*Section A Personal Details*

|  |  |
| --- | --- |
| **CURRY RIVEL PRIMARY SCHOOL**  **CONFIDENTIAL** | |
| **Allergy Care Plan**  This plan should be used for children who can easily come into contact with their allergen in the school environment and may require medical treatment | |
| Name of Child |  |
| Date of Birth |  |
| **Allergic to** |  |

*Section B Medical Needs*

|  |
| --- |
| Triggers |
|  |

*Section C Symptoms and Treatments*

|  |
| --- |
| Name of medicine held in school |

|  |  |  |
| --- | --- | --- |
|  | **Symptoms** | **Treatment** |
| **Mild reaction** |  |  |
| **Severe reaction** |  |  |

*Section D Consents and Permissions*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Emergency Contact 1 | Emergency Contact 2 | Emergency Contact 3 |
| Name |  |  |  |
| Relationship |  |  |  |
| Parental Responsibility |  |  |  |
| Contact Phone number |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Name | Contact Details |
| GP |  |  |
| GP surgery |  |  |

I give consent for this information to be shared with relevant adults in the school setting

I give consent for a key information sheet to be displayed in the staffroom for all staff

I will provide school with copies of relevant medical information

I will provide school with in date, labelled prescription medication (if needed)

I will update school with any changes to my child’s medical condition

I give consent for my child to receive emergency medical treatment

|  |  |  |
| --- | --- | --- |
| Signed (Parent/Carer) |  | Date |
| Signed (School representative) |  | Date |

|  |
| --- |
| **IN A MEDICAL EMERGENCY THIS FORM SHOULD BE HANDED TO THE EMERGENCY SERVICES** |