



ST. BART'S
MULTI-ACADEMY TRUST

**ALLERGEN AND ANAPHYLAXIS
POLICY
(MIQUILL)**

March 2026

Contents

St. Bart's Mission.....	4
St. Bart's Vision and Values	4
Allergen and Anaphylaxis Policy (MIQUILL).....	5
1. Introduction	5
2. Aims of Policy	5
3. Legal Framework.....	5
4. Related Policies:	5
5. Benedict's Law.....	6
6. Definitions.....	6
7. Symptoms of Allergic Reactions.....	6
7.1. What does adrenaline do?	7
7.2. Action	7
8. Supply, Storage and Care of Medication	8
8.1. Spare Adrenaline Auto-injectors in School	8
9. Staff Training:	8
10. Allergies of Greatest Concern and actions	9
10.1. Nut / Egg / Dairy Related.....	9
10.2. Insect Related.....	10
10.3. Latex Related.....	10
10.4. Declared Allergens;.....	10
11. Catering	11
12. EpiPens/ Jext (or similar).....	11
13. Parents' / Carers' Role	11
14. Staff Role	12
15. Child's Role	12
15.1. Actions	12
16. Educational Visits and Residentials.....	13
17. Sporting Activities:.....	13
18. Allergy awareness and nut bans	13
19. Risk Assessment.....	14
20. Useful Resources;.....	14
Appendix 1 - Anaphylaxis and Allergy Plan.....	15
Appendix 2 - Allergy Action Plan	17

Flourishing Together Releasing Potential Inspiring Futures

St. Bart's Mission

We ensure that every academy is a flourishing community, dedicated to releasing potential and inspiring ambitious futures through exceptional education.

St. Bart's Vision and Values

Releasing potential together through **PEACE**:



PASSION

We pursue excellence with energy and purpose, releasing the potential within every child and adult.



ENCOURAGEMENT

We nurture confidence and resilience, supporting each individual so that they can thrive.



AMBITION

We set high expectations, striving for fairness and opportunity so that potential is not limited by circumstance.



COLLABORATION

We work together in partnership, recognising that flourishing comes when we share strengths and support one another.



ENJOYMENT

We celebrate learning and community life, creating joy-filled environments where potential can flourish.



Our Trust Christian ethos is captured by the **PEACE** values and all schools work in close partnership (*whether C of E or community*) to ensure that all children, adults and the communities they serve flourish just as Jesus encouraged us to do in John 10:10 - ***"I have come that they may have life, and have it to the full."***

St. Bart's vision includes a strong commitment to preparing our children for a world impacted by climate change, through learning and practical experience. We encourage pupils and staff to consider the impact of their actions locally and globally, while embedding climate change education across our curriculum, and sustainability into our ethos and Trust-wide practice.

Allergen and Anaphylaxis Policy (MIQUILL)

1. Introduction

Allergies are a growing health concern in schools across the country. More than 2 million school-aged children have various food allergies. Other significant allergies in schools are related to insect bites/stings and latex.

Symptoms vary enormously. However, occasionally the symptoms may be severe and even life-threatening. Nuts are not the only food capable of triggering severe allergic reactions. Others include egg, milk, fish, shellfish and kiwi. Insect bites/stings can also cause severe reactions.

A severe allergic reaction can affect the whole body in a matter of seconds/minutes and may be fatal.

It is important to note that even the most severe form of allergy (anaphylaxis) is manageable. The vast majority of children with such allergies can be accommodated in mainstream schools thanks to good communication between parents, school staff and medical professionals.

2. Aims of Policy

- To minimise the risk of allergic/anaphylactic reaction in school.
- To be proactive in the awareness and support offered to pupils with allergies.
- To ensure staff members are trained in how to respond appropriately to an allergic/anaphylactic reaction.
- To give parents and pupils confidence in the Academy's ability to provide effective support for those with a significant allergy.

3. 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 (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'Allergy guidance for schools'
- DfE (2017) Guidance on the use of adrenaline auto-injectors in schools
- Stronger protections for children with allergies in school guidance March 2025

4. Related Policies:

- Child Protection and Safeguarding Policy

- First Aid and Administration of Medications Policy

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

- Health and Safety Policy
- Administering Medication Policy
- Supporting Pupils with Medical Conditions Policy
- Allergen and Anaphylaxis Risk Assessment
- MIQUILLS Allergen Safety Policy

5. Benedict's Law

Benedict's Law, or the School Allergy Safety Bill, is a proposed UK legislation aiming to significantly improve safety for children with allergies in schools named after five-year-old Benedict Blythe who died from a severe allergic reaction at school, it mandates that schools have allergy policies, staff training, and spare adrenaline auto-injectors.

