



## Wingrove Primary School

### Whole School Allergy Safety Policy (effective 1 September 2026)

#### Policy statement

- Wingrove Primary School is committed to keeping pupils with allergies safe, to preventing avoidable exposures and to being ready to respond to allergic reactions, including anaphylaxis. This policy sets out roles, responsibilities, systems and procedures required by the DfE statutory allergy guidance coming into force September 2026 and associated medical-conditions and medicines guidance.
- This policy applies to all pupils, staff (including temporary staff), governors, volunteers, parents/carers, caterers and visitors, and to all school activities on site and off site (including trips and wraparound care).

#### Legal duties and principles

- The governing body recognises its duties under Section 100 of the Children and Families Act 2014 and the Equality Act 2010 (reasonable adjustments for disabled pupils), and will follow the DfE statutory guidance on supporting pupils with medical conditions and the new mandatory allergy guidance (from Sept 2026). (See Sources.)
- Universal provision first: the school will aim to manage allergies through everyday classroom and catering practice before individual adjustments are required, while ensuring reasonable adjustments where needed.
- Individual safety: pupils with known severe allergies will have Individual Healthcare & Allergy Action Plans (IHPs) and emergency medicines available as appropriate.

#### Duties and responsibilities

- Governing body: ensures policy in place, adequate resources, regular review and that policy is published on the school website.
- Head Teacher (Jane Mullarkey): operational responsibility for implementing the policy, ensuring staff training and that the school meets statutory requirements.
- Named allergy lead (Sue Withycombe, Pastoral Lead): coordinates IHPs, staff training, liaison with parents/carers, catering, external providers and the LA named officer where applicable.
- Inclusion Manager: ensures allergy needs are considered alongside SEND provision and in EHCP reviews where relevant.
- Class teachers and support team: know pupils with allergies in their class, follow IHPs, ensure safe classroom practice and supervise pupils at break/lunchtime.
- Catering contractor / school meals lead: provides allergen information, operates safe food-handling and segregation processes, and liaises with families about menu adjustments.



- First aid staff / designated trained responders: maintain and administer emergency medicines (including adrenaline auto-injectors) in line with training and IHPs.
- Parents/carers: provide accurate medical information, supply prescribed medicines and devices, consent to IHPs, and update school of changes.

#### Identification, assessment and record-keeping

- At admission, and at each transition, parents/carers must declare known allergies on the admission form. For pupils new or returning with allergies, an IHP must be created before the pupil starts (or as soon as diagnosis is known).
- The school holds a register of pupils with allergies (recorded centrally and accessible to staff who need it). The register records allergen(s), severity, IHP location, medicines kept in school, consent forms and trained staff.
- For pupils with severe allergies an Individual Healthcare & Allergy Action Plan (IHP) will be completed using a standard template (including emergency contact details, description of reactions, medications and administering instructions). IHPs will be signed by parents/carers, the DSL/Headteacher and, where appropriate, the pupil's clinician. IHPs are reviewed at least annually or sooner when circumstances change.

#### Individual Healthcare & Allergy Action Plans (IHP)

Each IHP must include:

- pupil name, date of birth, year group and photograph;
- allergen(s) and nature of reaction(s) (mild/moderate/severe/anaphylaxis history);
- usual symptoms and early signs to look for (in plain language for all staff, mindful of EAL);
- emergency treatment required (including dose and route for adrenaline auto-injector (AAI));
- where emergency medicine is stored and who is trained to administer it;
- consent and emergency contact details, GP and specialist details;
- arrangements for school trips, sports and other activities;
- arrangements for self-carry/self-administration (if agreed) and age/competency checks;
- date of plan and review date.

#### Emergency medicines and spare AAls

- The school will hold and maintain emergency medicines in accordance with DfE requirements and the new allergy guidance from Sept 2026: this includes ensuring that pupils' prescribed AAls are kept in-date and that the school holds at least one spare (non-prescribed) adrenaline auto-injector for use in an emergency where permitted by law and local policy.
- Storage: emergency medicines are stored safely but accessible (location recorded on the IHP). Adults know where they are kept. Medicines



requiring refrigeration are stored in a dedicated fridge with limited access; record kept of temperature checks if clinically required.

