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Signhills Infant Academy

Allergy Safety Policy

The Head Teacher is the responsible person for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

Contents

1. Introduction
2. Roles and Responsibilities
3. Allergy Action Plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto injectors in school
7. Staff Training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness
12. Risk Assessment
13. Useful Links

1. Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.
Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later.

Causes often include foods, insect stings, or drugs.
Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.
This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.
It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.
Common UK Allergens include (but not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Signhills Infant Academy will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and Responsibilities

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform the school (by completing the registration form / allergy section) of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.

- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- Staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have their medication on the trip. Pupils unable to produce their required medication will not be able to attend the excursion.
- The School Administrative Officers will ensure that the up to date Allergy Action Plan is available with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School Administrative Officers will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School Administrative Officers keep a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.

3. Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction (including administering of the spare adrenaline auto-injector.
Signhills Infant Academy uses the British Society of Allergy to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.
It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

- What to look for:
- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- sudden onset (a reaction can start within minutes) and rapid progression of symptoms
- life threatening airway and/or breathing difficulties and/or circulation problems (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)

- changes to the skin e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and
- in some cases don't occur at all.

If the pupil has been exposed to something they are known to be allergic, then it is more likely to be an anaphylactic reaction. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an injection into the muscle (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. DO NOT MOVE CHILD OR LEAVE UNATTENDED
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- USE ADRENALINE WITHOUT DELAY and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL 999 and state ANAPHYLAXIS
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

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

5. Supply, storage and care of medication

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.
Medication should be stored and clearly labelled with the pupil's name.
The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date, however the Administrative Officers will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Storage
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
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.

6. 'Spare' adrenaline auto injectors in school

Signhills Infant Academy has purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).
These spare pens are stored in the main reception office and the First Aid cabinet at the back of the school hall, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, and accessible and known to all staff.

The Administrative Officers are responsible for checking the spare medication is in date and is replaced as needed. If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

The Head Teacher is the named staff member responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.
The School Nurse/External First Aid trainer/other Healthcare professional will conduct a practical anaphylaxis training session at the start of every new academic year.

All staff will complete online anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Signhills Infant Academy is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.
The school menu is available for parents to view with all ingredients listed and allergens highlighted.
The Administrative Officers/Catering Company will inform the on-site kitchen staff of pupils with food allergies.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If School meals are ordered via the School Catering provider, parents should check the appropriateness of foods by consulting with the company directly.

Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.

- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought in to school.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, have the necessary medication with the nominated First Aider.
All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.
Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the visit leaders are fully aware of the situation. The school/venue being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food. Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness

Signhills Infant Academy supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. A whole school awareness of allergies is a much better approach, as it ensures teachers, pupils and all other staff aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Signhills Infant Academy

Health Care Plan for Pupil with Medical Needs

Name: _____ DOB: _____

Class: _____ Review date: _____

Please list medical condition/s and individual symptoms:

_____

_____

_____

_____

_____

Does your child require medication in school for the condition/s? Yes [ ] No [ ]

A separate form for each medication will need to be completed.

Special instructions:

_____

_____

_____

Contact details:

Name: _____ Phone No.: _____

Relationship to child: _____

Name: _____ Phone No.: _____

Relationship to child: _____

GP Surgery: _____

Name of parent/carer: _____ Signature: _____

Date: _____

It is the responsibility of the parent/carer to inform the school in writing/by email if there are any changes to these instructions.

This policy is intended to enhance teaching, learning, personal development and well-being. All staff and other adults working with pupils in school have a responsibility to implement this policy with regard to the Health & Safety, Safeguarding and Equality Policies. Printed copies are not controlled.

My Allergy Action Plan

Name: _____ DOB: _____

Class: _____ Review date: _____

EpiPen details

Type of epipen: _____ Expiry date/s: _____

Two epipens given to school: Yes [ ] No [ ]

Additional medication provided: _____

A separate form for each medication will need to be completed.

I give permission for school to use the emergency epipen: Yes [ ] No [ ]

What signs can indicate that your child is having an allergic reaction?

_____

_____

_____

What are your child's triggers (things that make their symptoms worse)?

Nuts [ ] Dairy [ ] Other [ ] _____

Antihistamines (i.e. Piriton) to be given if (describe symptoms):

_____

Epipen/s to be given if:

_____

Does your child tell you when he/she needs their epipen? Yes [ ] No [ ]

Does your child need help taking his/her epipen? Yes [ ] No [ ]

Name of parent/carer: _____ Signature: _____

Date: _____

It is the responsibility of the parent/carer to inform the school in writing/by email if there are any changes to these instructions.

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Signs of Anaphylaxis

Look for a combination of these symptoms that appear quickly after exposure to a trigger:

Airway & Throat Problems

- Swelling of the tongue or throat
- Hoarse voice or difficulty speaking
- Difficulty swallowing
- Stridor (a high-pitched noise when breathing in)
- Persistent cough

Breathing Problems

- Noisy breathing or wheezing
- Difficulty breathing or fast breathing
- Feeling suffocated

Circulation Problems

- Dizziness, feeling faint, or collapsing
- Pale, cold, or clammy skin
- Confusion, tiredness, or not responding

Other Changes

- Itchy, bumpy rash (hives)
- Swelling of the face or lips
- Complaining of stomach ache

What to Do - The 4 'A's of Anaphylaxis

1. Allergen: Identify and remove the allergen if it's still present.
2. Adrenaline: Administer the adrenaline auto-injector (EpiPen® or Jext®) into the outer thigh.
    - Pull off blue safety cap and grasp EpiPen. Remember 'Blue to sky, orange to thigh'.
    - Hold leg in place orange end against mid-outer thigh with or without clothing.
    - Push down hard until a click is heard or felt and hold in place for 10 seconds.
    - Remove EpiPen.
3. Action (First Aid):
    - Have the child lie flat with their legs raised.
    - If they are having trouble breathing, allow them to sit up.
    - Move an unconscious child into the recovery position (on their side, with head tilted back and chin lifted).
4. Ambulance: Call 999 immediately, stating the child is having anaphylaxis.
5. Again: Give a second dose of adrenaline after 5 minutes if symptoms don't improve.

Important Information

- Anaphylaxis can be life-threatening, so acting quickly is vital.
- Food is the most common cause of anaphylaxis in children.
- Allergic triggers can also include insect stings and certain medications.

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Signhills Infant Academy

Parental agreement for School to administer medicine.

School staff will not give your child medicine unless you complete, sign and return this form.

Child's name: ……

Class: ……

Name & strength of medicine ……

Expiry date: ……

Dosage (How much to give): ……..

Timing (When to be given): …….
Please follow instructions on the bottle regarding spacing around meal times (Approx. 12pm)

Reason for medication: ……

Any other instructions: ……

……

Any known side effects: ……

Number of tablets or approx. quantity of medicine (in ml)
given to school on first day of medication in school: ……

Please note: Medicines must be in the original container as dispensed by the pharmacy.

Daytime contact number for parent: ……..

Name of Dr surgery and phone number: ……

Agreed review date: …….
(*either end date of course of medicine or until instructed by parents*)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I undertake to ensure that the school has adequate supplies of the medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent/carer's name: …… Parent/carer's signature: ……..

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Signhills Infant Academy

Date	Time	Dosage	Administered by	Checked by

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Signhills Infant Academy

Confirmation of the Head's agreement for School to administer medicine (Epipen).

It is agreed that …… (*name of child*)

will be given their Epipen when required by the child by the class teacher or a suitably trained member of staff.

This arrangement will continue until parents instruct school that an Epipen is no longer needed.

Date: ……

Signed: ……
(Senior Leadership Team)

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Signhills Infant Academy

Parental agreement for School to administer medicine.

School staff will not give your child medicine unless you complete, sign and return this form.

Child's name: ……

Class: ……

Name & strength of medicine ……

Expiry date: ……

Dosage (How much to give): ……..

Timing (When to be given): …….
Please follow instructions on the bottle regarding spacing around meal times (Approx. 12pm)

Reason for medication: ……

Any other instructions: ……

……

Any known side effects: ……

Number of tablets or approx. quantity of medicine (in ml)
given to school on first day of medication in school: ……

Please note: Medicines must be in the original container as dispensed by the pharmacy.

Daytime contact number for parent: ……..

Name of Dr surgery and phone number: ……

Agreed review date: …….
(*either end date of course of medicine or until instructed by parents*)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I undertake to ensure that the school has adequate supplies of the medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent/carer's name: …… Parent/carer's signature: ……..