6. 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:

7. Symptoms of Allergic Reactions

These may occur singularly or in any combination:

- Impaired breathing: this may range from a tight chest to severe difficulty
- Gasping for breath or wheezing
- Signs of shock, e.g. clammy skin, pale, bluish lips, rapid pulse, nausea, fatigue, possibly leading to collapse and loss of consciousness
- Abdominal pain, diarrhoea
- Widespread blotchy skin eruption
- Swelling of the tongue and throat/ sore throat
- Significant swelling around a sting or bite
- Puffiness about the eyes, watery eyes/glazed eyes
- Confusion and agitation
- Anxiety

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
- A swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- [EYFS and primary schools] For infants and younger pupils, becoming pale or floppy

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay treatment, and it starts to work within seconds.

7.1. What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

7.2. Action

- Keep the child where they are, call for help and do not leave them unattended
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note time given. AAI should be given into the muscle of the outer thigh. Specific instructions may vary by brand – always follow the instructions on the device
- **CALL 999** and state **ANAPHYLAXIS** (ana-fil-axis)
- If no improvement after 5 minutes, administer a second AAI
- If no signs of life commence CPR
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

8. Supply, Storage and Care of Medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container).

For younger children for those not ready to take responsibility for their own medication, their emergency medication will be kept in the unlocked emergency medication drawer in the office which is accessible to all staff.

8.1. Spare Adrenaline Auto-injectors in School

The academy will purchased spare AAIs for emergency use in exceptional circumstances where a child or adult has a severe allergic reaction without prior diagnosis or known allergy.

These are stored in a green box clearly labelled Emergency Adrenaline Pen, on the wall in the office and is accessible and known to all staff.

The DSLs and Health and Safety Lead are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of spare AAIs is included in the pupil's allergy action plan.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect

ANAPHYLAXIS. Follow advice from them as to whether the administration of the spare AAI is appropriate.

9. Staff Training:

The named staff members are responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: -

Training includes:

- Knowing the common allergens and triggers of allergies
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for the emergency services.
- Administering emergency treatment (including AAIs) in the event of anaphylaxis - knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. Allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring they are up to date

- A practical session using trainer devices

Medication is stored in a suitable container and clearly labelled with the pupil's name and picture. The pupil's medication storage container should contain:

- Two AAIS
- An up-to-date allergy action plan
- Antihistamine (if included on the allergy action plan)
- Spoon if required
- Asthma inhaler (if included on the allergy action plan)

The Academy will:

- Establish the procedures and responsibilities to be followed by staff to meet the needs of children with allergies.
- Ensure individual medical care plans are established when required.
- Ensure the medical needs of all children are communicated to all relevant staff.
- Ensure all First Aid training includes anaphylaxis management.
- Provide additional anaphylaxis training as necessary.
- Store any allergy medication (including EpiPens/Jext) appropriately and check regularly (monthly or following any sudden change in temperature) that they are not at risk of being damaged/ineffective/unusable.
- Seek to ensure that packed lunches brought in from home do not contain foods that may be of risk to allergy sufferers.
- Raise awareness about allergies/anaphylaxis amongst the school community.
- Issue regular reminders to the school community about the shared responsibility for the safety of allergy sufferers.
- Provide, as far as is possible, a safe environment in which allergy sufferers can participate equally in all aspects of school life.
- Encourage self-responsibility amongst pupils with allergies increasing with age/relevance.
- Ensure all educational visits/sporting events will be pre-checked that 'safe' food is provided and relevant safeguards are in place to protect allergy sufferers.
- When offsite on school visits to ensure medication is transported in correct manner, not exposed to adverse temperatures in accordance with medication guidance.

10. Allergies of Greatest Concern and actions

10.1. Nut / Egg / Dairy Related

The school kitchen will be notified of ANY child with a food allergy. The parents/carers will be required to complete an additional form. The kitchen team will have a list of the children and their class name. This ensures that both those regularly having school dinners and those who may occasionally require a school dinner/packed lunch are catered for appropriately. In the event of any

allergic reaction to immediately notify a staff first aider. A staff member to remain with the child until help is sought.

The academy kitchen does not knowingly use any nut products in any of their menus.

