PENSANS COMMUNITY PRIMARY SCHOOL

Madron Road, Penzance, TR20 8UH
Telephone: 01736 363627
head@pensans.cornwall.sch.uk
www.pensansprimary.co.uk
Headteacher: Ms A Clay BA (Hons) QTS

Care for Pupils with Allergies

Dear Parent,

Pensans Community Primary School and Nursery takes responsibility to pupils with allergies very seriously. The school/nursery has an established allergy policy based on the policy and guidelines determined by the Health Community.

It is in the interests of your child that we work together to ensure your child's allergy is managed as well as is possible. With good management your child should rarely suffer allergy reactions and should be able to participate in full and active school life free from fear or worry. However, in order to be able to offer total support to every child with an allergy we need full details of his/her treatment plan and to be advised of any changes.

In the event of your child requiring allergy medication, this will normally be the medicine prescribed by their doctor. However, there may be occasion when your child's usual medication is unavailable. Given the possibility that there could be a life-threatening delay under some circumstances, the school would wish to do all it could to assist your child.

In this situation the school will contact you immediately to see if we can administer an antihistamine or call 999.

If you have any queries or concerns regarding the school's allergy policy please contact the school and make arrangements to come in and discuss your concerns.

Yours sincerely

Angela Clay
Headteacher

ALLERGY TREATMENT CONSENT FORM

The Headteacher of Pensans Community Primary School/Nursery

I have read carefully the school statement regarding the administration of an allergy medication to my child in emergency circumstances.

Whilst my preference is for my child to receive his/her own medication at all times, I accept that under certain circumstances it may be necessary/advisable for substitute medication to be provided.

I understand an antihistamine medicine, contained in the Allergy Emergency Kit may be used.

I understand that under these circumstances the school will:

1. Try to contact me.
2. If necessary, call the doctor or emergency services.
3. Notify the school nurser on the incident.

I give my consent to the above actions being taken if considered necessary.

Signed…… Date…….

Please print name……..

Parent of……..

Date of birth of pupil…….

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PENSANS COMMUNITY PRIMARY SCHOOL/NURSERY ALLERGY CARE PLAN

NAME OF CHILD……. D.O.B…….

ADDRESS …….

TEELEPHONE: a……. b……..

GP'S NAME……. TEL……

DESCRIPTION OF

TREATMENT……

……

……

I understand to inform the school immediately if my child's medication/treatment is changed.

I confirm that:

a) My child is able to take responsibility for the self-administration of his/her allergy medication.

b) My child is not able to self-administer his/her allergy medication and will require assistance.

(Please delete a or b as applicable)

Signed……. PRINT NAME……

Date…….