

All Hallows Catholic College

A Voluntary Academy

Aspire not to have more but to be more

Brooklands Avenue, Macclesfield, Cheshire SK11 8LB | Telephone: 01625 426138 | admin@allhallows.org.uk | www.allhallows.org.uk

Principal - Mr T Beesley

Guidelines for the Management of Allergic Reactions in Schools

NAME OF CHILD

D.O.B.

SCHOOL

All Hallows Catholic College
Brooklands Avenue
Macclesfield
Cheshire
SK11 8LB

YEAR / FORM

CONDITION

PHOTO

PLEASE SEND THIS FOLDER WITH _____ IF HE/SHE NEEDS TO ATTEND HOSPITAL

THE CONTENTS SHOULD THEN BE REVIEWED IN THE LIGHT OF HIS/HER REACTION.

PLEASE INFORM SOPHIE JONES, PUBLIC HEALTH SCHOOL NURSE, BASED AT WATERS GREEN MEDICAL CENTRE, THIRD FLOOR, SUNDERLAND STREET, MACCLESFIELD, SK10 6JL TEL: 0300 123 4058 OF ANY REACTION. SHE WILL ENSURE THE FAMILY DOCTOR AND HOSPITAL CONSULTANT RECEIVE A WRITTEN REPORT.



Honourable Purpose



Respect



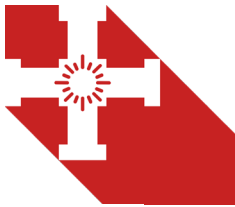
Compassion



Co-operation



Stewardship



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Name: Date of Birth:

Class: Form Teacher: (Update Annually)

Address:

CONTACT INFORMATION

Contacts:

Name	Relationship	Telephone Home	Telephone Work/Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Practitioner:

Hospital Consultant:

Medical Problems:

Medication:

These are kept:



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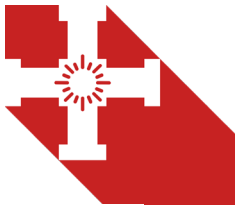
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CONSENT FOR TREATMENT

Name: Date of Birth:

M / F

Address:

[Parents / Guardians]

I / We hereby authorise designated college staff to share personal information re my child and to administer the following medications to my child [details above] if required according to the accompanying guidelines. I/We have parental responsibility for the child.

Signed: _____ Name: _____ Relationship: _____

Signed: _____ Name: _____ Relationship: _____

EMERGENCY PROCEDURE

1. Give medication as below
2. Ring 999 for an ambulance
3. Telephone parents

Medication and Dose:

Medication and Dose:

Designated college staff:

All college staff who have been EpiPen trained and All First Aiders.

I agree with the above arrangements for the administration of medication in an Emergency by a designated member of college staff who has received appropriate training.

Signed: _____ Date: _____

[Principal]



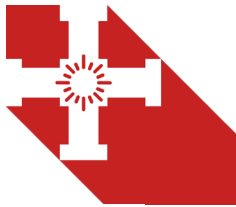
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EMERGENCY ACTION PLAN

Name:

Date of Birth:

Class:

Address:

Medical Problems:

- DIAL 999 OR 112 FOR AN AMBULANCE
- CHECK IF THE STUDENT HAS ANY NECESSARY MEDICATION. IF THEY DO HELP THEM USE IT
- IF THE CASUALTY IS RESPONSIVE SIT THEM IN A POSITION THAT HELPS THEM BREATHE.
- IF THE CASUALTY IS **UNRESPONSIVE** OPEN THEIR AIRWAY AND CHECK BREATHING. IF THEY ARE BREATHING PLACE THEM IN THE RECOVERY POSITION. IF THEY ARE **NOT BREATHING PERFORM CPR.**

Medication:

Signed: _____

Date: _____



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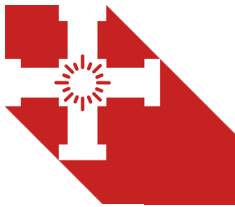
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Medication(s) given:	Time(s)
Inhaler	
Antihistamine	
Epipen	



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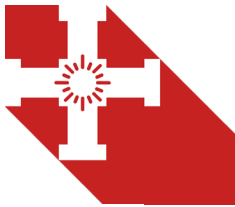
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SYMPTOMS AND SIGNS OF ALLERGIC REACTIONS

- Feeling of terror/anxiety
- Red, blotchy skin eruptions
- Red and watery eyes
- Swelling of the tongue and throat
- Pale or flushed skin
- Impaired breathing
- Signs of shock leading to becoming unresponsive

WHEN TO USE AN EPIPEN

Give EpiPen if showing any of the following symptoms

- Severe or moderate breathing difficulties – not responding to blue inhaler [e.g. asthma wheezing or due to swelling of the throat]
- Swelling of the lips, mouth, throat, or tongue
- Skin, tongue or lips turn blue
- Weakness, collapse



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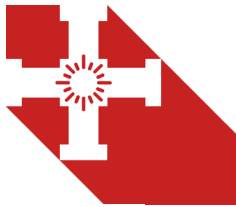
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OFFICE STAFF - CALLING FOR HELP

*** SEVERE ALLERGIC REACTIONS ARE ALWAYS "999" CALLS ***

RING 999 AND GIVE:

College Name and Address:

All Hallows Catholic College
Brooklands Avenue
Macclesfield
Cheshire
SK11 8LB

College Telephone Number:

01625 426138

Give the students name:

Date of birth:

State that:

- Inform the staff looking after the child that the ambulance is on the way.
- Send someone to the college entrance to wait for the Ambulance and direct them promptly to the student.
- Make sure the Ambulance has clear access to the college.
- Inform those on the CONTACT INFORMATION list, usually a parent.
- Record the event in the child's school record.



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