- Administration: only trained staff will administer AAI in an emergency. If a pupil's prescribed AAI is not available and the school holds a spare, staff will administer the spare AAI in line with the DfE protocol. An ambulance will be called immediately after administering an AAI.
- Record keeping: every administration of medicine (including AAIs) is recorded using standard school forms and parents informed immediately. Serious incidents are reported through the school's incident reporting system and to the LA as appropriate.

#### Training and competence

- All staff (teaching and non-teaching, including lunchtime supervisors and office staff) will receive basic awareness training on allergies and anaphylaxis annually and on induction for new staff. Training will be accessible for staff with EAL needs (simple language, translated materials where required).
- A minimum number of named staff (including at least one on every site/session) will receive practical AAI administration training from an accredited provider at least annually and whenever a new IHP requires it. Training records are maintained centrally.
- The allergy lead will maintain a training log and ensure refresher training after any incident or at least annually.

#### Catering, food provision and school food standards

- The school's caterer (or school meals lead) will provide clear allergen information for all dishes and ensure there are safe meal choices for pupils with allergies. Menus and allergen information are available to parents/carers in accessible formats and languages if necessary.
- Food preparation areas and service will include procedures for avoiding cross-contamination, segregated preparation where required, labelled storage and staff training in allergen awareness.
- Where school meals are provided by an external contractor, the contractor must agree to this policy, provide evidence of staff training and comply with allergen labelling and safe-prep procedures.
- If a pupil brings a packed lunch, guidance to parents will be supplied about safe content and school expectations. The school will make reasonable adjustments for pupils unable to eat meals provided.

#### Classroom and whole-school prevention measures

- Class teachers will be informed of pupils' allergens and IHPs. Reasonable universal measures will be used to reduce exposure risk (e.g., no sharing of food, hand-washing before and after eating, wiping surfaces, educating pupils about not sharing snacks).



- For classrooms with known severe allergies, the teacher will take additional precautions (e.g., restricting certain foods in class parties or celebrations where necessary) — always balancing inclusion with safety.
- Staff will avoid using food as a reward; if used, it must be agreed in advance and safe for all pupils present.
- School events and celebrations will have clear communications to parents regarding food and allergens and will provide safer alternatives.

#### Trips, off-site activities and transport

- IHPs must be reviewed and required medicines taken on all trips. Trip leaders will consult the IHP and ensure trained staff and emergency medicines (including spare AAls) travel with the pupil.
- Risk assessments for off-site activities will include allergy risks and controls. Parents/carers and clinicians will be consulted as needed.
- Where transport is provided, drivers and escorts will be briefed on pupils with allergies and location of emergency medicines.

#### School dogs, classroom animals and external animals

- Decisions about school/therapy animals will consider the needs of pupils with severe allergies. Controlled access, cleaning regimes and parental notification will be used. Where a pupil's allergy would be triggered, reasonable adjustments (separate spaces/timetabling) will be made.

#### Communication with parents/carers and the school community

- This policy and key contact details (named allergy lead) will be published on the school website and provided to parents/carers annually.
- The school will provide allergy information in accessible formats and translated summaries for families where English is an additional language.
- Parents must provide clear medical documentation and supply medicines and consumables (e.g., AAls) within expiry dates. The school will remind parents before expiry dates.
- Where any adjustment is refused by parents that the school considers necessary for safety, the school will escalate via the Headteacher and, if unresolved, consider advice from the LA and clinical professionals.

#### Inclusion, SEND and reasonable adjustments

- Many pupils with allergies will not have SEND, but where allergies impact access to education, the school will consider reasonable adjustments, and where appropriate, include allergy needs in EHCPs or formal risk assessments.
- The Inclusion Manager will ensure allergy-related needs are considered in transition planning and classroom support.



#### Staff health and wellbeing

- Staff with allergies or medical conditions must declare these to the school for risk-assessment and reasonable adjustments. The school will make reasonable adjustments under the Equality Act.

#### Incident management and emergency response

- If a pupil has an allergic reaction:
  1. Assess quickly — follow IHP if available.
  2. Administer emergency medication (prescribed AAI or school spare AAI if available and trained to do so).
  3. Call 999/ambulance immediately after administering an AAI.
  4. Inform parents/carers and record the incident in the school's incident log.
  5. Debrief and review the IHP and risk controls after the incident; update training if needed.
- The school has clear arrangements for contacting emergency services and for accompanying a pupil to hospital if a parent/carer is not available.

#### Monitoring, audit and review

- The allergy lead and Headteacher will monitor implementation (IHP completion, training compliance, medication audits, incidents) termly and report to governors annually.
- Medicines and AAI's will be checked monthly for expiry. Records of checks are kept.
- The Governing Body will review this policy annually or sooner when statutory guidance changes or after a serious incident.

#### Confidentiality and data protection

- Information about a pupil's allergy is stored securely and shared on a need-to-know basis with staff involved in the pupil's education and care, consistent with data protection requirements.

#### Contractors, visitors and lettings

- Contractors and visitors will be briefed about known severe allergies and instructed on school procedures.
- Letting agreements will require external users to comply with the school allergy policy.

#### Complaints

- Parents/carers dissatisfied with the school's management of an allergy should use the school's complaints procedure; if unresolved they may pursue the LA or other statutory routes.



### Implementation checklist (immediate actions for Head Teacher/Pastoral Lead)

- Publish this policy on the website by 1 September 2026.
- Appoint/confirm named allergy lead and publish contact.
- Complete/update IHPs for all pupils with known allergies; ensure photographs and medicines are in school.
- Audit current AAI stock (prescribed and any spare AAIs) and put procurement plan in place.
- Ensure at least the required number of staff have up-to-date AAI training before term 1, 2026–27.
- Meet catering provider to confirm allergen procedures and translated allergen information for menus.
- Communicate policy and key actions to parents/carers (translated summaries for major community languages: Urdu, Bengali, Arabic, Romanian, Punjabi if required, school staff interpret information which is current practice).
- Schedule termly monitoring and set governor report date.

### Appendices (to be attached and completed locally)

- A. Individual Healthcare & Allergy Action Plan template (sample)
- B. Parental consent to administer medicine form
- C. Record of medicines administered form
- D. Staff training log (AAI and allergy awareness)
- E. Emergency AAI administration protocol and ambulance checklist
- F. Catering allergen checklist and supplier declaration
- G. Trip planning checklist (allergy-specific)
- H. Incident report form (allergic reaction)

### Key contacts (insert local details)

- Headteacher: Jane Mullarkey 01912735466
- Named allergy lead: Sue Withycombe, pastoral lead, 01912735466
- Inclusion Manager: Lauren Appleby 01912735466
- Local Authority named officer for education and health needs: [insert if known]
- Emergency services: 999

### Sources and statutory references

- Department for Education — Stronger protections for children with allergies in school (DfE announcement, March 5, 2026) — new mandatory guidance from September 2026. ([gov.uk](https://www.gov.uk))
- Department for Education — Consultation / draft statutory guidance: Supporting children and young people with medical conditions and allergies (March 2026). ([consult.education.gov.uk](https://consult.education.gov.uk))
- GOV.UK — Allergy guidance for schools (overview and legal requirements). ([gov.uk](https://www.gov.uk))
- Natasha's Foundation / Anaphylaxis UK commentary on Benedict's Law and implications for schools. ([narf.org.uk](https://www.narf.org.uk))



- DfE — Managing medicines in schools and early years settings (practice guidance). ([pdf4pro.com](https://www.pdf4pro.com))

#### Notes and considerations specific to Wingrove

- Communicate in families' first languages: interpret key extracts of the policy and IHP prompts into Urdu, Bengali, Arabic, Romanian and Punjabi to maximise accurate medical information and consent.
- High SEND proportion: ensure IHPs consider communication needs and sensory/behavioural profiles so pupils can understand and comply with protective strategies.
- Mobility and waiting list: ensure admission forms capture allergy information promptly; share IHPs with receiving/ previous schools at transition.
- Inclusion balance: for class celebrations consider non-food activities or pre-packaged allergen-safe alternatives to maintain dignity and inclusion.



## Appendix A: Individual Healthcare and Allergy Action Plan (IHP)

### To be updated/incorporated into Care Plan

#### 1) Individual Healthcare & Allergy Action Plan (Allergy IHP)

Use: complete for every pupil with a diagnosed allergy (severe or otherwise).

Keep a signed copy in the class file, central medical register and with first-aiders. (Copies in the medical room, with the kitchen team and in the staffroom) Review annually or after any change/incident.

