

Westbourne Primary School **Student Food Allergy Action Plan**

Family/Student Section

Student's Name	
Class	
Allergy to (please highlight)	• celery • cereals containing gluten (such as wheat, rye, barley and oats) • crustaceans (such as prawns, crabs and lobsters) • eggs • fish • lupin • milk • molluscs (such as mussels and oysters) • mustard • peanuts • sesame • soybeans • sulphur dioxide and sulphites (at a concentration of more than ten parts per million) • tree nuts (such as almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios and macadamia nuts)
If other, please note below	
Known level of reaction to allergen(s) and common symptoms	
What actions are required to deal with the allergic reaction?	
Is medication (adrenaline auto-injectors such as epipens etc.) required for the student to deal with allergy? If yes, which? (If yes to this, the parent/guardian will also need to complete a medication request form)	Yes/No
Has the above allergy been confirmed by the student's GP/doctor?	Yes/No
I am happy for the relevant allergen information on this form and (where required) a photo of my child to be displayed in the school's staff room,	Yes/No

medical area,) and the school's catering kitchen (near main servery)	
I am aware that the school may require more information, which may include medical information to ensure the safety of the pupil.	Yes/No
Name of parent/guardian completing form	
Signature of parent/guardian completing form	