home packed lunch.

- Replace medications after use or upon expiry. Liaising with the school medical staff.

- Review the Policy and procedures with the school's Headteacher and/or Member of Staff responsible for medical needs, the pupil's GP and the pupil (if age appropriate) after a reaction has occurred.

Pupil with allergies (as age appropriate)

Where age and understanding permit, pupils are encouraged to:

- Take an active role in managing their allergy safely.

- Follow medical advice and school procedures relating to their allergy.

- Avoid sharing food, drinks, utensils or medication.

- Know how to access their medication and seek help if symptoms develop.

- Avoid eating anything with unknown ingredients.

- Know where their medication is kept and (if age appropriate and confident enough to administer their own auto-injectors) take responsibility for carrying AAIs on their person at all times.

- As soon as they suspect they are experiencing signs of allergic reaction, tell an adult.

Catering Staff and Providers

Catering staff are responsible for:

- Maintaining accurate allergen information for all meals.

- Following food safety and allergen management procedures.

- Taking reasonable steps to prevent allergen cross-contamination.

- Working closely with the school and parents/carers to provide safe meal options where required.

- Undertaking allergen awareness training appropriate to their role.

- Following agreed identification process to ensure meals are provided to the correct pupil.

6. Supply, Storage and Care of Medication

People at risk of anaphylaxis are prescribed one adrenaline device which they should carry with them at all times. This includes the journey to and from;

- School
- The classroom
- Lunch area
- Playground
- Sports field
- When on visits or trips

All emergency medication must be readily accessible, clearly identified and known to relevant staff at all times.

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAI's on them at all times (in a suitable bag-container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safe.

Serious anaphylaxis is a time critical situation; delays in administering adrenaline have been associated with fatal reactions. An adrenaline device needs to be administered within minutes so if the adrenaline device cannot be with them in the classroom, the adrenaline device should be stored in an appropriate central location.

Raynham School ensures all staff are aware of where AAIs are kept in your school including emergency AAI's.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- One AAI's i.e. EpiPen or Jext

- An up-to-date allergy action plan

- Antihistamine as tablets or syrup (if included on allergy action plan)

- Spoon if required

- Asthma inhaler (if included on allergy action plan)

It is the responsibility of the child's parents/carers to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Welfare Office/SENCO/First Aider (*delete or substitute as appropriate)* will check

medication kept at school on a termly basis and send a reminder to parents/carers if medication is approaching expiry.

Parents/Carers can subscribe to expiry alerts for the relevant AAI's their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, wherever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly,** so school staff need to be prepared to administer medication if the young person cannot.

Storage and Disposal

AAI's must be stored at room temperature (in line with manufacturer's guidelines), and not be exposed to extremes of heat. They should not be refrigerated or left in direct sunlight.

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/Local Authority (*delete as appropriate).*

The sharps bin is kept in the following room: **Medical room**

Spare AAIs

The Human Medicines (Amendment) Regulations 2017 permit 'spare' adrenaline devices to be used for the purpose of saving a life. This might be, for example, a child presenting for the first time with anaphylaxis due to an undiagnosed allergy.

Schools must maintain appropriately located and accessible spare AAIs in accordance with statutory requirements and manufacturer guidance. Immediate access to an AAI can be life-saving. Whilst it's vital that families have their own prescribed AAIs for their child, having spare AAIs at school adds an extra layer of reassurance for everyone involved. It's a step towards creating a safer and more inclusive environment for children managing severe allergies.

All Children First Academy schools hold spare adrenaline (AAIs) for use in emergency situations. These are not a replacement for pupil's own adrenaline devices. Pupils prescribed adrenaline are expected to have their own adrenaline devices with them at school for use in an emergency.

School type	***AAI for children under age 6 years*** *(150 micrograms)* *e.g. EpiPen Junior, Jext 150*	***AAI for individuals over 6 years of age*** *(300 micrograms)* *e.g. EpiPen, Jext 300*
State-funded nursery school	*One pair of "spare" devices*	*n/a*
Primary school	*One pair of "spare" devices*	*One pair of "spare" devices*
Secondary school	*n/a*	*One or two pairs of "spare" devices**
Special school	*One pair of "spare" devices***	*One pair of "spare" devices***

Raynham School holds: 4 AAIs
2x Mylan (Adrenaline) AI 0.3mg
2 x Mylan 0.15mg
These are located in:Medical Room and Dining Hall
(Insert locations)

They are stored in Orange containers and labelled ‘Emergency Anaphylaxis Kit’.

The school medical officer is responsible for checking that adrenaline devices are in date and remain clear (not cloudy) on a monthly basis. They will secure replacements one month before the current adrenaline device expires.

7. Catering

- Maintain accurate allergen information.
- Ensure pupils with allergies can access safe meal options.
- Maintain clear systems to identify pupils requiring special dietary provision.
- Work closely with parents/carers regarding individual dietary requirements.
- All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the ‘The 14’ regulated allergens must be available for all food products.
- Schools must provide up-to-date allergen information to caterers immediately upon notification and whenever changes occur.
- Catering staff must maintain documented allergen information, undertake allergen awareness training and follow procedures to minimise cross-contamination.
- Identify students with allergies at point of service by yellow Lanyards
- Ensure that food is always labelled as unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ‘may contain’ labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum e.g. cooking as well as that from the school kitchen.
- Teach pupils not to share food, drinks, utensils or containers with the reasons why.
- When staff provide food for the students, they receive additional training to ensure they understand how to read labels for food allergens and how to prevent cross-contamination during the handling, preparation and serving of food.
- Where food is not directly provided by the school/catering company for example brought in as treats or to celebrate birthdays parent/carer permission will be sought in advance to ensure inclusion and safety for pupils with allergies.
- These procedures apply to school-led breakfast and after school provision. Where this is provided by a third party Raynham School, will ensure that this policy is shared and the third-party provider meets the same procedures.

- Ensure that PTA events follow FSA Food Standards Agency legislation for food labelling, creating allergen matrices as necessary. Ensuring that PTA members who are serving food have a basic awareness of allergen management. **(Signpost them to free FSA training)**

- Students eligible for benefits based Free School Meals are entitled to their free school meal entitlement. School will work with parents/carers to determine the best way of ensuring that students receive their meal.

The school menu is available for parents to view in weekly/fortnightly/monthly advance (*please delete or substitute as appropriate*) with all ingredients listed and allergens highlighted on the school website at:

https://www.raynhamprimaryschool.org/

Aspen's our catering contractor have a Halal World Allergen Menu for children with allergies to choose from.

Parents/Carers are asked to complete an alternative menu form (please see Appendix VIII)

The Alternative Menu Form is then given to the cook managers for guidance for all pupils with allergen to ensure the cook/s have the correct information when preparing the allergen pupils meals.

- Alternative Menu Form (parents) to complete, copy provided to school/s and cook manager/s via the school/s
- Halal World Allergen menu (pupils with allergen) menu
- Halal World nutritional count (pupils) with any medical or diabetes/insulin dependant
- Special Diet Tacker (Form) to support both school/kitchens cook manager/s of progress
- Special Diets Parent letter – to support schools with Allergen Pupils

<u>Steps</u>

- Alternative Menu Form to be emailed by schools to parents for completion; if a parent has concerns or the pupil is at high risk with regards to allergen/s then I/OM must be emailed to arrange a meeting with both school/parents to discuss. Until we receive the completed Alternative Menu Form the cook manager will only provide a Jacket Potato for lunch.

The Alternative Menu Form is to (**safeguard**) those pupils with allergens; please note that if the paperwork is not in place or the current paperwork is out of date these should be checked and amended to reflect correct information with parent/s and a yearly updated photo where possible.

Aspens also provide training to their staff and liaise with school staff including Headteachers and Office Staff if any issues arise.

8. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- A red raised rash known as hives or urticaria anywhere on the body
- A tingling or itchy feeling in the mouth
- Swelling of lips, face or eyes
- Stomach pain or vomiting
- Mild throat tightness
- Sudden change in behaviour

These symptoms are treated with antihistamines.

More serious symptoms are often referred to as the ABC symptoms and can include:

- **AIRWAY** – swelling in the throat, tongue, or upper airways tightening of the throat, hoarse voice, difficulty swallowing.
- **BREATHING** – sudden onset wheezing, breathing difficulty, noisy breathing, persistent cough.
- **CIRCULATION** – dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the individual where they are, call for help and do not leave them unattended.
- **LIE individual FLAT WITH LEGS RAISED –** they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE DEVICE WITHOUT DELAY** and note the time given. AAIs should be by brand – always follow the instructions on the device.
- **CALL 999** immediately and state **ANAPHYLAXIS (ana-fil-axis).** Inform emergency services that adrenaline has been administered.
- If there is no improvement after 5 minutes, administer the second adrenaline device.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the individual where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All individuals must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can recur after treatment.

9. Minimising Risk and Exposure to Allergens

Minimising risk and the exposure to allergens is central to ensuring that individuals with allergies are safe from harm. Even a small amount of allergen can cause a reaction. Any food can cause a reaction with serious consequences for the individual and Raynham School will only eliminate a food following a risk assessment supported by medical advice when necessary. Where a food is restricted, this will be to the smallest area for the time necessary; for example, the cooking room for the duration of the lesson when the pupil with allergy is cooking. Blanket bans, especially to nuts, create a false sense of security. Whilst there are 14 key food allergens that cause over 9% of reactions, any food can cause a reaction.

The school will consider the needs of pupils with allergies when planning curriculum activities, food technology lessons, reward events, fundraising activities, educational visits and lettings.

Raynham School is allergy aware ensuring that the staff and students are actively aware of the risk posed by allergens, take steps to minimise the risk of exposure and have robust emergency response plans in place.

Risk assessments will be undertaken in accordance with Section 10 of this policy.

Raynham School will ensure that the risk of exposure is minimised by:

- All school staff allergy training every year.
- Educating students through awareness assemblies and within PSHE.
- Educating PTAs (Parent Teacher Associations) about school expectations for allergy management.
- Communicating with all visitors, temporary staff and cover staff that they will be teaching a student with an allergy and ensuring that the member of staff has been trained in allergy and anaphylaxis emergency response.
- Working closely with parents/carers and health professionals to understand the pupil's allergy.
- Monitoring this policy to ensure that the agreed practices are implemented.
- Establishing and maintaining high hygiene standards amongst staff, pupils and visitors.

10. Risk Assessment

The Trust adopts a proactive approach to identifying and managing allergy risks.

The aim of risk assessment is not to eliminate participation but to reduce the likelihood of allergen exposure whilst enabling pupils to participate fully in school life.