#### Wingrove Primary School — Individual Healthcare & Allergy Action Plan (Allergy)

##### Pupil details

- Pupil name:
- Date of birth:
- Year / Class:
- Pupil photograph (attach)
- Home address:
- Parent / carer 1 name & contact (mobile / work):
- Parent / carer 2 name & contact (mobile / work):
- Emergency contact if parents unavailable (name / relationship / phone):

##### Medical details

- Allergens (tick / list): food (specify) \_ / animals \_ / insect venom \_ / medication \_ / other \_
- Has the pupil had anaphylaxis before? Yes / No
- Usual signs & symptoms of reaction (be specific; use plain language suitable for staff with EAL):

e.g. itching, swelling of lips/tongue, hives, vomiting, wheeze, breathing difficulties, fainting, collapse. Describe typical first signs:

##### Severity & trigger information

- Typical severity: Mild / Moderate / Severe (anaphylaxis history)
- Usual triggers or likely exposures (e.g. sharing food, classroom pets, school trips):

##### Prescribed medicines & emergency treatment

- Prescribed adrenaline auto-injector(s) (AAI) — brand / dose / expiry:
  - 1) Expiry:
  - 2) Expiry:
- Other medicines (antihistamine, inhaler etc): name / dose / where kept / expiry:
- Emergency treatment to be given (step-by-step, plain language):
  - 1) If pupil shows [list early signs], do:
  - 2) If severe reaction/anaphylaxis (breathing difficulty, swelling of tongue, loss of consciousness): give AAI immediately — dose: . Call 999. Lay pupil flat (unless breathing difficulty — sit up). Send for ambulance and contact parents.
- Location of medicines in school (exact location and who holds keys if applicable):  
All medicines are kept in the Medical Room



- Who is authorised/trained to administer AAI: names & roles on list in Medical Room – all support staff have a first aid qualification and all staff have training in AAI September 2026  
Consent & signatures
- Parent/carer consent (I give permission for trained staff to administer medication and for a spare AAI to be used in an emergency if required): Name: Signature: Date:
- Headteacher/Head of School (or named lead) signature: Date:
- Clinician / GP / Consultant (if available) name & contact: Signature (if provided): Date:  
Additional arrangements (in school & off-site)
- Classroom adjustments / controls (e.g. no food-sharing, handwashing protocols, display of pupil alert card, seating in dining hall):
- Catering arrangements (special menu, packed lunch guidance):
- Off-site / trip requirements (who carries meds, who is trained, risk assessment notes):
- Inclusion / SEND considerations (communication needs, sensory issues, behaviour plans):  
Record & review
- Date plan completed:
- Review date (annual or sooner):
- Date(s) of any incident(s) while in school (record below with action taken and outcomes):



## Appendix B: Parental Consent Form: for regular meds and single-use emergency permission

To amend to include current form

### Wingrove Primary School — Parental Consent for the School to Administer Medicine / Emergency AAI

Pupil name: Class:

Name of medicine / device (e.g. Adrenaline auto-injector):

Reason for medicine:

Dosage & frequency:

Start date: \_ End date (if known): \_

Where is medicine to be kept in school?

Has the pupil been trained to self-administer? Yes / No

Any known side effects to watch for:

#### Parental declaration

I confirm I have legal responsibility for the above pupil and request that staff administer the medicine as stated in the IHP. I will supply in-date medication and notify the school of any changes.

Name of parent/carer:

Signature:

Date:

#### Emergency consent

I give permission for trained school staff to administer the above medicine in an emergency and, if necessary, for school staff to administer a spare/school AAI if the pupil's device is not available. I understand an ambulance will be called if an AAI is administered.

Parent/carer signature:

Date:

#### School use

Received by:

Date:

Medicine checked: Yes / No / Expiry:

Record of administration (use school medicine log)



## Appendix C: Short Translated Policy Summary for parents and Carers

### English (short summary)

Wingrove Primary School — Allergy safety (short)

From 1 September 2026 the school follows statutory allergy guidance. If your child has an allergy please:

- Tell us at admission or as soon as diagnosed by completing the medical form and returning an Individual Healthcare & Allergy Plan (IHP) with evidence if available.
  - Provide prescribed medication (in-date) and sign parental consent.
  - We will keep an IHP, train staff, store medicines safely and hold spare emergency AAI(s) where permitted.
  - We will contact you immediately if your child has an allergic reaction.
- If you need help filling forms in your language, contact Mrs Withycombe on 01912735466 or [admin@wingrove.newcastle.sch.uk](mailto:admin@wingrove.newcastle.sch.uk).

