

Broadbent Fold Primary School and Nursery



Allergen and Anaphylaxis Policy

Signed by:

_____ Headteacher Date: _____

_____ Chair of governors Date: _____

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Statement of intent

Broadbent Fold Primary School and Nursery strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and children, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

1. [Updated] Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- **[New]** The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
- DfE (2015) 'Supporting children at school with medical conditions'
- **[Updated]** DfE (2021) 'Allergy guidance for schools'

This policy will be implemented in conjunction with the following school policies and documents:

- Health and Safety Policy
- Supporting Children with Medical Conditions Policy
- Educational Visits and School Trips Policy

2. Definitions

For the purpose of this policy:

Allergy – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

Allergen – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

Allergic reaction – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

Anaphylaxis – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive

3. [Updated] Roles and responsibilities

The governing body is responsible for:

- Ensuring that arrangements are in place to support children with allergies and who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities.
- Ensuring that policies, plans, systems and procedures are implemented to minimise the risks of children suffering allergic reactions or anaphylaxis at school.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual child.
- Ensuring that the school's arrangements give parents and children confidence in the school's ability to minimise susceptible children' contact with allergens, and to effectively support children should an allergic reaction or anaphylaxis occur.
- Ensuring that staff are properly trained to provide the support that children need, and that they receive allergy and anaphylaxis training at least **annually**.
- Monitoring the effectiveness of this policy and reviewing it on an **annual** basis, and after any incident where a child experiences an allergic reaction.

The headteacher is responsible for:

- The development, implementation and monitoring of the Allergen and Anaphylaxis Policy.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the Educational Visits and School Trips Policy, taking into account any potential risks the activities involved pose to children with known allergies.
- Ensuring protocols are effectively implemented, including those in relation to labelling foods that may contain common allergens, e.g. nuts.
- Ensuring that all relevant risk assessments, e.g. to do with food preparation, have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.

- Ensuring that catering staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.
- Ensuring that catering staff are aware of any children's allergies which may affect the school meals provided.

[New] The Catering manager is responsible for:

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

[Updated] Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with [section 4](#) and [section 5](#) of this policy, and the processes for identifying children with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- **[New]** Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- **[New]** Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of the following information:
 - Their child's allergens
 - The nature of the allergic reaction
 - What medication to administer
 - Specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with up-to-date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school with any necessary medication, in line with the procedures outlined in the Supporting Children with Medical Conditions Policy.
- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the school, in writing, any details regarding the child's allergies.

- Working alongside the school to develop an IHP to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Signing their child's IHP, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the **classroom teacher**.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

All children are responsible for:

- Ensuring that they do not exchange food with other children.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they are being bullied or harassed as a result of their allergies.

4. [Updated] Food allergies

Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

Information regarding all children's food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

When making changes to menus or substituting food products, the school will ensure that children's special dietary needs continue to be met by:

- Checking any product changes with all food suppliers
- Asking caterers to read labels and product information before use
- Using the Food Standards Agency's allergen matrix to list the ingredients in all meals.
- Ensuring allergen ingredients remain identifiable.

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.

[Updated] Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with [section 5](#) of this policy, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy- and gluten-free options available for children with allergies and intolerances.

Where a child who attends the school has a nut allergy, the school will follow the processes outlined below including:

- Requesting that the school catering service eliminates nuts, and food items with nuts as ingredients, from meals as far as possible
- Ensuring that food items containing nuts will not be served at, or be brought onto, school premises.

Catering staff have the names of children with allergies and the children choose their own meal from the daily menu options.

All food tables will be disinfected before and after being used.

Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.

There will be a set of kitchen utensils that are only for use with the food and drink of the children at risk.

There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

Food items containing bread and wheat will be stored separately.

The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with children's IHPs, taking into account any known allergies of the children involved.

5. [New] Food allergen labelling

From 1 October 2021, the school will adhere to new allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an **annual** basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available. Allergens will be tracked using the following method:

- Allergen information is labelled on products in bold
- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving
- Incidents of incorrect practices and incorrect and/or incomplete packaging will be recorded in an incident log and managed by the kitchen manager

Declared allergens

The following allergens will be declared and listed on all pre-packed for direct sale (PPDS) foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

The catering manager will be responsible for monitoring food ingredients and will contact the supplier immediately in the event of any anomalies.

Changes to ingredients and food packaging

The school will ensure that communication with suppliers is robust and any changes to ingredients and/or food packaging are clearly communicated to kitchen staff and other relevant members of staff.

Following any changes to ingredients and/or food packaging, all associated documentation will be reviewed and updated as soon as possible.

6. Seasonal allergies

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies include ensuring that grass within the school premises is not mown whilst children are outside.

Children with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.

Staff members will monitor pollen counts, making a professional judgement as to whether the child should stay indoors.

Children will be encouraged to wash their hands after playing outside.

Children with known seasonal allergies are encouraged to bring an additional set of clothing to school to change in to after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the site manager.

The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a child with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

7. Adrenaline auto-injectors (AAIs)

Children who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

Under The Human Medicines (Amendment) Regulations 2017 the school is able to purchase AAI devices without a prescription, for emergency use on children who are at risk of anaphylaxis, but whose device is not available or is not working.

The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.

The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school.
- The purposes for which the product is required.
- The total quantity required.

The headteacher will decide which brands of AAI to purchase.

Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands children are prescribed, the school may decide to purchase multiple brands.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of children at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For children under age 6: 0.15 milligrams of adrenaline
- For children aged 6-12: 0.3 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of children to whom the AAI can be administered
- An administration record

Children who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession.

For children under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and central location: Medical cabinet in staffroom.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following locations:

- KS2 staffroom
- EYFS and KS1 – EYFS staff kitchen

All staff have access to AAI devices, but these are out of reach and inaccessible to children – AAI devices are not locked away where access is restricted.

All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named child.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):

- N Butler
- S Gething

The above staff members conduct a termly check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

The following staff members are responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the Register of AAIs: N Butler and S Gething.

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with [section 13](#) of this policy.

A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

8. Access to spare AAIs

A spare AAI can be administered as a substitute for a child's own prescribed AAI, if this cannot be administered correctly, without delay.

Spare AAIs are only accessible to children for whom medical authorisation and written parental consent has been provided – this includes children at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained as part of the introduction or development of a child's IHP.

If consent has been given to administer a spare AAI to a child, this will be recorded in their IHP.

The school uses a register of children (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of child
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an **annual** basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must write to the headteacher.

A Lynch checks the register is up-to-date on an annual basis.

A Lynch will also update the register relevant to any changes in consent or a child's requirements.

Copies of the register are held in each classroom, which are accessible to all staff members.

9. Medical attention and required support

Once a child's allergies have been identified, a meeting will be set up between the child's parents, the relevant classroom teacher and any other relevant staff members, in which the child's allergies will be discussed and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Children with Medical Conditions Policy.

Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the child's name, class, expiration date and instructions for administering it.

Children will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a child with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the child may require is outlined in their IHP.

All staff members providing support to a child with a known medical condition, including those in relation to allergens, will be familiar with the child's IHP.

N Butler is responsible for working alongside relevant staff members and parents in order to develop IHPs for children with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

N Butler has overall responsibility for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community.

10. [Updated] Staff training

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with the Supporting Children with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist children with managing their allergies.

The school will arrange specialist training where a child in the school has been diagnosed as being at risk of anaphylaxis.

[New] The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of pre-packed for direct sale (PPDS) foods that do not meet the requirements set out in Natasha's Law.

[New] The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a child is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

11. In the event of a mild-moderate allergic reaction

Mild-moderate symptoms of an allergic reaction include the following:

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

If any of the above symptoms occur in a child, the nearest adult will stay with the child and call for help from the designated staff members able to administer AAIs.

The child's prescribed AAI will be administered by the designated staff member. Spare AAIs will only be administered where appropriate consent has been received.

Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

The child's parents will be contacted immediately if a child suffers a mild-moderate allergic reaction, and if an AAI has been administered.

In the event that a child without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the child will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with [section 13](#) of this policy.

The school nurse will refer any child who has been administered an AAI to the hospital for further monitoring.

The headteacher will ensure that any designated staff member required to administer an AAI has appropriate cover in place, e.g. if they were teaching a class at the time of the reaction.

12. In the event of anaphylaxis

Anaphylaxis symptoms include the following:

- Persistent cough
- Hoarse voice
- Difficulty swallowing, or swollen tongue

- Difficult or noisy breathing
- Persistent dizziness
- Becoming pale or floppy
- Suddenly becoming sleepy, unconscious or collapsing

In the event of anaphylaxis, the nearest adult will lay the child flat on the floor with their legs raised, and will call for help from a designated staff member.

The designated staff member will administer an AAI to the child. Spare AAIs will only be administered if appropriate consent has been received.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

The emergency services will be contacted immediately.

A member of staff will stay with the child until the emergency services arrive – the child will remain lay flat and still.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the child stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a child without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

A designated staff member will contact the child's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the child has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the child is given plenty of space, moving other children to a different room where necessary.

Staff members will remain calm, ensuring that the child feels comfortable and is appropriately supported.

A member of staff will accompany the child to hospital in the absence of their parents.

If a child is taken to hospital by car, two members of staff will accompany them.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

13. Monitoring and review

The headteacher is responsible for reviewing this policy **annually**.

The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.

Following each occurrence of an allergic reaction, this policy and children' IHPs will be updated and amended as necessary.

Allergy Declaration Form

Name of child:			
Date of birth:		Year group:	
Name of GP:			
Address of GP:			

Nature of allergy:	
Severity of allergy:	
Symptoms of an adverse reaction:	
Details of required medical attention:	
Instructions for administering medication:	
Control measures to avoid an adverse reaction:	

Spare AAls

I understand that the school may purchase spare AAls to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Name of parent:	
Relationship to child:	
Contact details of parent:	
Parental signature:	