Notification of Allergies Log

Fill out this form: Keep one copy, give one to child or parent/guardian

Date:	Class/Form:
Child's name:	Date of birth:

Brief description of allergy:

Known allergies: ☐ Mild ☐ Moderate ☐ Severe

Allergy	Symptoms	Remedy

Allergen exposure risks to be considered: ☐ Ingestion ☐ Direct contact ☐ Indirect contact

Allergy action plan or individual healthcare plan in place?: ☐ Yes ☐ No

Is the child prescribed Adrenaline Auto Injectors (AAIs) or Nasal Spray?: ☐ Yes ☐ No

If yes, which type?:

Does child carry Adrenaline Auto Injectors (AAIs) or Nasal Spray?: ☐ AAI ☐ Nasal Spray Brand

Location of adrenaline devices prescribed for this child if stored at school: ☐ Yes ☐ No

Has an Anaphylaxis Risk Assessment been carried out?: ☐ Yes ☐ No

Parent/Guardian: Relationship:	Parent/Guardian: Relationship:
Address:	Address:
Contact no:	Contact no:
Emergency contact (if different from parent/guardian) :	Emergency contact (if different from parent/guardian):
GP name:	Telephone:
Address:	

Parent/Guardian name:	Care provider name:
Parent/Guardian signature:	Care provider signature:

Allergy Incident and Near Miss Recording Log

Fill out this form: Keep one copy, give one to child or parent/guardian

Date of incident:	Incident time:
Location:	Date/time recorded:
Pupil Name:	Date of birth:
Address:	

Details of Allergy Incident

If logging a near miss, please proceed to Near Miss section on this form

Brief description of incident:

What symptoms were displayed at time of incident?:

What, if known, was the cause of the incident?:

Response to Incident

Adrenaline administered?: ☐ Yes ☐ No

Other remedies administered:

Allergy action plan in place?: ☐ Yes ☐ No

Was plan actioned?: ☐ Yes ☐ No

Ambulance called?: ☐ Yes ☐ No

Time called: Time Arrived:

Head Teacher/Principal notified?: ☐ Yes ☐ No

Parent/Guardian notified?: ☐ Yes ☐ No

Has pupil logged allergy with school previously?: ☐ Yes ☐ No

Time(s) adminstered:

By whom?:

Brand, dosage and quantity administered:

Has medication been re-ordered or restocked?:

Signed:

Other Actions Taken/Notes

Witnesses of Incident

Name: Signature:

Name: Signature:

Near Miss?

Was this pupil close to experiencing an allergy incident. If so, how?

Details:

Actions to Prevent Future Incidents/Near Misses

Form completed by (print name and job role):

Signature: Date:

Head Teacher/Principal signature: Date:

⚠ Contains personal information, store in line with GDPR policy