Risk assessments will be completed:

- On admission

- Following diagnosis of a new allergy.
- Following a serious incident or near miss.
- Before educational visits.

All schools will undertake:

- A whole school allergy risk assessment.
- Individual risk assessments for pupils with significant allergies where appropriate.
- Activity specific risk assessments where allergens may be present.

Risk assessments may consider:

- Curriculum activities involving food.
- Food technology lessons.
- Educational visits.
- Sporting events.
- School celebrations and events.
- Breakfast and after school clubs.
- Visitors bringing food onto site.
- Animals and therapy dogs.
- Before activities involving food preparation or consumption.
- Non-food allergens such as latex.

The Trust recognises that blank food bans may create a false sense of security and will only restrict specific allergens where evidence, risk assessment and professional advice indicate that such controls are necessary.

Control measures may include:

- Enhanced supervision.
- Alternative activities.
- Additional hygiene procedures.
- Modified food arrangements.
- Increased staff awareness.
- Temporary restrictions within defined locations.

Risk assessments will be reviewed whenever circumstances change.

Raynham School completes a school wide allergy risk assessment that seeks to minimise the risks of exposure to known allergens.

The risk assessment will include:

- Identifying the food used within the curriculum and making adaptations to remove allergens that pose a risk for the whole group, not just the pupil who has the allergy.
- Conducting specific risk assessments to manage the risks of exposure to allergens in individuals when planning external visits or trips.
- Identify measures to manage risks of exposure to a food allergen through food brought in by others (for example, parents, students, staff).

- Identify measures to manage the risks of exposure to a food allergen through food provided by the school.
- Putting in reasonable measures to manage the risk of individuals being exposed to allergens where they have a known allergy to airborne or contact allergens.
- Identifying non-food allergens within the environment and making adaptations to remove/reduce allergens that pose a risk; for example, therapy or school dogs would require enhanced cleaning and limiting to specific areas, hygiene measures after pupils have worked with the therapy dog.

Raynham School will ensure that allergy is included in all school risk assessments to identify risks and plan control measures to minimise the risk of exposure.

11. Training and Awareness

Roles and Responsibilities:

Roles and responsibilities relating to allergy management are detailed in Section 5 of this policy. Staff training requirements and emergency response arrangements are outlined below.

The Trust will ensure all staff receive appropriate training to fulfil their responsibilities under this policy.

Training will be provided:

- At induction.
- At least annually thereafter.
- Following significant policy updates.
- Following incidents where additional learning has been identified.

Training may be delivered face-to-face or through approved online programmes.

Training content will include:

- Understanding allergies and allergic reactions.
- Understand their responsibilities in reducing risk and ensuring pupils are prevented from coming into contact with their allergens
- Risk reduction strategies.
- Recognition of anaphylaxis.
- Emergency response procedures.
- Use of Allergy Action Plans and Individual Healthcare Plans.
- Incident reporting procedures.
- Responsibilities under this policy.

Allergy awareness will also be promoted among pupils through age-appropriate curriculum opportunities, assemblies and wellbeing initiatives.

Emergency Action Procedures

Raynham School will annually hold a practice response to anaphylaxis, review how the practice went and update policy and procedures.

Throughout the year staff will be reminded of key aspects of the policy such as:

- How to find out who has an allergy
- Ensure spare AAI arrangements comply with Section 6.
- Practice with adrenaline trainer devices

Raynham School will communicate key messages regarding risk reduction leading up to trips and end of term celebrations.

During fire drills and lockdown practices Raynham School will ensure that a pupil's AAI device is with them. Should a real evacuation happen, the pupil may have to go home without adrenaline if this has not been taken out during a fire evacuation.

12. Identification of Individuals with Allergies

Admissions Data Collection – Raynham collects detailed medical information from parents/carers regarding known allergies, dietary restrictions, and treatment histories prior to admission in the pupil's admission pack.

Information Sharing – UK GDPR does not prevent the sharing of a pupil's health information (special category data). Relevant information is securely compiled and shared as necessary in a controlled way with teaching staff, support staff, supply cover, and catering teams while maintaining appropriate data privacy. This is done through Arbor

Transition: Allergy information and existing care plans are shared as part of a pupil's transition.Raynham Primary School will request allergy information from the previous school or setting and will consider whether any of the arrangements are suitable to implement. Raynham School shall work with parents/carers and the pupil if appropriate to write a new IHP. Staff will provide information about students for transition visits ahead of a formal move.

Staff: Pre-employment questionnaires will ask whether they have any allergies. If an allergy is declared, there will be a discussion and action plan created to ensure that the member of staff has a safe working environment.This is done by the School Welfare Manager.

Visitors and regular volunteers: will be asked about allergies ahead of their visit. If an allergy is declared, the allergy lead will be notified, and this information will be communicated as necessary to ensure that the visitor or regular volunteer has a safe working environment. This information is shared with the school Welfare Manager.

13. Individual Healthcare Planning

Allergy Action Plans

All pupils diagnosed with a significant allergy should have an Allergy Action Plan (AAP) completed by an appropriate healthcare professional.

The AAP will include:

- Allergy details.
- Symptoms.
- Prescribed medication.
- Emergency treatment instructions.
- Emergency contact information.

The school will ensure that:

- An up-to-date AAP is obtained whenever available.
- Copies are accessible to all relevant staff.
- The AAP is reviewed whenever updated by the healthcare professional.
- Parent/Carer consent for administration of medication is retained.