### Urdu (اردو) — short

ونگرو پرائمری اسکول — الرجی سیفٹی (خلاصہ)

ستمبر 2026 سے اسکول قانونی الرجی رہنمائی کی پیروی کرتا ہے۔ اگر آپ کے بچے کو کوئی الرجی 1 ہے تو براہ کرم

- جمع (IHP) داخلے کے وقت یا تشخیص کے فوراً بعد طبی فارم اور انفرادی صحت کی منصوبہ بندی کروائیں۔
- معالجہ کی ادویہ (میعاد ختم نہ ہونے والی) فراہم کریں اور والدین کی رضامندی پر دستخط کریں۔
- رکھے گا، عملے کو تربیت دے گا، ادویات محفوظ رکھے گا اور جہاں ممکن ہو اسپر ایڈ IHP اسکول رینالین آٹو-انجیکٹر رکھے گا۔
- اگر بچے کو الرجی کی علامت ہو تو ہم فوری طور پر آپ سے رابطہ کریں گے۔ مدد چاہیے؟ [نام] [پر رابطہ کریں]: فون/ای میل۔

### Bengali (বাংলা) — short

উইং‌রোভ প্রাইমারি স্কুল — এলার্জি নিরাপত্তা (সংক্ষিপ্ত)

১ সেপ্টেম্বর ২০২৬ থেকে স্কুল আইনি এলার্জি নির্দেশনা অনুসরণ করছে। আপনার সন্তানের যদি কোনো এলার্জি থাকে দয়া করে:

- ভর্তি বা নির্ণয়ের সাথে সাথে মেডিকেল ফর্ম ও IHP জমা দিন।
- চিকিৎসা ওষুধ (মেয়াদ শেষ না হওয়া) সরবরাহ করুন এবং অভিভাবক সম্মতি সই করুন।
- স্কুল IHP রাখবে, কর্মীদের প্রশিক্ষণ দেবে, ওষুধ নিরাপদে সংরক্ষণ করবে এবং অনুমোদিত ক্ষেত্রে স্পেয়ার এএআই রাখবে।
- আপনার সন্তানের এলার্জি হলে আমরা আপনাকে সঙ্গে সঙ্গে জানাব। সহায়তার জন্য যোগাযোগ করুন: [নাম] [ফোন/ইমেইল]।



### Arabic (العربية) — short

مدرسة وينجروف الابتدائية — ملخص سلامة الحساسية

ابتداءً من 1 سبتمبر 2026 تتبع المدرسة توجيهات حكومية ملزمة بشأن الحساسية. إذا كان لدى طفلك حساسية:

- (IHP) أخبرنا عند التسجيل أو فور التشخيص بملء استمارة طبية وخطة رعاية فردية.
  - أمدوا المدرسة بالأدوية الموصوفة (صالحة الاستخدام) ووقعوا الموافقة الأبوية.
  - وتدريب الموظفين، وتخزين الأدوية بأمان، وستحتفظ بحقن أدرينالين احتياطية حيث IHP، ستحتفظ المدرسة بخطة يُسمح.
- سنواصل معكم فور حدوث أي تفاعل تحسسي.  
للمساعدة: اتصلوا بـ [الاسم] [على] [هاتف/بريد إلكتروني]

### Romanian (Română) — short

Wingrove Primary School — Scurt despre alergii

Din 1 septembrie 2026 școala urmează ghidarea obligatorie privind alergiile.

Dacă copilul dumneavoastră are o alergie:

- Anunțați la admitere sau imediat după diagnostic completând formularul medical și Planul Individual de Îngrijire (IHP).
  - Furnizați medicamentele prescrise (neexpirate) și semnați consimțământul părintelui.
  - Școala va păstra IHP, va instrui personalul, va depozita medicamentele în siguranță și va păstra injectoare de adrenalină de rezervă dacă este permis.
  - Vă vom contacta imediat în caz de reacție alergică.
- Pentru ajutor: Mrs Withycombe on 01912735466 or  
[admin@wingrove.newcastle.sch.uk](mailto:admin@wingrove.newcastle.sch.uk)

### Punjabi (ਪੰਜਾਬੀ) — short

Wingrove ਪ੍ਰਾਇਮਰੀ ਸਕੂਲ — (الرجى سلامتي) مختصر

1 ਸਤੰਬਰ 2026 ਤੋਂ ਸਕੂਲ ਅਲਰਜੀ ਦਿਸ਼ਾ-ਨਿਰਦੇਸ਼ਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦਾ ਹੈ। ਜੇ ਤੁਹਾਡੇ ਬੱਚੇ ਨੂੰ ਅਲਰਜੀ ਹੈ:

- ਦਾਖਲੇ ਸਮੇਂ ਜਾਂ ਤੁਰੰਤ ਨਿਰਧਾਰਨ ਬਾਅਦ ਮੈਡੀਕਲ ਫਾਰਮ ਅਤੇ IHP ਭਰੋ।
- ਦਵਾਈ (ਮਿਆਦ ਬੰਦ ਨਾ ਹੋਈ) ਸਕੂਲ ਨੂੰ ਦਿਓ ਅਤੇ ਮਾਪੇ ਦੀ ਰਾਜ਼ੀ-ਨਾਮਾ ਤੇ ਦਸਤਖਤ ਕਰੋ।
- ਸਕੂਲ IHP ਰੱਖੇਗਾ, ਸਟਾਫ਼ ਨੂੰ ਟ੍ਰੇਨਿੰਗ ਦੇਵੇਗਾ, ਦਵਾਈਆਂ ਸੁਰੱਖਿਅਤ ਰੱਖੇਗਾ ਅਤੇ ਜੇ ਮਨਜ਼ੂਰ ਹੋਵੇ ਤਾਂ ਸਪੇਅਰ AAI ਰੱਖੇਗਾ।
- ਅਲਰਜਿਕ ਪ੍ਰਤੀਕਿਰਿਆ ਹੋਣ 'ਤੇ ਅਸੀਂ ਤੁਰੰਤ ਤੁਹਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਾਂਗੇ।  
ਸਹਾਇਤਾ ਲਈ: [ਨਾਮ] [ਫੋਨ/ਈਮੇਲ]।



## Appendix D: Staff Training and Competence Checklist (termly/annual actions)

### Termly Checks (to be completed each term)

- ☐ Central allergy register up to date; all pupils with allergies have an IHP on file and a photograph attached.
- ☐ All prescribed medicines available in school; expiry dates checked and recorded; parents reminded of upcoming expiries (>1 month).
- ☐ Spare AAI(s) (if the school holds them) present, in date and stored correctly.
- ☐ Class teachers have been informed (email/briefing) of pupils with allergies and simple classroom controls.
- ☐ Catering manager has confirmed menu allergen information updated and shared; any flagged pupils are confirmed on catering list.
- ☐ Trip planners have reviewed IHPs for any pupils going on trips this term; medicines allocated to trip lead.

### Annual checks (or after any incident)

- ☐ All staff completed basic allergy awareness training within the last 12 months (record date).
- ☐ Named responders have completed practical AAI training (list names and dates).
- ☐ Record of any allergic reaction incidents reviewed; IHPs and controls amended as required and training refreshed.
- ☐ Governor report prepared and circulated (see template below).
- ☐ Policy review date set and approved by governors.

### Competence & supply staff

- Ensure supply / temporary staff receive a one-page briefing on arrival summarising site location of medicines, emergency steps and who to contact.
- Ensure lunchtime supervisors and wraparound staff receive the same briefing and basic awareness training annually.



## Appendix E: Governor Report Template – termly short report to be presented to FGB

Wingrove Primary School — Termly Governor Report: Allergy Safety (term / year)

Prepared by:

Date:

### Summary (1–2 lines)

- Number of pupils with recorded allergies (and number with anaphylaxis history):

### Compliance & records

- % of IHPs completed and signed by parents: %
- Medicines / AAI audit status: all in-date / number expiring in next month:
- Training: number of staff with basic awareness training this academic year:                      number trained to use AAI:

### Incidents since last report

- Number of allergic incidents requiring first-aid:
- Number of incidents requiring AAI & ambulance: (brief summary of actions taken and outcomes; anonymise pupils)

### Actions taken this term

- e.g. updated catering procedures, translated parent summary circulated, staff training completed on [date], spare AAI procured.

### Outstanding risks / issues for governors' attention

- e.g. procurement of additional spare AAI(s); staffing cover for trained responders at after-school club; budget for translated printed materials.

### Recommendations / required governor action

- e.g. approve purchase of 2 spare AAIs; approve policy change X; ratify named allergy lead.

### Sign-off

- Headteacher:                                              Date:
- Link governor (health & safety / SEND):                                              Date: