



Allergy Safety Policy

Priestley Smith Specialist VI School

September 2026

Policy review date: September 2027 (or sooner following a serious incident or near miss)

Responsible member of SLT: Joanna Garvey Headteacher

Reviewed by: Health and Safety Committee

PURPLE: Priestley Smith procedure/information from the existing policy or information confirmed by the school.

YELLOW: Added/strengthened to meet the BCC template and current statutory allergy-safety requirements/guidance where the existing Priestley policy did not fully specify a procedure.

statutory guidance This policy sets out Priestley Smith Specialist VI School's arrangements for allergy safety in line with statutory guidance.

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.

Joanna Garvey, Headteacher, is the named senior leader with oversight of allergy safety and is responsible for driving implementation of this policy and leading or contributing to its review.

This policy will be reviewed at least annually and sooner where an allergy-related incident or near miss identifies a need for improvement. Reviews will consider incidents and near misses, identify lessons learned and amend procedures where necessary to reduce risk.

The Governing Body will ensure that this policy is readily accessible to parents/carers and staff. It will be published on the school website and a hard copy will be provided on request.

Legal and guidance framework (current September 2026): this policy has regard to section 100 of the Children and Families Act 2014 as amended by section 34 of the Children's Wellbeing and Schools Act 2026, the Department for Education statutory guidance "Allergy safety in schools" (published 6 July 2026), and the statutory guidance "Supporting pupils with medical conditions at school", which remains in force pending revision. Relevant duties under the Equality Act 2010, UK GDPR/Data Protection Act 2018, food-information law and school food requirements are applied where relevant.

CULTURE

AWARENESS TRAINING

All Priestley Smith employees who are present when pupils are on site must complete SSS Learning Allergy Training at least annually. Completion will be monitored by school leaders. The training covers recognition of allergic reactions and anaphylaxis, allergen avoidance, emergency action, use of adrenaline auto-injectors (AAIs), associated conditions including asthma, and staff responsibilities.

Supply staff, agency workers, regular volunteers, peripatetic staff and other pupil-facing adults will receive appropriate allergy-safety information before undertaking relevant duties. They are not required to purchase or personally fund the school's SSS Learning course. Where they are employed or supplied by another organisation, the school will seek assurance, where appropriate, that relevant allergy-awareness training has been completed and will supplement this with a local briefing about Priestley Smith's pupils and emergency arrangements.

External catering staff are employed by the catering provider. The provider is responsible for the allergy/allergen training and competence of its own food-service staff. Priestley Smith will communicate pupil dietary and allergy requirements to the provider and brief school staff who supervise pupils at mealtimes.

All Priestley Smith employees who are present when pupils are on site are required to complete the school's SSS Learning Allergy Training annually. Supply staff, agency workers, regular volunteers, peripatetic staff and other adults undertaking pupil-facing duties are not required to purchase or personally fund SSS Learning training. Before taking responsibility for pupils, they will receive a local allergy-safety briefing appropriate to their role. Where an individual is supplied by an external

employer or agency, the school will seek assurance, where appropriate, that relevant allergy-awareness training has been completed. The local briefing will include relevant known allergy risks for pupils in their care, how to summon help, emergency arrangements, where medication is located or who is responsible for it, and the actions to take if an allergic reaction is suspected. Contractors with no pupil-facing role are not required to complete allergy training but will be informed of relevant site controls where their work could create an allergen risk.

New Priestley Smith employees must complete SSS Learning Allergy Training as part of induction and within the timescale set by the school. Supply, temporary, agency and cover staff, regular volunteers and other pupil-facing adults must receive a local allergy-safety briefing before taking responsibility for pupils. This will cover relevant pupil allergies, how to obtain help, the location/responsibility for emergency medication and the actions to take if an allergic reaction is suspected.

Where an external employer or agency supplies the individual, the school will seek assurance, where appropriate, that relevant allergy-awareness training has been completed. Until the school is satisfied that appropriate arrangements are in place, the individual will not be allocated sole responsibility for a pupil whose allergy requires emergency support without access to an appropriately trained member of school staff. Temporary staff and volunteers will not undertake delegated medical procedures requiring additional competency assessment unless that training and delegation have been completed.

The school's allergy awareness and emergency-response training will ensure that staff:

- understand allergy, the risks it poses, how allergic reactions can occur and how they are managed;
- understand that allergy can include food allergy, asthma, eczema, hay fever and other conditions which may co-exist;
- understand the difference between food allergy, coeliac disease and food intolerance;
- know where to find information about an individual pupil's known allergens and required controls;
- can identify the range of symptoms of allergic reactions;
- can recognise anaphylaxis and understand that it requires an immediate emergency response;
- know how to respond in an emergency, including:
 - calling 999 when required and informing parents/carers;
 - locating and administering emergency medication, including adrenaline for anaphylaxis and a reliever inhaler for an asthma attack, in accordance with the pupil's plan and school procedures;
 - using the relevant emergency medication/device, including prescribed and school spare adrenaline auto-injectors, in accordance with training and the pupil's plan;
- understand the impact that allergy can have on a pupil's wellbeing;
- understand and follow this Allergy Safety Policy;
- know how to identify pupils with known allergies and how to access and follow their Individual Healthcare Plan, Allergy Action Plan and/or Asthma Action Plan;
- understand their responsibility to reduce the risk of pupils with known allergies coming into contact with their allergens;
- know how to report an allergic reaction, anaphylaxis, allergy-safety incident or near miss.

SSS Learning Allergy Training provides whole-school allergy awareness and emergency-response training. Where an individual pupil requires healthcare support beyond these school-level arrangements, any additional clinical governance, competency assessment or delegation requirements will be identified through the pupil's Individual Healthcare Plan and relevant healthcare-professional advice.

WELLBEING

Priestley Smith recognises that allergy, and particularly the risk of anaphylaxis, can cause anxiety and affect a pupil's confidence, participation and wellbeing. Pupils with allergies will be supported to participate in school life and will not be excluded from activities solely because of their allergy. Reasonable adjustments will be made wherever possible, including for curriculum activities, meals, social events, visits and trips. Individual concerns and support needs will be reflected in the pupil's Individual Healthcare Plan (IHP)/Allergy Action Plan and discussed with parents/carers and relevant health professionals as appropriate.

Bullying, teasing, intimidation or deliberate behaviour involving a pupil's allergy or known allergen will not be tolerated. This includes deliberately exposing, or threatening to expose, a pupil to an allergen, interfering with medication, or using an allergy to frighten, isolate or embarrass them. Incidents will be addressed through the school's behaviour, anti-bullying and safeguarding procedures.

Where an incident creates, or could have created, an allergy-safety risk, it will also be recorded and reviewed as an allergy incident or near miss. Parents/carers will be informed as appropriate and additional controls, supervision, education or support will be introduced where required.

MINIMISING RISK

The school will minimise exposure to known allergens through individual care planning, staff awareness, supervision and proportionate risk assessment. Parents/carers are asked to inform school immediately of known or newly diagnosed allergies. Classroom staff must familiarise themselves with relevant care plans, and allergy information is made available to staff who need it to keep pupils safe.

Food provided through external catering arrangements: Priestley Smith does not operate its own school kitchen. The school will inform the external catering provider of relevant pupil dietary requirements and allergies through the agreed process. The catering provider is responsible for food preparation, allergen controls, allergen information and the training of its own food-service staff. The school will work with the provider to secure a suitable alternative meal so that a pupil is not excluded from school meals solely because of allergy. School staff supporting pupils at mealtimes will be aware of relevant allergies and supervise pupils as required.

Food brought into school: staff will remain vigilant about packed lunches, snacks and other food brought in and will check foods that a pupil with allergy may access for relevant known allergens and precautionary allergen information where this is necessary under the pupil's plan/risk assessment.

Airborne/contact allergens and activities: where a pupil has a known airborne or contact allergy, reasonable measures will be identified through the IHP/risk assessment. Staff planning craft, science, music, cooking, animal-related or other practical activities must consider allergen exposure in advance and adapt the activity, materials, environment or supervision where required.

Visits and trips: a specific risk assessment will consider the pupil's allergens, food arrangements, activities, travel, access to prescribed medication/AAls, emergency response and staff competence. Emergency medication will travel with the pupil/group and remain immediately accessible.

- Priestley Smith does not operate its own school kitchen. School meals are provided through external catering arrangements. The school will communicate relevant pupil allergy and dietary information

to the catering provider through the agreed process. The catering provider is responsible for its own food preparation, allergen-management procedures, food-handler training and compliance with applicable food-information requirements. School staff supervising pupils at mealtimes will know the relevant pupil allergies and the controls in their IHP/Allergy Action Plan and will provide appropriate supervision and support.

- For packed lunches, snacks and other food brought into school, staff will remain vigilant and will check food to which a pupil with a known allergy may have access. Where necessary, parents/carers, pupils, staff and visitors will be informed of specific controls required to reduce the risk of exposure.
- For pupils with known airborne or contact allergies, the school will identify proportionate reasonable measures through the pupil's IHP and/or individual risk assessment. Measures may include avoiding or substituting products, controlling access, enhanced cleaning, supervision, seating/location adjustments and staff briefings.
- Staff planning lessons, enrichment or other activities will consider allergen exposure before the activity takes place, including risks arising from craft materials, science activities, music, cooking/food activities, animals and other substances or resources. Where a known risk is identified, suitable controls or an alternative activity will be arranged.
- For external visits and trips, an allergy-specific risk assessment will be completed for pupils at risk of anaphylaxis or where the activity creates a material allergen exposure risk. The assessment will address exposure routes, food/catering, transport, activities, medication, trained staff, emergency access and communication.

FOOD ALLERGY

Priestley Smith does not operate its own school kitchen. School meals are provided through external catering arrangements. The school will notify the catering provider of relevant pupil dietary requirements and allergies through the agreed process and will use the allergen information supplied by the provider to support safe choices.

The catering provider is responsible for its own food preparation, allergen-management procedures, food-handler training and compliance with applicable food-information requirements. Where menus, ingredients or substitutions change, the provider must make appropriate allergen information available so that the school's agreed dietary arrangements can continue to be followed. Any concern or discrepancy identified by school staff will be raised with the provider before food is given to an affected pupil.

The school will work with the provider to ensure a suitable alternative meal is available so that a pupil is not excluded from school meals solely because of allergy. School staff supervising pupils at mealtimes will know the relevant allergies and the controls identified in the pupil's IHP/Allergy Action Plan and will provide the level of supervision and support appropriate to the pupil's needs. Packed lunches, snacks and food used in school activities will be managed in accordance with the pupil's plan and risk assessment.

The school's food-allergy arrangements are set out in this policy. The school will obtain and use allergen information from its catering provider, communicate pupils' dietary/allergy needs to the provider, provide suitable meal alternatives, supervise pupils appropriately at mealtimes and apply the packed-lunch/snack controls described above. Relevant requirements in the school's medical/medication procedures will also be followed.

INDIVIDUAL CHILDREN AND YOUNG PEOPLE

IDENTIFICATION

Parents/carers must inform the school of known allergies on admission and notify the school immediately of any new allergy or change. The Medical Leads follow up known allergies with the school nursing team and parents/carers. Relevant staff identify pupils with allergies through the school's medical records, care plans and allergy information used within school. For pupils prescribed emergency medication, records identify the medication required and where it is kept. Staff and visitors are expected to disclose an allergy where school arrangements may be needed for their safety. Staff with known allergies remain responsible for their own medication and for informing colleagues where support may be required and where their medication is located.

The school will maintain an up-to-date record of pupils with known allergies and their required arrangements. The record will show whether the pupil has an IHP/Allergy Action Plan/Asthma Action Plan and prescribed emergency medication. Signed care plans are available to classroom staff and a paper copy accompanies the pupil's emergency medication. Allergy information is also communicated to relevant catering and staff areas in accordance with data-protection requirements.

The Medical Leads will oversee the allergy register/risk information and ensure changes notified by parents/carers or healthcare professionals are reflected in the pupil's records and plans.

Information about allergy is gathered during admission/registration and whenever parents/carers notify the school of a new diagnosis or change. The Medical Leads will liaise with parents/carers, the school nursing team and other healthcare professionals involved in the pupil's care to obtain the information needed for safe support and an appropriate plan.

Where relevant and lawful, information from a previous education setting will also be sought as part of transition. The pupil will be involved in discussions where appropriate to their age, understanding and communication needs.

INDIVIDUAL HEALTHCARE PLANS

A pupil will have an Individual Healthcare Plan (IHP) where:

- their allergy has a functional impact on them in school;
- they are at risk of harm as a result of their allergy; and
- they require arrangements that are additional to or different from those made generally.

The IHP will record the additional or different arrangements required to support the pupil safely, including preventative controls, reasonable adjustments, medication and emergency arrangements.

A pupil whose allergy has a functional impact, creates a risk of harm, or requires arrangements additional to or different from those generally available will have those arrangements documented in an Individual Healthcare Plan (IHP). The plan will be developed with parents/carers, the pupil where appropriate, the school nursing/healthcare team and relevant school staff. It will identify triggers, symptoms, preventative arrangements, medication, emergency action, reasonable adjustments and arrangements for activities and visits.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, this will be attached to or referenced by the IHP. Existing Priestley care plans are reviewed annually and whenever medication or the pupil's needs change; an updated clinical Action Plan will trigger review of the IHP.

Where a healthcare professional has issued an Allergy Action Plan and/or Asthma Action Plan, it will be referred to or attached to the pupil's IHP. When an updated Action Plan is received, the Medical Lead will ensure that the IHP is reviewed and updated as necessary.

PRESCRIBED ADRENALINE

Most pupils at Priestley Smith are unable to take responsibility for their emergency medication. Class staff therefore ensure that pupils prescribed an AAI have rapid access to it at all times. Pupils are expected to have at least two doses of their prescribed emergency medication available. An allocated member of the class team carries the clearly labelled medication bag, containing two prescribed AAIs and the Allergy Emergency Care Plan, and keeps it within reach of the pupil.

This arrangement applies throughout the school day, including lunch, playground/sports areas and off-site activities, so that adrenaline can be brought to and administered to a pupil experiencing anaphylaxis as soon as possible and within five minutes. Pupils assessed as able to carry their own medication require an individual risk assessment and agreement with parents/carers.

Expiry dates are checked monthly by the Medical Lead and parents/carers are informed in advance when replacement prescribed medication is required. Records of prescribed AAIs and Action Plans are maintained with the pupil's medical/care-plan information.

The following arrangements apply to individually prescribed adrenaline:

- Pupils prescribed adrenaline will have rapid access to their devices throughout the school day and on visits/trips. Where prescribed devices travel between home and school, parents/carers and school staff will follow the pupil's agreed medication arrangements. Expiry dates will be checked monthly by the Medical Lead and parents/carers will be notified in advance when replacement medication is required.
- The school will maintain records of pupils prescribed AAIs and their Allergy Action Plans/IHPs. The signed plan will be available to classroom staff and a copy will accompany the pupil's emergency medication.

SCHOOL-WIDE POLICIES

"SPARE" ADRENALINE DEVICES

The school holds spare AAIs for emergency use. Spare AAIs and emergency asthma inhalers are located within the reception areas of Primary and Secondary departments. They are clearly identified as school emergency stock and are separate from medication prescribed to an individual pupil.

Spare AAIs will only be used in accordance with current legal requirements, statutory guidance, the manufacturer's instructions and the pupil's emergency arrangements/required consent. They must be readily accessible, not locked away in a way that delays emergency access, and positioned so that a suitable pair can be brought to a person experiencing anaphylaxis within five minutes. Appropriate doses will be available for the pupils who may require them.

The Medical Leads will check school spare AAIs and spare salbutamol inhalers at least monthly for expiry, condition and availability. Spare AAIs will be stocked in pairs. Used or expired devices will be replaced promptly; used AAIs will be handed to ambulance staff where applicable and expired/unused devices requiring disposal will be disposed of safely through an appropriate route because they contain a needle.

- Spare AAIs will be used only in accordance with current legal requirements, the school's emergency arrangements and relevant consent/healthcare information. In an anaphylaxis emergency, staff will not delay the administration of adrenaline while seeking further advice.

- Spare AAls and emergency asthma inhalers are held within the school's designated medical storage arrangements for the Primary and Secondary departments. Their locations will be communicated to relevant staff.
- Spare AAls will be stored in clearly identified emergency stock, separate from medication prescribed to named pupils, and positioned so that they are readily accessible in an emergency rather than locked away in a way that delays access.
- The Medical Lead will check spare AAls and emergency salbutamol inhalers at least monthly to confirm stock, condition and expiry dates, and will arrange replacement before expiry.
- A used or expired spare AAI will be replaced promptly. Used devices will be handed to ambulance staff where applicable; expired or otherwise unusable devices will be disposed of safely through an appropriate medicines/sharps disposal route because the devices contain a needle.

The school will organise prescribed and spare adrenaline arrangements so that a pupil at risk of anaphylaxis can access adrenaline as rapidly as possible and within five minutes. AAls will be available in pairs. The Medical Leads and SLT will review the number and location of spare devices across the Primary and Secondary areas to maintain five-minute access and appropriate dosage availability. The following storage controls apply to spare AAls:

- spare AAls will be readily accessible to staff in an emergency and will not be locked away in a manner that prevents rapid access;
- staff will bring adrenaline to the pupil immediately. The school's location and stock arrangements will be reviewed so that an AAI can reach a pupil experiencing anaphylaxis within five minutes;
- spare AAls will be held in pairs so that a second dose is immediately available if required;
- spare AAls will be clearly labelled as school emergency stock to distinguish them from devices prescribed to named pupils. Emergency kits may also contain the relevant instructions and, where applicable, emergency asthma inhalers and spacers.

VISITS AND TRIPS

Pupils with allergies will be enabled to participate in educational visits, trips and off-site activities wherever this can be achieved safely. They will not be excluded solely because of allergy; reasonable adjustments and suitable alternatives will be considered. Staff will make food providers and other relevant providers aware of the pupil's allergy where necessary. Prescribed emergency medication, including AAls, will travel with the pupil/group. The adult allocated responsibility for medication will remain with or in immediate reach of the relevant pupil, and all staff supervising the group will be briefed on the pupil's medical needs and emergency arrangements.

A pupil at risk of anaphylaxis will have an allergy-specific risk assessment for an off-site visit. The visit leader will consider exposure routes, food/catering, transport, activities, location, emergency-service access, medication, communication and supervision. The pupil's own prescribed AAls and care/Action Plan will accompany them and remain immediately accessible.

At least one member of staff able to follow the pupil's emergency plan and administer adrenaline must be available throughout the visit. All accompanying staff will know who is at risk, where medication is held and how to summon emergency help. If anaphylaxis occurs off site, staff will administer adrenaline in accordance with the plan, call 999 immediately and inform the school and parents/carers.

SERIOUS INCIDENTS AND “NEAR MISSES”

Any allergic reaction, administration of emergency allergy medication, suspected exposure to a known allergen, serious allergy-safety incident or near miss must be reported to the Medical Lead or a member of SLT as soon as practicable. Medication administration and emergency treatment will be recorded on Medical Tracker in accordance with existing school procedures, and parents/carers will be informed.

A near miss includes an event in which a person was, or could reasonably have been, exposed to a known allergen without a serious reaction, or where an allergy-safety control did not operate as intended. The Medical Lead and/or responsible SLT member will review the circumstances, whether procedures were followed and whether changes are required to the IHP/Action Plan, risk assessment, medication access, supervision, catering, training or other controls.

Serious incidents and significant near misses, and the actions arising from them, will be reported through the school's appropriate governance arrangements and any other statutory reporting route that applies. Where learning indicates a wider weakness, this policy/procedure will be reviewed without waiting for the annual review.

Parents/carers, pupils and healthcare professionals may report an allergy incident or suspected exposure that only becomes apparent after the pupil has left school. The school will record and review that information in the same way and investigate whether exposure may have occurred in the setting.

Parents/carers, pupils and healthcare professionals may report an allergy-related incident that only becomes apparent after the pupil has left school. The report will be passed to the Medical Lead or SLT, recorded and reviewed in the same way as an incident identified during the school day.

All allergy-related incidents and near misses will be managed under the procedure in this policy and, where relevant, alongside the school's medical conditions/medication procedures. The Medical Lead or SLT will ensure that records are completed, parents/carers are informed, emergency treatment is documented and any required review of the pupil's plan, risk assessment, training, supervision, catering or medication arrangements is undertaken.

INFORMATION SHARING

Allergy information will be shared with staff and services on a need-to-know basis so that pupils can be supported safely. Relevant classroom staff have access to the signed care plan; a copy accompanies emergency medication; and relevant allergy information is communicated to the external catering provider and relevant food-service contacts and other staff responsible for meals, activities, wraparound provision, transport or visits where necessary.

Health information is special-category personal data. The school will process and share it in accordance with UK GDPR, the Data Protection Act 2018 and the school's data-protection arrangements, limiting disclosure to what is necessary and proportionate for safety and support. Information will be handled respectfully and, where appropriate, the pupil and parents/carers will be involved in decisions about wider awareness.

Allergy information will be handled in accordance with the school's data-protection arrangements. Information will be shared only where necessary to keep the pupil safe and support their education, including with relevant class staff, the external catering provider, trip leaders, transport/wraparound providers and healthcare professionals as appropriate. The school will share only the information necessary for the recipient to carry out their role safely.

A pupil's health information is special category data under UK GDPR. The school will process and share this information only where there is a lawful basis and an applicable special-category condition, will limit access to those who need the information, and will handle it sensitively and securely.

AWARENESS OF THE ALLERGY SAFETY POLICY

The Allergy Safety Policy will be made available to staff and parents/carers, published on the school website and available in hard copy on request. All pupil-facing staff will be made aware of the policy through mandatory annual SSS Learning Allergy Training and induction arrangements. The school will take steps at least annually to bring the policy to the attention of pupils, parents/carers and people who work at the school.

Allergy awareness for pupils will be age-, development- and communication-appropriate and will support inclusion and safe help-seeking. Where appropriate, and following discussion with the pupil and parents/carers, peers may be taught how to seek adult help in an emergency. This does not replace trained staff emergency-response arrangements.

The Headteacher and Medical Leads will monitor implementation through training-completion records, review of care plans and medication checks, and review of incidents/near misses. Any identified gaps will be assigned an action owner and timescale and followed through to completion.

Allergy-safety awareness will be promoted with pupils in an age-, development- and communication-appropriate way. Where appropriate and agreed with the pupil and parents/carers, peers may be taught how to summon adult help in an emergency. Pupil awareness will support, but will never replace, trained staff emergency-response arrangements.

APPENDIX 1: INDIVIDUAL HEALTHCARE PLAN TEMPLATE

This Individual Healthcare Plan template will be completed with parents/carers, the pupil where appropriate, and relevant health professionals. It will be reviewed at least annually and whenever the pupil's needs, medication or Action Plan changes.

Field	Information to complete
Name of school/setting	Priestley Smith Specialist VI School
Child or young person's name	[Insert name]
Group/class/form	[Insert group/class/form]
Date of birth	[Insert date of birth]
Medical diagnosis or allergy	[Insert diagnosis/allergy and known allergens]
Date of plan	[Insert date]
Review date	[Insert review date]

Describe medical needs, symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues and any specific risks. [Insert details]
Medication, dose, method of administration, when to be taken, side effects, contraindications and whether administered by staff or self-administered with/without supervision. [Insert details]
Daily care requirements and preventative arrangements. [Insert details]
Specific support for educational, social and emotional needs. [Insert details]
Arrangements for school visits, trips, sports, practical lessons, lunch/breakfast/after-school provision and other activities. [Insert details]
What constitutes an emergency and the action to take if this occurs. [Insert emergency response steps]
Who is responsible in an emergency, including any different arrangements for off-site activities. [Insert named roles/responsibilities]
Plan developed with. [Insert names/roles, including parent/carer and health professional where appropriate]
Staff training needed or undertaken: who, what and when. [Insert training details]
Form copied to. [Insert names/roles]

APPENDIX 2: ALLERGY RISK REGISTER AND INDIVIDUAL RISK ASSESSMENT TEMPLATE

The allergy risk register and individual risk assessment will be used to record known allergy risks, preventative controls, emergency arrangements, responsible persons and review actions. It will be used alongside this policy and the pupil's IHP and/or healthcare-professional Allergy Action Plan, and updated whenever risks or arrangements change.

Name	Class/year	Known allergen(s)	Risk/activity/location	Controls in place	Review/action owner
[Name]	[Class/year]	[Allergen(s)]	[e.g. lunch hall, trip, practical lesson]	[Preventative measures, staff briefings, supervision, communication]	[Name/role/date]
[Name]	[Class/year]	[Allergen(s)]	[Risk/activity/location]	[Controls]	[Owner/date]
[Name]	[Class/year]	[Allergen(s)]	[Risk/activity/location]	[Controls]	[Owner/date]

Individual risk assessment detail
Identified risk / potential exposure route [Insert details]
Who may be affected and how [Insert details]
Existing control measures [Insert details]
Further actions required [Insert actions, owner and timescale]
Emergency response arrangements [Insert location of medication, AAI/spare AAI arrangements, trained staff and escalation process]
Communication and information sharing [Insert how staff, catering, wraparound provision, transport, trip leaders and relevant others will be informed]
Review outcome and date [Insert review notes and next review date]