Individual Healthcare Plans (IHPs)

Individual Healthcare Plans are an essential communication tool that provide clarity about the arrangements which need to be in place to ensure that a student is fully included in the life of the school. It will identify exact risk-mitigation measures that need to be followed. Individual Healthcare Plans are school owned documents that are co-created by the school, parent/carers and pupils if appropriate.

They should include any advice received from health professionals. If there is no advice from health professionals, information and support can be requested of the school nurses if this is needed.

Where a child has an allergy action plan and/or asthma plan, this must be included with the IHP.

It is good practice to review IHPs annually or when staff change however, they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

The school will develop an individual Healthcare Plan (IHP) where required:

IHPs will:

- Be developed in partnership with parents/carers and relevant professionals.
- Identify risk reduction measures.
- Detail arrangements for medication.
- Enable participation in school activities.
- Be reviewed annually or following any incident or near miss.

Review Arrangements

It is good practice to review IHPs annually or when staff change however, they must be reviewed if an incident or near miss occurs. They need to be brought to the attention of supply or cover staff and be passed on during transition to a new school.

Raynham School will ensure that:

- Pupils with an allergy action plan and/or asthma plan have an individual healthcare plan.
- Pupils without an allergy action plan or asthma plan but have an allergy that needs active management over and above what other pupils need will have an IHP.
- Individual Health care Plans are created whilst pupils are waiting for a diagnosis.

14. School Trips and External Visits

Raynham School ensures that pupils with allergies are fully included in every trip, sporting event, or extracurricular activities.

A trip specific risk assessment will be completed in accordance with Section 10.

Details of the trip and the risk assessments carried out must be entered onto EVOLVE.

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils have their medication including AAIs with them before departure. Pupils unable to produce their required medication will not be able to attend the trip.

In conjunction with the allergy lead, the trip leader will review the risk assessment to determine whether the school's spare adrenaline devices should be taken on the trip. Raynham School will provide additional spare AAIs should the risk assessment for the trip deem necessary to take them ensuring that pupil's remaining in school still have access to spare AAI devices should the need arise.

Raynham School will notify the host school, when arranging a sporting fixture, that a member of the team has an allergy.

15. Serious Incidents and Near Misses:

The Trust is committed to learning from incidents and improving practice.

All incidents and near misses will be logged, investigated and reviewed to identify lessons learned and any amendments required to risk assessments, IHPs or school procedures.

All allergic reactions, use of AAIs and significant near misses must be reported in accordance with school procedures.

Examples of near misses include:

- Incorrect food being served.
- Allergen labelling errors.

- Accidental allergen exposure where no reaction occurred.
- Failure to follow established allergy procedures.

Following an incident, the school will:

- Record and investigate the event.
- Review contributing factors.
- Consult parents/carers where appropriate.
- Identify lessons learned.
- Update risk assessments and healthcare plans where required.

Records relating to allergy incidents, administration of medication, training and healthcare plans will be retained in accordance with the Trust's Records Management and Data Retention Schedule.

Following any use of an AAI, a formal post-incident review will be undertaken within five school days where practicable.

The Trust promotes a culture of learning rather than blame when reviewing incidents.

Raynham School is aware, when an incident occurs, that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Raynham School will share the report with the pupil's parents/carers, pupil (if appropriate) and the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review.

Raynham School will confirm what it has learned from the incident and outline any actions it is taking as a result. The pupil's IHP will be updated if necessary.

16. Wellbeing and Support

Living with a severe allergy can have a significant impact on a pupil's emotional wellbeing.

The Trust is committed to creating an environment in which pupils with allergies feel safe, supported and included.

Raynham School will:

- Promote an allergy aware culture through pupil education, staff awareness, inclusive celebration activities, proactive anti bullying measures and ongoing communication with pupils, parents and staff.
- Provide age-appropriate education regarding allergies and anaphylaxis.
- Encourage respectful and supportive behaviour.
- Address concerns about anxiety linked to allergy management.
- Ensure school events and celebrations are planned inclusively.
- Support pupils during periods of transition.
- Regularly communicate to pupils, parents and staff about allergies, ensuring ongoing awareness and appreciation of the severity of the potential risks

- Promotes ‘allergy champion’ roles for staff and students (not just within the catering team) who act as a point of contact for students and staff with allergies, they can share feedback and support new joiners or anxious pupils
- Invites new joiners with allergies to have a tour of the kitchen so they can meet staff and get used to the mealtime environment which may help to reduce anxiety and enable staff to identify students with allergies in the dining hall
- Has proactive engagement with new joiners with known allergies, setting out the Trust/School’s policies and the support available.

17. Safeguarding

The Trust recognises that allergy management may at times become a safeguarding concern.

Safeguarding concerns may arise where:

- Significant medical information is withheld from the school.
- Essential medication is repeatedly not provided.
- Medical advice is consistently disregarded.
- A child is placed at avoidable risk due to inadequate allergy management.

Raynham School recognises that a safeguarding referral may be needed if an incident highlighted concern that the child or young person might be at an increased risk of being neglected, abused or exploited by persons inside or outside of their family unit because of their medical condition. This might occur where relevant information about a child or young person’s medical condition is not provided to a school or where they are repeatedly sent without essential medication, thereby putting the individual at risk.

Where concerns arise, staff will follow the school’s safeguarding procedures and consult the Designated Safeguarding Lead.

Unacceptable practice

The Trust considers the following examples to be unacceptable practice.

- Preventing pupils from accessing prescribed emergency medication.
- Failing to follow a pupil’s healthcare plan.
- Ignoring advice from healthcare professionals.
- Excluding pupils unnecessarily from activities.
- Requiring parents/carers to attend school to administer medication where reasonable school arrangements should be in place.
- Dismissing concerns raised by pupils or parents/carers.
- Penalising pupils for allergy-related medical absences.
- Assuming that every child with the same condition requires the same support
- Assuming that older children and young people do not require support related to their allergy, even if they are able to take increasing responsibility for its management
- Ignoring the views of the child or young person or their parents or carer
- Ignoring medical evidence or the opinion and advice of healthcare professionals
- Assuming that a child or young person does not have an allergy because they do not yet have a diagnosis, for example while medical investigation is under way

- Sending a child or young person who becomes unwell to a school office or medical room without suitable supervision. In the case of an emergency or suspected emergency (for example anaphylaxis) help should come to the child or young person
- Penalising children or young people for their attendance record if their absences are related to their medical condition, e.g. hospital appointments and health management. This includes excluding children and young people from rewards for % attendance where their non-attendance is the result of a medical condition. This should be reflected in attendance policies.

Concerns relating to unacceptable practice will be managed through appropriate safeguarding management or disciplinary procedures.

18. Policy Monitoring and Review

The Trust recognises that allergy safety is a shared responsibility. Effective management depends upon partnership working between pupils, parents and carers, staff, healthcare professionals, catering providers, governors and trustees. The Trust is committed to fostering an allergy-aware culture in which risks are managed proactively and pupils with allergies are supported to participate fully, safely and confidently in all aspects of school life.

The Trust will monitor the implementation and effectiveness of this policy through:

- Annual policy review.
- Allergy incident review.
- Monitoring of staff training records.
- Medication and AAI audits.
- Review of Risk Assessments.
- Feedback from pupils, parents/carers and staff.

The Headteacher will ensure effective implementation within their school.

The Trust Board will receive assurance regarding allergy safety arrangements and policy compliance.

This policy will be reviewed annually or sooner in response to:

- Changes in legislation.
- National guidance updates.
- Significant incidents.
- Monitoring identifies a need for improvement.
- Emerging best practice.

This policy is published openly on the school website and is reviewed at least annually, or more frequently in response to local incident trends or updated statutory guidelines.

APPENDIX I

FIRST AID FOR ANAPHYLAXIS

Recognise the Signs of Anaphylaxis...

A Airways
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing
- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening.
Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

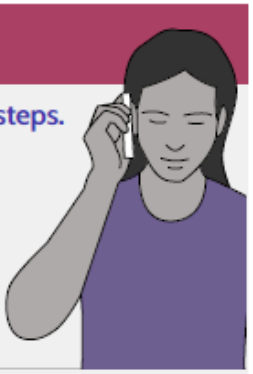
1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, **give the AAI, it will not harm them.**



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT let them stand up and walk around.**



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

Empower • Include • Protect
AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance.

APPENDIX II

Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

HOW TO USE EPIPEN AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Remove the blue safety cap

Grasp the EpiPen in your dominant hand and remove the blue safety cap by pulling straight up. **Remember: Blue to the Sky, Orange to the Thigh!**

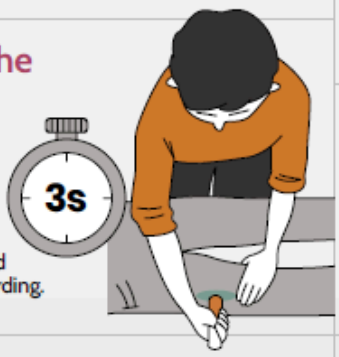


2. Position the orange tip

Hold the EpiPen at 90°, approximately 10cm away from the leg, with the orange tip pointing towards the outer thigh.

3. Administer the EpiPen AAI

Jab the EpiPen firmly into the outer thigh at a right angle. Hold firmly for 3 seconds, before removing and safely discarding.





4. Once the EpiPen AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**

5. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side .



6. If there are no signs of improvement after 5 minutes, use a second EpiPen AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

7. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.



For more information on EpiPen AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your EpiPen is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

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Registered charity England & Wales (1181098) Scotland (SCO51610). Based on BSACI and 2023 MHRA guidance. Source: EpiPen.

APPENDIX II

Epipen AAI and Jext AAI Instructions

ANAPHYLAXIS

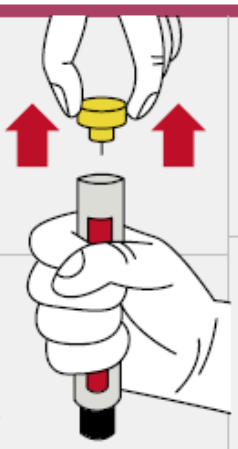
HOW TO USE JEXT AAIS

If you think someone is have an anaphylactic reaction, give the AAI without delay. It will not harm them.

Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

1. Hold the Jext AAI in the hand you write with

Hold with your thumb closest to the yellow cap. **Pull off the yellow cap with your other hand.**



2. Place the black injector tip against the outer thigh

Hold the injector **at a right angles (approx. 90°) to the thigh.**

3. Push the black tip as hard as you can into the outer thigh

Wait until you **hear a 'click'** confirming the injection has started, then keep it pushed in. Hold the injector firmly in place against the thigh for **10 seconds (a slow count to 10)** then remove. The black tip will extend automatically and hide the needle.



4. Massage the injection area for 10 seconds

5. Once the Jext AAI has been administered call 999

Ask for an ambulance and say **"ana-fill-axis".**



6. Lie the person down with legs raised immediately

If the person is not already lying down, they should do so, **with legs raised if possible.**

If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



7. If there are no signs of improvement after 5 minutes, use a second Jext AAI

The person should remain still and lying down until the ambulance arrives. **Don't try to get up, even if you start to feel better.**

8. Start CPR

If there are no signs of life, **start CPR immediately** until help arrives.



For more information on Jext AAIs >>

Sign up to the free expiry alert service and receive reminders by text or email when your Jext AAi is about to expire >>

Natasha Allergy Research Foundation
The UK's Food Allergy Charity

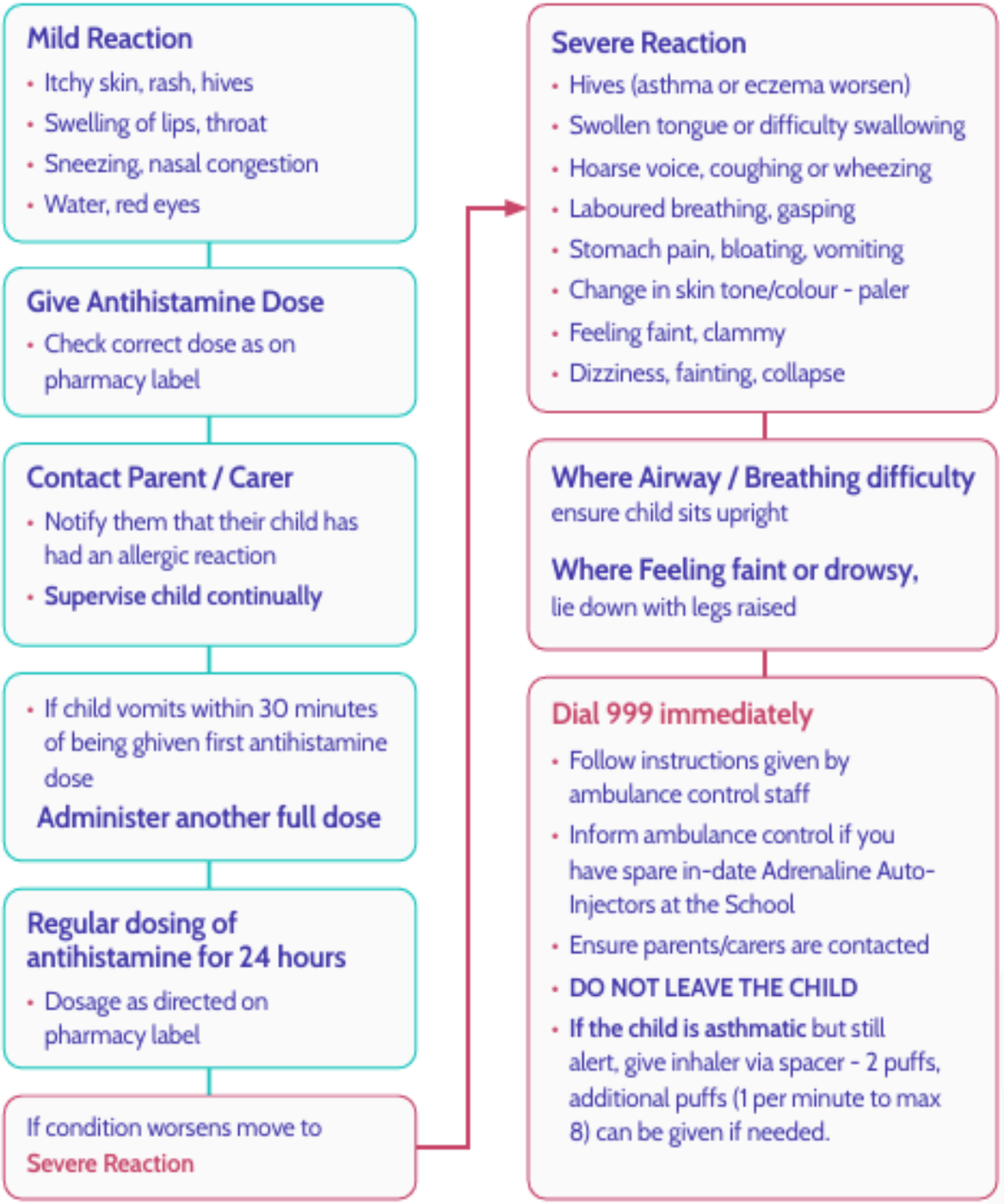
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AllergySchool.org.uk

Registered charity England & Wales (1181098) Scotland (SC051610). Based on BSACI and 2023 MHRA guidance. Source: Jext.

Appendix III

Flowchart for Allergic Reaction without use of Adrenaline Auto-Injector.

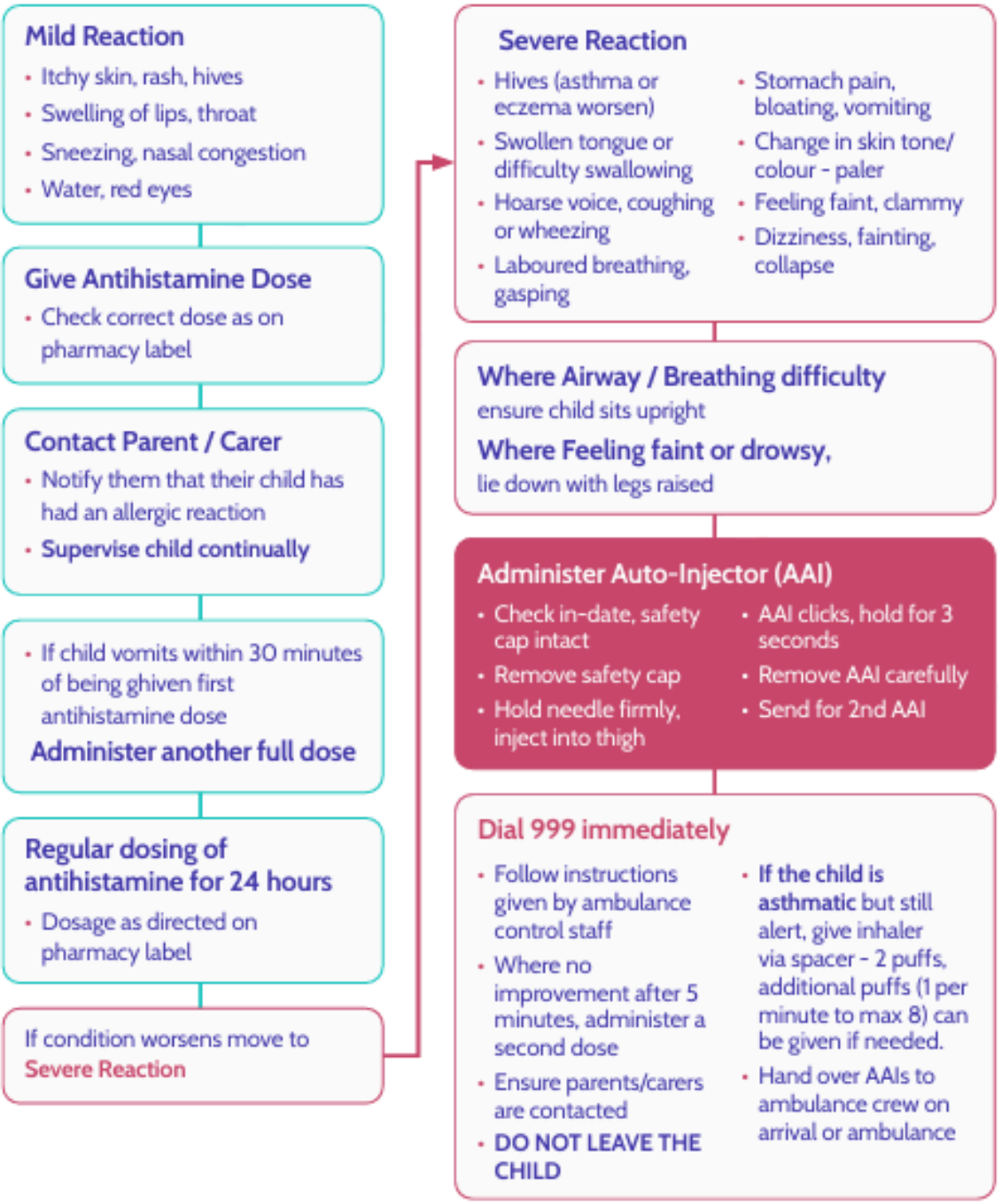
Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix IV

Flowchart for Allergic Reaction with use of Adrenaline Auto-Injector.

Refer to the child's BSACI Allergy Action Plan if they have one and call for other staff help if needed



Appendix V

Information on allergies

The most common causes of food allergies relevant to this Policy are the fourteen food allergens:

- **Cereals containing Gluten**
- **Celery**
- **Crustaceans**
- **Eggs**
- **Fish**
- **Soya**
- **Milk**
- **Nuts**
- **Peanuts**
- **Mustard**
- **Sesame Seeds**
- **Sulphur dioxide/Sulphites**
- **Lupin**
- **Molluscs**

However, it is possible that any food has the potential to cause an allergic reaction. Contact with any food or materials containing a child's allergen has the potential to cause an allergic reaction for that child.

Latex, chemicals, medicines, grasses, pollen, weeds, trees, pets, insect venom and animal dander (shedded flakes of skin) can also cause allergic reactions.

Symptoms

Mild to moderate symptoms include:

- Swelling of the eyes, face and lips
- Runny or congested nose
- Raised itchy rash (hives), eczema flare, skin flushing
- Itchy mouth
- Stomach cramps, nausea, vomiting, diarrhoea

Severe symptoms include:

- Swollen tongue, hoarse voice or cry, difficulty swallowing and talking
- Chest tightness
- Breathing difficulties, persistent cough, wheeze
- Low blood pressure, feeling faint, collapse
- Pale and floppy (babies and small children)

Appendix VI

Other support and resources

- Allergy Guidance for Schools - https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools
- Allergy UK Helpline: providing support, advice and information for those living with allergic disease tel. weekdays 9am-5pm 01322 619898 - www.allergyuk.org
- Early Years Foundation Stage Statutory Guidance, Section 3 Safeguarding and Welfare Requirements - Food and Drink - Statutory framework for the early years foundation stage (publishing.service.gov.uk)
- Example menus for early years settings in England - Part I Guidance - Example menus for early years settings in England: part 1 (publishing.service.gov.uk) - Managing food allergies, intolerances and meeting cultural needs; Providing food allergen information; Reading food labels; Allergen information
- Food Standards Agency food allergy and intolerance online training - https://allergytraining.food.gov.uk/
- For pupils / students with Medical Conditions at School - Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

