

Allergy and Anaphylaxis

Care and Treatment Plan

This child/young person is at risk of Anaphylaxis

Name: _____

DOB: _____

Current Year/Class: _____

GP/Local Hospital No: _____

(Name) _____ may suffer from an anaphylaxis reaction

if he/she is exposed to _____

(Name) _____ also has (other medical conditions)

His/her usual allergic symptoms are:

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Procedures

In the event of an acute allergic reaction, staff will follow this procedure:

- ◆ Contact Ambulance Service – dial 112 or 999
- ◆ One adult will inform the headteacher immediately of action taken
- ◆ Then inform the following contact numbers in order of priority

<p>Contact No 1 Name: Telephone No: <u>Relationship:</u></p>
<p>Contact No 2 Name: Telephone No: <u>Relationship:</u></p>
<p>Contact No 3 Name: Telephone No: <u>Relationship:</u></p>