Dairy/egg free alternatives are available for identified children.

10.2. Insect Related

Pupils who have EpiPens/Jext due to Wasp or Bee sting allergies are highlighted on our staff room first aid board and will have a care plan in place, which is updated regularly.

Wasp, bee and ant nests are swiftly identified by grounds staff and professional assistance is utilised to eradicate nests.

10.3. Latex Related

Any pupil allergic to latex should avoid contact with some everyday items such as, rubber gloves (use latex free), balloons, pencil erasers, rubber bands, rubber balls, stoppers used for science experiments.

This is not an exhaustive list as there may be a specific allergy for a child. Children's allergies are detailed on Arbor.

10.4. 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

11. Catering

MIQUILLS Catering must follow the Food Information Regulations 2014 which states that allergen information relating to the 'top 14' allergens must be available for all food products.

The school menu is available for parents from the school office

The DSLs and Health and Safety Lead will inform the Catering Manager of pupils with food allergies and provides a list with photographs to ensure the catering staff can identify the pupils. All children with known allergies or intolerances have been offered a pre- plating service to prevent cross contamination.

The Catering Manager is happy to meet parents to discuss their child's specific needs. The school adheres to the following Department of Health guidance recommendations:

- Bottles and snack boxes are clearly labelled
- Staff should be educated about how to read food labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food.
- Use of food in crafts, cooking classes, science experiments and special events needs to be considered and may need to be restricted/risk assessed depending on the allergies of children and their age.

Please refer to MIQUILLS Catering Allergen Safety Policy for more information.

12. EpiPens/ Jext (or similar)

Where EpiPens / Jext (Adrenalin) or similar are required by a child:

- Parents/carers are responsible for the provision and timely replacement of clearly labelled EpiPen / Jext. Two EpiPens / Jext will be required.
- One EpiPen / Jext should be kept by the child's class teacher and the other will be stored centrally in the First Aid area.
- Four 'spare' school EpiPens /Jext are kept in the First Aid Area. There are two each of the different sizes (different dosage for different child weights).
- EpiPen /Jext training will be regularly refreshed for as many staff as possible. All first aiders in school receive updated guidance and training as part of their 3-year update first aid training.
- Staff receive training on administering a variety of different EpiPens/Jext.
- Staff and parents/carers will be updated regarding any changes in our allergy policies or our emergency procedures.

13. Parents' / Carers' Role

- Parents/Carers are responsible for providing medical information about their child's allergy in writing wherever possible including letters etc. from medical professionals.

- The information supplied should refer to: the allergen (the substance the child is allergic to); the nature of the allergic reaction (from rash, breathing problems to
- anaphylactic shock); what to do in case of allergic reaction, including any medication to be given and any control measures - such as how to prevent the child from coming in to contact with the allergen.
- If a child has an EpiPen or similar, a Health Care Plan should be written alongside the parents/carers.
- It is the responsibility of the parents/carers to provide the school with up-to-date medication/equipment clearly labelled and in the original container.
- It is the responsibility of parents/carers to ensure that any snacks or lunches etc. that they provide from home are safe for their child to consume.
- Parents/carers should liaise with staff about the appropriateness of snacks and any food-related activities (e.g. cooking, science experiments)

14. Staff Role

- Upon determining that a child entering or attending school has a severe allergy, a meeting will be set up asap where all staff concerned attend to ascertain the child's specific needs.
- All staff who have contact with the child will be made aware of what treatment/medication is required and where this is stored.
- All staff will promote hand washing before and after eating.
- Snack time will be monitored by staff to ensure the children are bringing appropriate snacks. Parents will be notified of any unsuitable snacks brought to school.
- All tables in the dinner hall are to be cleaned with an appropriate solution.
- Children will be actively encouraged NOT to share food.

15. Child's Role

- Be sure not to exchange food with others.
- Avoid eating any unknown ingredients.
- Be proactive in the management of their allergy (age appropriate).
- Notify an adult immediately if they eat something they believe may contain something they are allergic to.
- Wear a bracelet (or similar) to alert others to their allergy.
- Learn to recognise personal symptoms.

15.1. Actions

In the event of a child suffering a severe allergic reaction:

- They will be encouraged to keep as calm as possible, and they will be given space as appropriate.

- An adult will stay with the child until a First Aider/First Aider with overall responsibility arrives. The First Aider will remain with the child to monitor/ administer treatment/medication.
- Medication will be administered as per training/ Health care Plan/ Medicines Policy.
- 999 will be called, simultaneously, the child's parents/carers will be telephoned.
- Medication will be administered as per training/ Health care plan/Medicines policy.
- If parents have not arrived and in the likely event the child needs to go to hospital by ambulance, then a member of staff will accompany the child in the ambulance. A second member of staff will follow in a car, and the parents will be instructed to go directly to the hospital.

16. Educational Visits and Residentials

- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.
- Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food.

17. Sporting Activities:

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teachers are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic

child, the school will arrange for the child to take alternative/their own food. Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

18. Allergy awareness and nut bans

The academy supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support the blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of the many allergens that could affect pupils, and no school could truly guarantee a truly allergen free environment for a child living with a food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the pupils' allergens, the

signs and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

19. Risk Assessment

The academy will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

20. Useful Resources

Anaphylaxis UK Safer Schools Program.

AllergyWise for Schools (including certificate) online training

BSACI Allergy Action Plans

Spare Pens in Schools

Department of Education Supporting Pupils at school with medical conditions

Department of Health Guidance on the use of adrenaline auto-injectors in schools

Food Allergy quality standards

Anaphylaxis: assessment and referral after emergency treatment

Appendix 1 - Anaphylaxis and Allergy Plan

ST. BART'S MULTI-ACADEMY TRUST

Anaphylaxis and Allergy Plan



Academy					
Name				Date of Birth	
The above-named pupil may suffer from an anaphylaxis reaction if they are exposed to:					
Their usual allergic symptoms are:					
Procedure in the event of an acute allergic reaction:					
Symptoms:	Wheezing	Swelling of face and throat	Difficulty in breathing and swallowing	Feeling faint	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Action:	<ul style="list-style-type: none"> • Contact ambulance service 999 • Place child in safe, comfortable position • Give EpiPen injection (kept in bottom drawer of medical filing cupboard in office) • Monitor closely. If no improvement, or if symptoms of floppiness or pallor develop or worsen within 10 minutes repeat if further EpiPen available. • Inform the following contact numbers in order of priority. 				
Contacts:	1	Name			
		Tel. No.			
		Relationship			
	2	Name			
		Tel. No.			
		Relationship			
In case of	Itchiness	Tingling of face and lips	Tummy cramps	Vomiting	Blotchiness of skin
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Give oral antihistamine		ml immediately and inform the contact numbers as above.			

- It is the parents' responsibility to ensure that all medication supplied to the school is in date and clearly marked.
- It is the parents' responsibility to ensure the pupil is fully aware of the signs and symptoms of an allergic reaction.
- It is the parents' responsibility to ensure the pupil has been instructed on the administration of the necessary medication and the importance of always carrying it.
- All medication will be returned to the pupil/parent at the end of each half term and term.
- It is the parents' responsibility to replace any medication used.

The school will inform all relevant staff with regard to the pupil's condition and the arrangements set out in this document.

The school office and class teacher will hold a copy of this plan.

Agreed and signed

Parent	Name	
	Signature	
	Date	

Parent	Name	
	Signature	
	Date	

Health and Safety Lead (for academy)	Name	
	Signature	
	Position	
	Date	

Guidance on how to administer an EpiPen:

- Sit the casualty down
- Take the EpiPen in your dominant hand
- Remove the grey cap
- Plunge into the outer thigh through clothing (except heavy jeans)
- Count to 10
- Remove and place in a box and give to the ambulance service
- Rub the area in the thigh gently

JEXT EpiPen (has a yellow cap):

- Remove the yellow cap
- Put against the leg and push hard until you hear a click.
- Repeat after 10 minutes if there is no change and you have another EpiPen.

Appendix 2 - Allergy Action Plan

Name: _____

DOB: _____

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN DIFFICULTY IN BREATHING**

A AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1** Lie flat with legs raised (if breathing is difficult, allow person to sit)



- 2** Use Adrenaline autoinjector **without delay** (eg. EpiPen®) (Dose: _____ mg)

- 3** Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up**. Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____



2) Name: _____



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

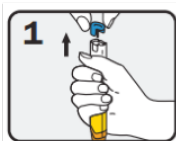
Print name: _____

Date: _____

Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepenschools.uk

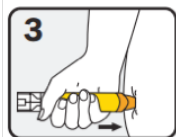
How to give EpiPen®



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name: _____

Hospital/Clinic: _____



Date: _____



ST. BART'S

MULTI-ACADEMY TRUST

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