  Wales: https://www.gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf

  Scotland: https://www.gov.scot/publications/supporting-children-young-people-healthcare-needs-schools/

  Northern Ireland: https://www.education-ni.gov.uk/publications/supporting-pupils-medication-needs
- FSA reporting tool for allergies - https://www.gov.uk/government/news/fsa-launches-allergy-and-intolerance-reporting-tool
- Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

  Wales: https://www.gov.wales/sites/default/files/publications/2018-12/guidance-on-the-use-of-emergency-adrenaline-auto-injectors-in-schools-in-wales.pdf

- Training for Schools - https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/
- Transitioning to Secondary School - https://www.anaphylaxis.org.uk/living-with-serious-allergies/serious-allergy-guidance-for-parents/preparing-for-and-managing-the-transition-to-secondary-school/
- Whole school allergy and awareness management - https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

Appendix VII



Appendix VIII – Aspens Alternative Menu Form

Alternative Menu Form
(Allergy & Lifestyle Notification and Medical Diet Request)

The Company is committed to providing support for children with medical dietary requirements and any allergy or lifestyle needs.

For core allergy and lifestyle requirements, this form can be returned to the school directly to notify the catering department of your child's requirements. Allergen safe menus that cover the 14 legal allergens are available to all schools. Vegan and Halal menus are also available on request. Allergen safe menus are managed in accordance with our Allergy Policy. Parents may need a menu consultation with the catering team.

For medical diet requests, this form can be returned to the school who should forward it on to the operations manager. The Operations Manager & Catering manager may need to meet the student's parent/guardian to discuss any specific requirement and will consult with the company Nutritionist for bespoke dietary needs.

Students Details					
School/Academy					
Student's Name					
Student's Class					
Diet requests are categorised into allergies, lifestyle and medical. Please complete the section/s which are applicable to the child's dietary needs.					
Allergy or Intolerance Notification please indicate the allergy/ies your child **CAN NOT** consume					
Please confirm if allergy or intolerance Allergy Intolerance	Peanut	Milk	Crustacean	Soybean	Fish
Please indicate the foods the student **CAN NOT HAVE:**	Celery	Nuts	Sesame Seeds	Mustard	Lupin
	Eggs	Molluscs	Gluten	Sulphites	*Other
*Other – Please state (if the child has a dietary requirement outside of these 14, a bespoke menu may be required).					
Please provide details of the nature of the allergy/intolerance- ingestion/direct contact/in-direct contact					
Has the allergy or intolerance been medically diagnosed? (This must be provided confirmed for students with severe reaction / anaphylactic shock.)					
Do you require a menu consultation with the catering team? – this maybe required for some students					

V6 June 2025

Lifestyle Request
Please provide details for dietary requirements based on lifestyle choices: • Halal • Vegan • Other (bespoke menu required, please provide details below)

Medical Request
If the child requires a modified texture diet, please tick which texture/s **is** suitable: • IDDSI 7: Easy to chew • IDDSI 6: Soft & bite-sized • IDDSI 5: Minced & moist • IDDSI 4: Pureed / extremely thick • IDDSI 3: Liquidised / moderately thick • OTHER : Please complete below Any additional details:
Please provide details of any other medical dietary needs. Please attach evidence from a health professional (where necessary)

Parent/Guardian Details	
Contact name and relationship	
Contact – phone number and email address	

Other Information (completed by the Caterer)			
Has a photo been provided if required		If EpiPen/ medicine is needed, who is the contact in school and is it kept on site?	

Parent/Guardian Acceptance		
Whilst we can provide meals which do not include allergens, please understand that these meals are prepared in a kitchen where other foods are stored, prepared & cooked that contain allergens. I confirm that the information supplied is correct and will notify of any changes to the school and caterer immediately. I consent to the caterer having a storing and photo of my child and also understand that this information will be shared with others and maybe displayed in the kitchen.		
Name	Signed	Date

Company use only

Agreed Actions		
The Company uses a colour coding system to identify student requirements. **Based on the above information, please confirm which applies:** • **RED** – student has had a severe reaction/anaphylactic shock to known food or has a risk of choking. • **AMBER** – student has an intolerance. • **BLUE** – student excludes foods due to lifestyle choice.		
RED Category Student Plated Meal provided Packed lunch provided by the parent/guardian. Student going home. Modified texture menu required Other		
Type of Menu Agreed		
AMBER & BLUE Student – Parent to order suitable meal from the menu following		
Any other relevant information		
Operations/Area Manager	Signed	Date
Catering Manager Name	Signed	Date

We take the security of child data seriously. Any information provided will be stored securely and will only be shared with the staff needed to produce and serve an appropriate menu for your child. We may request a photograph of your child to ensure we provide the correct meal at the point of service. The medical information provided, and any photograph, will be destroyed/deleted once it is no longer needed.
In certain circumstances, the medical information may be shared with our trusted 3rd party, Added Value Enterprises, for additional meal design support. They follow the same data protection principles.

Any queries on data privacy should be raised with the company Operations team at the school, or with the company Data Protection Officer - dpo@support-services.com

V6 June 2025