## Appendix A: Allergy Action Plan Template

| | |
|---|---|
| **Name of school** | |
| **Child's name** | |
| **Group/class/form** | |
| **Date of birth** | |
| **Photograph (attach/reference)** | |
| **Known allergen(s)** | |
| **Other diagnosed conditions (e.g. asthma)** | |
| **Date** | |
| **Review date** | |

### *Family contact information*

| | |
|---|---|
| **Parent/carer name** | |
| **Phone (mobile)** | |
| **Phone (work/home)** | |
| **Second contact name** | |
| **Second contact phone** | |

### *Plan details*

| | |
|---|---|
| **Signs and symptoms this pupil typically experiences** | |
| **Mild/moderate reaction — what to do** | |
| **Severe reaction (anaphylaxis) — what to do** | |
| **Medication held (own AAI / antihistamine / inhaler) and location** | |
| **Can the pupil self-administer / self-carry? (Y/N, with support)** | |
| **Dietary and catering arrangements** | |
| **Arrangements for trips, sport and off-site activities** | |
| **Who is responsible in an emergency (state if different off-site)** | |
| **Plan developed with** | |
| **Staff training needed / undertaken** | |
| **Form copied to** | |