



Allergen and anaphylaxis policy 2026-27

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Statement of intent

Our vision is to provide a safe, caring and nurturing environment, where everyone is given opportunities to learn, discover and grow in our changing world. We will live out our Christian values of Respect, Hope, Love, Forgiveness, Trust and Honesty and strive to guide our community into leading fruitful lives, learning from Jesus' teachings, to love themselves and one another in order to flourish.

'Teach children how they should live, and they will remember it all their life.'

Proverbs 22:6

Cleeve Prior CE Primary School 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 pupils, 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.

Allergy management is considered a safeguarding responsibility, as failures may place pupils at risk of serious harm or death.

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.

The school recognises that some pupils with allergies may be considered disabled under the Equality Act 2010. Where applicable, reasonable adjustments will be made to ensure pupils can participate safely and fully in school life.

The school recognises allergy management as an important safeguarding responsibility. Failure to properly identify and manage known allergy risks may place pupils at risk of serious harm.

1. 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
- 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 'Supporting pupils at school with medical conditions'
- DfE (2026) 'Allergy Safety in Schools' Statutory Guidance
- Equality Act 2010

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

- Health and Safety Policy
- Whole-school Food Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Educational Visits and School Trips Policy
- Allergen and Anaphylaxis Risk Assessment

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:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- For infants and younger pupils, becoming pale or floppy

3. Roles and responsibilities

The Governing Body is responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the school's approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils 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 pupil experiences an allergic reaction.

The Head of School is responsible for:

- The development, implementation and monitoring of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring parents of pupils with allergies, particularly prior to trips, events, or menu changes are informed regularly.
- 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 allergic reactions and anaphylaxis, including the necessary precautions and how to respond.

- Ensuring that catering staff are aware of pupils' allergies and act in accordance with the school's policies regarding food and hygiene, including this policy.
- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.

The Allergy Lead is responsible for:

- Overseeing implementation of this policy.
- Maintaining the allergy register.
- Monitoring completion and review of Individual Healthcare Plans.
- Monitoring staff training compliance.
- Reviewing allergy incidents and near misses.
- Monitoring emergency medication arrangements.
- Acting as the first point of contact for allergy-related matters.

The designated Allergy Lead is: Sarah Laughlin (Head of School)

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

All parents are responsible for:

- Notifying the school of 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 written medical documentation, including instructions for administering medication as directed by the child's doctor.

- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

4. Food allergies

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

Information regarding all pupils' 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 pupils' 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 from catering company will have a full list of allergens and will avoid using them within the menu where possible.

Where meals include allergens or traces of allergens, staff will use clear and fully visible labels, in line with 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 pupils with allergies and intolerances.

To ensure that catering staff can appropriately identify pupils with dietary needs there will be a folder with the child's name, what the allergen is and also a photo of the child in a folder which will be completed daily by the cook with their menu choice and what they have received.

The school will operate a clear and consistent system for identifying pupils with food allergies (e.g. visual identifiers or tracking systems), which is understood by all catering

staff. This system will be documented and reviewed annually to ensure continued effectiveness. The allergy register will be reviewed whenever a new diagnosis is received and at least annually.

If a pupil has an allergy their food will be prepared on a separate workbench which has been thoroughly cleaned and sanitized before use along with all utensils used and their dish clearly marked.

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

Boards 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.

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 pupils' IHPs, taking into account any known allergies of the pupils involved.

5. Food allergen labelling

The school will adhere to 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.

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 will be obtained from the supplier and used to form the allergen matrix, upon delivery substitutions will be checked and returned to supplier if the allergens differ from the original product

- Allergen tracking will continue throughout the school's handling of allergen-containing food goods, including during storage, preparation, handling, cooking and serving

Declared allergens

The following allergens will be declared and listed on all 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

6. Animal allergies

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

Any antihistamines held on site will be managed in accordance with the school's Medicines Policy, parental consent arrangements and Individual Healthcare Plans.

7. 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 pupils are outside.

Pupils 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 pupil should stay indoors.

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

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

8. Adrenaline auto-injectors (AAIs)

Pupils 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 pupils 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 Head of School, 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 pupils 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 pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline
- For pupils aged 12+: 0.3 or 0.5 milligrams of adrenaline, in line with medical advice.

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

- One or more AAls
- 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 pupils to whom the AAI can be administered
- An administration record

Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location.

Spare AAls are stored in strategically located, easily accessible locations so that emergency treatment can be administered without delay:

- Main office in allergy pack

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – 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 pupil.

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):

- Sarah Laughlin

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

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

The Head of School is responsible for overseeing the protocol for the use of spare AAls, its monitoring and implementation, and for maintaining the Register of AAls.

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

Used AAls may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

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

Where any AAls 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

9. Access to spare AAls

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

Spare AAls are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils 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 pupil's IHP.

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

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

- Name of pupil
- 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 Head of School.

Head of School checks the register is up-to-date on an annual basis and will also update the register relevant to any changes in consent or a pupil's requirements.

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

The school will follow current Department for Education guidance relating to the emergency use of spare AAls.

Where anaphylaxis is suspected, administration of adrenaline should not be delayed.

Emergency services will be contacted immediately following administration of adrenaline.

10. School trips

The Head of School will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

The school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

A designated adult will be available to support the pupil at all times during a school trip.

If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

Two AAls will be taken on the trip and will be easily accessible at all times.

Trip leaders will ensure all adults supporting a pupil with a known allergy understand:

- The pupil's allergy risks.
- Signs and symptoms of allergic reaction.
- Emergency procedures.
- The location of medication.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

11. Medical attention and required support

Once a pupil's allergies have been identified, a meeting will be set up between the pupil's parents, the relevant classroom teacher, and any other relevant staff

members, in which the pupil'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 Pupils with Medical Conditions Policy.

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

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

All members of staff involved with a pupil 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 pupil may require will be outlined in their IHP.

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

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

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

An IHP must be in place for:

- any pupil prescribed an AAI
- any pupil requiring medication in school
- any pupil with a clinically diagnosed allergy requiring avoidance measures

IHPs will be reviewed at least annually and immediately following any incident or change in medical needs.

12. 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 Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

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

Training will form part of new staff induction.

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 AAls 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 to moderate symptoms.
- Understand that AAls should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAls.
- Understand how to access AAls.
- 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 AAls, 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.

Staff training will take place on an annual basis.

All new staff will receive allergy awareness information as part of their induction programme.

The school will ensure that temporary, agency and supply staff receive allergy information relevant to their role. Staff who work directly with pupils will be briefed on known allergy risks, emergency procedures and the location of emergency medication before taking responsibility for pupils

13. Mild to moderate allergic reaction

Mild to 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 pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a pupil without a prescribed AAI, or without a known diagnosis of anaphylaxis, experiences symptoms of a severe allergic reaction, staff will treat this as a medical emergency. A trained member of staff will administer a spare AAI without delay where anaphylaxis is suspected and call emergency services immediately (999), following the administration of adrenaline.

For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil 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 this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

14. Managing anaphylaxis

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately.

In the event of suspected anaphylaxis, the first available trained member of staff will administer an AAI without delay and call for assistance.

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

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

If the pupil 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.

If a pupil, visitor or member of staff displays symptoms consistent with anaphylaxis, staff will follow the school's emergency allergy procedures without delay. Where anaphylaxis is suspected, adrenaline should be administered immediately by a trained member of staff and emergency services contacted.

Emergency treatment will not be delayed while awaiting further advice.

Where a pupil is displaying symptoms consistent with anaphylaxis but does not have their own prescribed AAI available, staff will follow the school's emergency allergy procedures and the requirements relating to the use of spare AAIs. Emergency services will be contacted immediately.

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

The Head of School or a member of SLT will be informed as soon as reasonably practicable following implementation of emergency treatment.

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

- Any known allergens the pupil 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 pupil is given plenty of space, moving other pupils to a different room where necessary.

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

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

Where parents are unavailable, an appropriate member of staff will accompany the pupil to hospital in accordance with the school's procedures.

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

15. Incidents, Near Misses and Lessons Learned

All allergy-related incidents and near misses will be recorded.

Following any incident or near miss the school will:

- Review the circumstances.
- Identify any lessons learned.
- Update risk assessments where required.
- Update Individual Healthcare Plans where required.
- Consider whether further staff training is necessary.
- Report significant concerns through appropriate safeguarding and governance arrangements.

Following each occurrence of an allergic reaction or near miss, the incident will be formally reviewed, recorded, and this policy and pupils' IHPs updated and amended as necessary.

The member of staff responsible for coordinating reviews is: Sarah Laughlin.

16. Monitoring and review

Governors are 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 Head of School immediately.

This policy will be published on the school website and will be made available to parents upon request.

The school will maintain evidence of compliance with statutory allergy requirements including:

- Staff training records.
- Individual Healthcare Plans.
- Allergy registers.
- Incident and near miss records.
- Emergency medication monitoring records.

Pupil allergy declaration form

Name of pupil			
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	☐	No	☐
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Name of parent	
Relationship to child	
Contact details of parent	
Parental signature	