

# Allergy Action Plan 2025/2026

Child's Name: \_\_\_\_\_

School: King's Academy Meadow Vale

Allergy: \_\_\_\_\_

**Child's date of birth**

«Date\_of\_Birth»

**NHS Number (If known)**

«NHS\_number»



**Emergency contact number**

Alternative emergency number  
if parent / guardian unavailable

**EMERGENCY TREATMENT**

Name of adrenaline auto injector \_\_\_\_\_

How many adrenaline auto injectors prescribed for use in school? \_\_\_\_\_

Name of antihistamine (medicine for allergies). \_\_\_\_\_

Refer to label for dosage instructions

Name of inhaler (if prescribed) \_\_\_\_\_

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin
- Abdominal pain or vomiting
- Sudden change in behaviour

Action:

- Stay with the child, call for help if necessary
- Give antihistamine according to the child's allergy treatment plan.
- Locate adrenaline auto-injector (s)
- If wheezy, give Salbutamol (blue inhaler) if prescribed; up to a maximum of 10 puffs may be given per reaction.



**Watch for signs of ANAPHYLAXIS**

(Life-threatening allergic reaction):

**CONSENT**

- I consent to the administration of prescribed emergency treatment by members of staff in schools and Early Years settings (EYS).
- I will notify school / EYS staff and the school nursing service if there are any changes to my child's medication and personal details as above.
- I will ensure that the above medication is kept in date and replaced if used.
- I consent for my child's action plan and photo to be displayed within EYS / school
- I consent to the use of the school's generic adrenaline auto injector if available (for those that already have an autoinjector prescribed)

Your name (Print)

Your signature

Please circle Parent /Guardian

Date \_\_\_\_\_

- Airway:** Persistent cough, hoarse voice, difficulty in swallowing, swollen tongue.
- Breathing:** Difficult or noisy breathing, wheeze or persistent cough.
- Consciousness:** Persistent dizziness / becoming pale or floppy, suddenly sleepy, collapse, unconscious

If ANY ONE of these signs is present:

1. **Lie child flat.** If breathing is difficult allow to sit.
2. **Use adrenaline auto injector without delay**
3. **Dial 999 to request an ambulance\*** and say ANAPHYLAXIS (ANA-FIL-AX-IS)

**\*\*\*If in doubt give adrenaline auto injector\*\*\***

After giving adrenaline auto injector

- 1 Stay with child until ambulance arrives; do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline auto injector (if available) in the alternate leg

\*you can dial 999 from any phone, even if there is no credit left on a mobile.  
Medical observation in hospital is recommended after anaphylaxis.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze)

**Allergy action plan will be reviewed on notification of any changes**