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Signhills Infant Academy

Confirmation of the Head's agreement for School to administer medicine.

It is agreed that …… (*name of child*)

will receive ……..(*quantity & name of medicine*)

every day at …….. (*time medicine to be administered*).

…….. (*name of child*) will be given his/her medication by

……. (*name of staff member*). If this member of staff is absent, medicine will be administered by another nominated First Aider.

This arrangement will continue until …….. (*either end date of course of medicine or until instructed by parents*).

Date: ……

Signed: ……
(Senior Leadership Team)

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My Asthma Plan

Name: _____ DOB: _____

Class: _____ Review date: _____



Daily asthma medicine



Type of inhaler _____ Expiry date: _____

Spacer provided: Yes [ ] No [ ]

I give permission for school to use the emergency inhaler: Yes [ ] No [ ]

What signs can indicate that your child is having an asthma attack?

_____

_____

_____

What are your child's triggers (things that make their asthma worse)?

Pollen [ ] Exercise [ ] Weather [ ] Cold/flu [ ]

Pollution [ ] Stress [ ] Other [ ] _____

Does your child tell you when he/she needs their inhaler? Yes [ ] No [ ]

Does your child need help taking his/her inhaler? Yes [ ] No [ ]

- Please allow/help my child take _____ puff/s of the inhaler at _____ (time) everyday.
- For shortness of breath, sudden tightness in the chest, wheeze or cough please allow/help my child to take _____ puff/s of the inhaler every 30 to 60 seconds, for a total of up to _____ puffs.

Name of parent/carer: _____ Signature: _____

Date: _____

It is the responsibility of the parent/carer to inform the school in writing/by email if there are any changes to these instructions.

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First Aid Steps

- **Stay calm and reassure the child** .
- **Help them sit up straight**: in a comfortable position. DO NOT lay them down.
- **Use their reliever inhaler**: (blue) with a spacer. A spacer delivers the medicine more effectively. Disposable spacers are available.
- **Give one puff**, and then ask your child to take 5 slow breaths.
- **Repeat**: this process, taking one puff every 30 to 60 seconds, for a total of up to 10 puffs.
- **Contact:** phone the parent/carer.

When to Get Urgent Help

Call 999 immediately if:

- The child is getting worse while using their inhaler, is exhausted, or can't talk.
- Their symptoms don't improve.
- You are worried at any point.

If You Are Waiting for the Ambulance

- Keep giving the child one puff of their blue inhaler every 30-60 seconds, up to a maximum of 10 puffs.
- If the ambulance hasn't arrived after 10 minutes and the child's symptoms are not improving, call emergency services again.
- If the child becomes unresponsive at any point, prepare to give CPR.

After the Attack

- Advise the parent to organise an urgent, same-day appointment to see their GP or asthma nurse.

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Signhills Infant Academy

Parental agreement for School to administer medicine.

School staff will not give your child medicine unless you complete, sign and return this form.

Child's name: ……

Class: ……

Name & strength of medicine ……

Expiry date: ……

Dosage (How much to give): ……..

Timing (When to be given): …….
Please follow instructions on the bottle regarding spacing around meal times (Approx. 12pm)

Reason for medication: ……

Any other instructions: ……

……

Any known side effects: ……

Number of tablets or approx. quantity of medicine (in ml)
given to school on first day of medication in school: ……

Please note: Medicines must be in the original container as dispensed by the pharmacy.

Daytime contact number for parent: ……..

Name of Dr surgery and phone number: ……

Agreed review date: …….
(*either end date of course of medicine or until instructed by parents*)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I undertake to ensure that the school has adequate supplies of the medication. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

Parent/carer's name: …… Parent/carer's signature: ……..

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Signhills Infant Academy

Confirmation of the Head's agreement for School to administer medicine (reliever inhaler).

It is agreed that …… (*name of child*)

will be supervised in using/given their inhaler when required by the child (for reliever inhalers)

by the class teacher or a suitably trained member of staff.

If the child needs assistance, the medication will be administered by a First Aider.

This arrangement will continue until parents instruct school that an inhaler is no longer needed.

Date: ……

Signed: ……
(Senior Leadership Team)

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