Tunstall Nursery School

Allergy Form

Please complete and return this form if your child has a known medical, food allergies or food intolerances. Do not include dietary requirements on here.

Child's name:	Keyworker:

Allergy details

- Please keep the school updated if your child's medical needs or contact details change.
- If prescribed, provide two in date Adrenaline Auto-Injectors (AAI), for example Epipen or Jext.
- Provide an allergy action plan or a medical record relating to your child's allergy.
- Provide a copy of any Individual Health Care Plan (IHP) from a previous setting.

Known allergies and or intolerances (please list): If your child has any known allergies, please ensure that you provide your child's allergy action plan as soon as possible.	
Usual symptoms of allergic reaction for this child:	
Has child been prescribed an adrenaline auto-injector (AAI) for home/school? 	☐ Yes ☐ No If yes, brand/type (e.g. EpiPen, Jext): Date of last AAI prescribed (if known):
GP surgery name and telephone:	
NHS number (optional):	

Parent name:	Parent signature:
Relationship to child:	Date: