Norfolk County Council

NCC Allergy Safety Model Policy for Schools P661

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1.0 Introduction

Ashleigh Primary School and Nursery is committed to providing a safe, inclusive environment for all pupils, staff and visitors with allergies. The school recognises that allergies can be life-threatening and that effective prevention, preparation and emergency response arrangements are essential.

This policy aims to:

- Reduce the risk of exposure to allergens.
- Ensure prompt recognition and treatment of allergic reactions and anaphylaxis.
- Promote inclusion and equality for pupils with allergies.
- Meet statutory duties relating to medical conditions, health and safety, safeguarding and equality.
- Comply with the requirements of associated statutory guidance.

2.0 Scope

This policy applies to:

- All pupils;
- All staff;
- Volunteers;
- Contractors;
- Visitors;
- School catering providers;
- Wraparound, breakfast and after-school provision;
- Educational visits and off-site activities.

3.0 Roles and responsibilities

3.1 Governing body / trustees

The governing body or trustees will:

- Approve and review this policy annually;
- Appoint a named governor for allergy safety – this will also be recorded in P611s (model school health and safety policy);
- Monitor incidents and near misses;
- Ensure resources are available for implementation.

3.2 Headteacher

The headteacher will:

- Ensure effective implementation of this policy
- Designate a senior leader responsible for allergy safety (allergy lead) – this will also be recorded in P611s;
- Schools should nominate at least two members of staff (AAI coordinator) with responsibility for managing spare AAI stock, expiry monitoring and replacement arrangements - this will be recorded in P611s;

- Ensure all staff (including temporary staff) receive training – this will also be recorded in P611s.

3.3 Allergy Lead

The named Allergy Lead will:

- Maintain allergy records;
- Coordinate Individual Healthcare Plans (IHPs) and maintain the allergy register;
- Monitor AAI stocks (G661 & G661-A);
- Review incidents and lessons learned.

3.4 AAI Coordinator

At least two members of staff should be designated to manage:

- Supply of spare AAIs;
- Storage arrangements;
- Monthly inspections;
- Expiry monitoring and ordering replacement devices.

This helps ensure continuity during absences and periods of leave.

3.5 Staff

Training should ensure staff can:

- Recognise allergic reactions;
- Recognise anaphylaxis;
- Understand emergency procedures;
- Locate Emergency Anaphylaxis Kits;
- Summon assistance promptly.

Schools should maintain sufficient trained staff to provide effective coverage during:

- Staff absences;
- Lunchtimes;
- Educational visits;
- Off-site activities;
- Before and after school provision;
- The location of Emergency Anaphylaxis Kits.

All staff (including temporary) must:

- Complete allergy awareness and AAI training;
- Read relevant individual healthcare plans (IHP), be aware of known allergy risks;
- Know emergency procedures (including the school's Allergy Safety Policy and associated documents);
- Report incidents and near misses;
- Promote and maintain allergy awareness among pupils;
- Maintain awareness of our allergy safety policy and procedures;
- Be able to recognise the signs of severe allergic reactions and anaphylaxis;

- Be aware of specific pupils with allergies in their care;
- Reduce the risk to pupils with known allergies coming into contact with known allergens;
- Ensure the wellbeing and inclusion of pupils with allergies.

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy;
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis;
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner;
- Following the school's guidance on food brought in to be shared;
- Updating the school on any changes to their child's condition.

4.0 Identification of pupils with allergies

The school will:

- Obtain allergy information during admission;
- Maintain an allergy register (F661);
- Review records annually and when circumstances change;
- Develop Individual Healthcare Plans (IHP) for pupils with diagnosed allergies.

The school will also seek to identify known allergies affecting staff and regular visitors where this information is necessary to manage risks and support emergency arrangements.

5.0 Individual Healthcare Plans (IHP)

Schools should obtain and retain the pupil's current clinical allergy action plan wherever one has been provided by healthcare professionals and ensure that it informs the school's Individual Healthcare Plan. The school will utilise the DfE model IHP template document.

Pupils should have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment;
- They are at risk of harm as a result of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of allergy for them to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child shows symptoms, rather than proceeding to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to make sure that arrangements are put in place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

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

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made

under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required;
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required.

Individual Healthcare Plans will include:

- Allergen triggers;
- Signs and symptoms;
- Prescribed medication;
- Location of medication;
- Emergency procedures;
- Contact details;
- Educational visit arrangements.

IHP's will be reviewed:

- At least annually;
- Following any reaction;
- Following a significant change in condition.

6.0 Staff training

All staff will receive annual training. This training will ensure staff understand allergy, anaphylaxis, asthma and other allergic conditions, can identify allergy triggers and symptoms, understand emergency procedures, know how to use Allergy and Asthma Action Plans, understand the impact of allergy on wellbeing and inclusion, and know how to report incidents and near misses.

Training records will be maintained.

7.0 Adrenaline auto-injectors (AAIs)

Pupils prescribed adrenaline devices should have access to their own prescribed devices at all times, including during lessons, breaktimes, lunchtime, educational visits and while travelling to and from school, subject to age, safeguarding and individual healthcare plan arrangements.

The school will:

- Hold spare in-date AAIs;
- Store AAIs in accessible and clearly identified and known locations – Spare AAIs must be positioned so that they can normally be accessed within five minutes from any occupied area of the school site;
- Undertake monthly checks of expiry dates and stock. Schools should maintain a documented monthly inspection record for all Emergency Anaphylaxis Kits;
- Ensure staff (including temporary staff) are appropriately trained, understand how to access support / emergency procedures and know storage locations;
- Where reasonably practicable, schools should aim to purchase the AAI brand most commonly prescribed to pupils attending the school;
- Schools should ensure spare AAI devices are appropriate to the age profile of pupils attending the school and should seek appropriate clinical advice where required.;

- Use emergency AAIs in accordance with national guidance and training.

8.0 Risk reduction measures

8.1 Food Allergy Management

The school recognises that food allergy is one of the most common causes of severe allergic reactions and anaphylaxis in children and young people. The school will take reasonable steps to minimise the risk of accidental exposure to allergens while ensuring that pupils with allergies remain fully included in school life, including access to school meals, educational activities, clubs, visits and special events.

Allergen Information and Catering Arrangements

The school will work with catering providers to ensure that accurate allergen information is available for food provided on site and that arrangements are in place to support pupils with food allergies safely. The school will ensure that allergen information is communicated clearly to pupils, parents and carers in accordance with relevant food information legislation.

The school will:

- Work closely with catering providers to identify and manage allergen risks;
- Ensure allergen information is readily available and kept up to date;
- Remind children to wash their hands before and after eating;
- Support communication between families and catering providers where specific dietary arrangements are required;
- Consider appropriate arrangements for identifying pupils requiring allergen-safe meals;
- Ensure that any menu changes are communicated and reviewed for potential allergen implications.

Food Brought into School

The school recognises that food brought into school by pupils, parents, carers, staff and visitors may present additional allergy risks.

The school will:

- Provide information and guidance to parents and carers about allergy-related expectations;
- Encourage food to be clearly labelled where appropriate;
- Consider allergy risks when planning events involving food;
- Take reasonable steps to minimise the risk of accidental allergen exposure through food provided by others;
- Promote an allergy-aware approach rather than relying solely on allergen-free or "nut-free" rules.

Packed Lunches

Where pupils bring packed lunches, the school will encourage parents and carers to consider the needs of pupils with known allergies and to support the school's allergy safety arrangements.

Schools may discourage specific allergens where a local risk assessment indicates this is appropriate. However, emphasis will remain on awareness, supervision, risk reduction and effective emergency response arrangements.

Food Sharing

To reduce the risk of accidental allergen exposure:

- Pupils should not share food, drinks, eating utensils or food containers;
- Staff will reinforce the importance of avoiding food sharing as part of the school's allergy awareness arrangements;
- Age-appropriate education will be provided to support understanding of allergy risks.

Food Used in Teaching and Learning Activities

All staff (including temporary and volunteers) planning activities involving food or materials that may contain allergens must consider allergy risks during planning and risk assessment.

This includes activities such as:

- Food technology;
- Cooking activities;
- Science lessons;
- Craft activities;
- Cultural celebrations;
- Fundraising events;
- Animal-related activities.

Where pupils have known allergies, reasonable adjustments will be considered to reduce risk while maintaining participation and inclusion. Alternative materials should be used wherever reasonably practicable.

Celebrations, Events and Special Activities

The school recognises that celebrations and special events frequently involve food and may increase the risk of allergen exposure.

When planning events involving food, consideration should be given to:

- The needs of pupils with known allergies;
- The suitability of food items being provided;
- The availability of allergen information;
- Appropriate supervision arrangements;
- Emergency response arrangements.

The school will seek to ensure that pupils with allergies are able to participate fully in school celebrations and events wherever reasonably practicable.

Meal Times

The school will seek to ensure that pupils with food allergies can safely access school meals and dining facilities without unnecessary segregation from their peers.

Reasonable adjustments may include:

- Additional supervision;
- Alternative food arrangements;
- Allergen-aware seating arrangements where appropriate;
- Enhanced communication between catering staff and school staff.

Any arrangements required for individual pupils will be documented within the Individual Healthcare Plan where appropriate.

8.2 Classroom activities

Risk assessments will be undertaken where allergens may be present, including:

- Food technology;
- Craft activities;
- Science lessons.

8.3 Educational visits

All educational visits should consider allergy risks during risk assessment and planning.

Arrangements should include:

- Availability of prescribed medication;
- Availability of spare AAIs where appropriate;
- Named trained staff;
- Emergency contact procedures;
- Local emergency arrangements.

Schools should consider taking spare AAIs obtained for emergency use on visits where the risk assessment indicates this is necessary.

8.4 Visitors and contractors

Visitors providing food or activities will be informed of relevant allergy risks.

9.0 Inclusion

The school will not unnecessarily exclude pupils from:

- School trips;
- Clubs;
- Educational activities;
- Special events.

Reasonable adjustments will be made to ensure safe participation.

9.1 Wellbeing

The school recognises that living with an allergy can have a significant impact on a pupil's emotional wellbeing. Concerns about accidental exposure to allergens, the risk of allergic reactions and the potential need for emergency treatment may cause anxiety for pupils and their families. The school is committed to creating an environment in which pupils with allergies feel safe, supported and fully included in school life.

The school will:

- Promote a positive, inclusive and supportive culture for pupils with allergies;
- Work collaboratively with pupils, parents and carers when developing Individual Healthcare Plans and other support arrangements;
- Provide reassurance through effective allergy management arrangements, staff training and emergency preparedness;
- Encourage pupils, where appropriate, to develop confidence and age-appropriate independence in managing their allergy;
- Ensure that allergy management arrangements support participation in school activities rather than creating unnecessary barriers;

- Consider the emotional impact of significant incidents, allergic reactions and near misses and provide appropriate support following such events;
- Where concerns about wellbeing or anxiety are identified, schools should consider whether additional support may be required through pastoral, safeguarding or wellbeing arrangements.

9.2 Bullying, Harassment and Discrimination

The school will not tolerate bullying, harassment, victimisation or discriminatory behaviour related to allergies or medical conditions. Pupils with allergies have the right to feel safe, respected and included within the school community.

Examples of unacceptable behaviour include:

- Teasing or mocking a pupil because of their allergy;
- Deliberately bringing allergens into contact with a pupil;
- Threatening to expose a pupil to a known allergen;
- Deliberate contamination of food or equipment;
- Excluding a pupil from activities because of their allergy;
- Sharing inappropriate information about a pupil's allergy.

Any concerns regarding allergy-related bullying or discrimination will be managed in accordance with the school's Behaviour Policy, Anti-Bullying Policy and safeguarding procedures.

The school will:

- Promote awareness and understanding of allergy throughout the school community;
- Challenge inappropriate behaviours promptly;
- Encourage pupils to report concerns about bullying, allergen misuse or unsafe behaviours;
- Work with pupils, parents and carers to resolve concerns and maintain confidence in the school's allergy safety arrangements.

The school recognises that deliberate exposure of a pupil to a known allergen may present a significant risk to health and will be treated as a serious behavioural and safeguarding matter.

9.3 Unacceptable Practice

The school is committed to ensuring that pupils with allergies are supported safely, appropriately and without discrimination. The following practices are not acceptable and should be avoided:

The school will not:

- Prevent pupils from accessing prescribed medication or emergency medical devices required for the management of their allergy;
- Unreasonably restrict a pupil's access to their prescribed adrenaline auto-injectors or other agreed emergency medication;
- Ignore the views of pupils, parents, carers or healthcare professionals regarding allergy management arrangements;
- Assume that all pupils with allergies require the same support arrangements;
- Assume that older pupils do not require support simply because they take increasing responsibility for managing their own allergy;

- Dismiss concerns regarding suspected allergies solely because a formal diagnosis has not yet been obtained;
- Exclude pupils from educational activities, educational visits, clubs, enrichment activities, school meals or other aspects of school life because they have an allergy, where reasonable adjustments can be made to support safe participation;
- Require parents or carers to attend school routinely in order to administer medication or provide support that should reasonably be delivered through agreed school arrangements;
- Require parents or carers to accompany pupils on educational visits solely because the pupil has an allergy;
- Penalise pupils for allergy-related absences, medical appointments or periods of treatment;
- Share personal medical information unnecessarily or inappropriately;
- Send a pupil experiencing an allergic reaction or suspected anaphylaxis unaccompanied to a medical room, school office or other location;
- Require a pupil experiencing an allergic emergency to retrieve their own medication. In an emergency, staff and medication must go to the pupil, not the pupil to the medication;
- Delay administration of adrenaline where anaphylaxis is suspected;
- Discourage reporting of allergic reactions, incidents, concerns or near misses.

The school expects all staff to act promptly, reasonably and in accordance with this policy, Individual Healthcare Plans, Allergy Action Plans and relevant training when supporting pupils with allergies. Any concerns regarding the implementation of allergy arrangements should be raised with the Allergy Lead and addressed without delay.

Deliberate exposure of an individual to a known allergen, whether as a prank, act of bullying or other malicious act, will be treated as a serious behavioural, safeguarding and health and safety matter and may result in formal sanctions.

10.0 Emergency procedures

10.1 Allergic Reactions (Non-Anaphylaxis)

Most allergic reactions do not result in anaphylaxis and may present with symptoms such as:

Itching or tingling of the mouth.

- Swelling of the lips, face or eyes;
- Localised skin rash or hives;
- Itching;
- Mild throat discomfort;
- Abdominal pain, nausea or vomiting;
- Sudden changes in behaviour that may indicate discomfort or distress.

The school recognises that allergic reactions can be unpredictable and that mild symptoms may occasionally develop into anaphylaxis. All allergic reactions must therefore be taken seriously and monitored appropriately.

Management of Mild-to-Moderate Allergic Reactions

Where symptoms do not involve the airway, breathing or circulation, staff should:

- Remain with the pupil and provide reassurance;
- Follow the pupil's Individual Healthcare Plan, Allergy Action Plan and any associated medication instructions where available;

- Administer any prescribed medication in accordance with parental consent, healthcare professional advice and school medication procedures;
- Seek advice from parents or carers where appropriate;
- Ensure the pupil remains under observation in a suitable location;
- Monitor symptoms closely for any signs of deterioration;
- Record the incident in accordance with school procedures – see section 11.

Observation Following a Reaction

Because some allergic reactions may progress to anaphylaxis, pupils who experience an allergic reaction should not be left unattended.

Where practical, the pupil should remain under observation for a period following the reaction and staff should remain alert for any signs that symptoms are worsening or affecting the airway, breathing or circulation.

Escalation to Emergency Response

Staff must immediately follow the school's anaphylaxis procedures if at any point the pupil develops symptoms affecting:

- Airway – such as throat swelling, difficulty swallowing or hoarse voice;
- Breathing – such as persistent cough, wheezing, breathing difficulty or noisy breathing;
- Circulation – such as dizziness, faintness, sudden drowsiness, pale clammy skin or loss of consciousness.

If there is any doubt whether a reaction constitutes anaphylaxis, staff should treat the situation as anaphylaxis and administer adrenaline without delay in accordance with Section 10.2.

Communication with Parents and Carers

Parents or carers should be informed of any significant allergic reaction occurring during the school day, including any medication administered, actions taken and any recommendations for further monitoring or medical review.

10.2 Suspected anaphylaxis

Anaphylaxis is a life-threatening medical emergency requiring an immediate response. Delays in administering adrenaline are associated with poorer outcomes and may be fatal. If anaphylaxis is suspected, staff should act immediately.

Staff should follow any Allergy Action Plan issued by a healthcare professional where one exists. If there is any doubt whether a reaction constitutes anaphylaxis, staff should treat the situation as anaphylaxis and administer adrenaline without delay.

Emergency Response Actions

In the event of suspected anaphylaxis, staff must:

- Stay with the pupil and summon immediate assistance;
- Bring emergency medication to the pupil. The pupil must not be sent to an office, medical room or other location to obtain medication;
- Ensure the pupil is placed flat with legs raised wherever possible. If breathing is difficult, the pupil may sit up. The pupil must not be permitted to stand, walk or move unnecessarily;
- Administer the pupil's prescribed adrenaline device immediately where available;

- Where the pupil's prescribed adrenaline device is unavailable, has misfired, or is not immediately accessible, an appropriately dosed spare school adrenaline auto-injector (AAI) should be used;
- Call 999 immediately and clearly state "ANAPHYLAXIS";
- Send a second adult to retrieve additional medication and support emergency responders;
- Contact parents or carers as soon as reasonably practicable;
- Continuously monitor the pupil until emergency services arrive;
- Administer a second dose of adrenaline after five minutes if there is no improvement and a second device is available;
- Ensure the pupil is transferred to hospital for medical assessment and observation following administration of adrenaline.

Use of Spare Adrenaline Auto-Injectors

The school's spare AAIs are emergency life-saving devices and may be used where:

- A pupil's own prescribed device is unavailable;
- A pupil's own device has failed or misfired;
- A pupil experiences suspected anaphylaxis and does not have a known diagnosis of allergy;
- Immediate administration of adrenaline is required to preserve life;
- The school will continue to comply with current legal requirements and published guidance relating to the purchase, storage and use of spare AAIs and will review local arrangements following any future amendments to statutory guidance.

10.3 Post-incident actions

Following any episode of suspected anaphylaxis, the school will:

- Record the incident and response;
- Inform parents or carers;
- Review the circumstances of the incident;
- Consider whether amendments are required to the pupil's Individual Healthcare Plan, Allergy Policy / Allergy Register or local arrangements;
- Identify and share any lessons learned.

11.0 Recording and investigation of allergy incidents

Schools should record allergic reactions that require first aid intervention within their normal first aid recording arrangements.

In addition, schools should ensure that:

- Any administration of an adrenaline auto-injector (AAI) is recorded;
- Any episode of suspected or confirmed anaphylaxis is recorded;
- Significant allergy-related near misses are recorded and reviewed;
- Relevant details are communicated to parents or carers;
- Individual Healthcare Plans, Allergy Action Plans and local arrangements are reviewed following significant incidents;
- Lessons learned are shared with relevant staff and incorporated into future planning, training and risk assessments.

Practical NCC position

Event	First aid record	Allergy incident review
Mild rash requiring observation only	Usually yes	No
Antihistamine administered	Yes	Consider
Significant allergic reaction	Yes	Yes
Use of prescribed AAI	Yes	Yes
Use of spare AAI	Yes	Yes
Suspected anaphylaxis	Yes	Yes
Allergy-related near miss	No, unless treatment given	Yes

12.0 Communication

This policy will be:

- Published on the school website;
- Available on request;
- Shared with staff annually;
- Referenced in induction arrangements.

12.1 Information Sharing and Data Protection

The school recognises that information relating to a pupil's allergy or medical condition constitutes special category personal data under UK GDPR and must be managed appropriately. At the same time, relevant information must be accessible to those who need it in order to keep pupils safe and support their inclusion in education.

Allergy Register

The school will maintain an Allergy Register identifying pupils with known allergies and those requiring specific support arrangements.

The Allergy Register will:

- Be maintained by the Allergy Lead or nominated member of staff;
- Be reviewed regularly and updated when circumstances change;
- Identify pupils requiring Individual Healthcare Plans;
- Record key emergency information where appropriate;
- Be available to relevant staff who require access in order to support pupils safely.

Access to Individual Healthcare Plans

Individual Healthcare Plans will be made available to staff who require access to support a pupil safely and effectively.

This may include:

- Teaching staff;
- Support staff;

- Catering staff where relevant;
- Educational visit leaders;
- First aiders and emergency responders;
- Wraparound provision staff.

Where a pupil has an Allergy Action Plan or Asthma Action Plan issued by a healthcare professional, the school will ensure that relevant staff know how to access and use the most current version.

Need-to-Know Principle

Information regarding a pupil's allergy will be shared on a need-to-know basis.

The school will seek to ensure that:

- Relevant staff have access to the information required to perform their role safely;
- Information is not shared unnecessarily;
- Pupils are treated respectfully and sensitively;
- Confidentiality is maintained wherever possible.

Storage and Security of Information

The school will ensure that allergy-related information is:

- Stored securely;
- Maintained accurately;
- Reviewed regularly;
- Shared only for legitimate educational, health, safety or safeguarding purposes;
- Managed in accordance with the school's data protection policies and UK GDPR requirements.

Awareness and Emergency Information

The school may maintain additional emergency information, photographs or quick-reference records where this is necessary to support safety and emergency response arrangements.

Such information will be managed sensitively and proportionately, taking account of both safety requirements and data protection considerations.

Transition and Information Transfer

Where a pupil transfers to another educational setting, relevant allergy information and Individual Healthcare Plan documentation may be shared where appropriate to support a safe and effective transition, in accordance with data protection requirements and local information-sharing arrangements.

13.0 Monitoring and review

This policy will be reviewed:

- Annually;
- Following a serious incident;

- Following changes in legislation or guidance.

The school will seek feedback from pupils with allergies and their parents or carers when reviewing allergy safety arrangements, particularly following significant incidents, near misses or changes in statutory guidance.

14.0 Allergy compliance checklist

Compliance element	Status
Separate Allergy Safety Policy	Updated September 2026
Named Governor	Mrs Sarah Sprake
Named Senior Allergy Leader	Mr Jack Walker
Named AAI Coordinators (x2 min)	Ms Caroline Mitchell Mrs Alison Baker Mrs Amanda Clarke
All school staff completed training	Included / to be confirmed locally
Spare AAIs held on site	Yes – Kitt's Medical Kit
Appropriate AAI kit location(s)	Included / to be confirmed locally
Individual Healthcare Plans	Included / to be confirmed locally
Allergy Register implemented	Ongoing
Incident and near-miss reporting	Ongoing
Annual review process	Annual review
Published on school website	1st September 2026
Educational visit arrangements included	Included

15.0 Additional supporting/related documents

- G661 - Allergy Safety and AAI's in schools – NCC Guidance.
- G661-A NCC AAI stocking guidance and checklist
- F661 - NCC Model Allergy Register
- Individual Healthcare Plan template (see below).
- Allergy Safety in schools (Statutory Guidance 2026).
- Guidance on the Use of Adrenaline Auto-Injectors in Schools (Department of Health, 2017).

16.0 Changes since last revision

Date	Details of change	Approved by	Version number
July 2026	New model policy created	P Downer – NCC Head of HSW	1.0

Individual healthcare plan for:

Child's Name:

Name and description of medical Condition –

Name of school/setting	Ashleigh Primary School & Nursery
Child's name	
Year Group/Class Name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date current plan written	September 2026
Review date	September 2027
Family Contact Information	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact Name	N/A
Phone no.	N/A

GP Surgery and Doctor's name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Description and history of condition:	
***Triggers**	**Describe Trigger**
Mild	
Moderate	
High	
****Signs and Symptoms** (What can be observed externally and what is being experienced internally)	**Describe Signs and/or Symptoms**
Mild	
Moderate	
High	
***** Action**	**Describe Action/s**
Mild	
Moderate	
High	

*Triggers: Known contributing factors or causes.
**Signs: Something that can be observed externally.
***Symptoms: Something that is felt internally.

Describe what constitutes an emergency, and the action to take if this occurs.

Who is responsible in an emergency (state if different for off-site activities)

Reception Staff, First Aiders, MSAs,Treehouse Staff and Clubs if applicable

Name of Medication:	
Dose:	
Method of Administration:	
When to be taken:	
Known Side Effects:	
When medication SHOULD NOT be used:	
Administered by: Self-administration/with/without supervision	

Who is responsible for providing support in school?

Reception Staff, First Aiders, MSAs, Treehouse Staff and Clubs

Daily care requirements e.g. ongoing daily monitoring arrangements.

Specific support for the pupil's educational, social and emotional needs.

Arrangements for school visits/trips etc.

Care Plan and medication to be taken on all trips and visits.

Other information.

Plan developed with:

Staff training needed/undertaken – who, what, when?

Reception Staff and MSAs to be aware of Care Plan Care Plan to be centrally displayed

Form copied to and displayed in the following areas:

Class room, Care Plan Folder in School Office, Teacher Space, Treehouse if applicable, MSA's.

If required, the Care Plan will be shown to After School Club Coaches Teachers/staff and any other appropriate professional.

Parent/Carer Signature……..

Parent/Carer name…….

Date……..

Teacher Signature……..

Teacher name…….

Date……..

Headteacher/Deputy Headteacher Signature

……

Date……

Norfolk County Council

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. Your telephone number **01953 602410**
2. Your name
3. Your location as follows **Ashleigh Primary School and Nursery**

   Sheffield Road, Wymondham
4. State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code **NR18 0HL**
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone