Charlton Park Academy
Charlton Park Road, Charlton, London SE7 8HX

Tel: 020 8249 6844 **Email:** mailbox@charltonparkacademy.co.uk
Principal: Mark Dale-Emberton **www.charltonparkacademy.com** Follow us **@Charltonsch**

Please check your child's allergy information

Date: _____

Dear Parent/Carer,

We are checking our information for every pupil.

We need correct information to help keep your child safe. We use it for meals, lessons, journeys and school trips.

What you need to do

1. Fill in the short reply form on page 2.
2. Every family must return page 2.
3. If your child has a condition, or you are unsure, also fill in pages 3 to 5.
4. Return the form in a sealed envelope to the school office by: _____

Need help or an interpreter?

We can fill in the form with you by telephone or in a meeting.
We can arrange help in your language or another accessible format.
Call the school office: 020 8249 6844.

Please tell us straight away if anything changes.

This includes new symptoms, new medicine or a new health plan. Please also tell us if medicine is used, lost, damaged or nearly out of date.

We may contact you, your child's doctor or nurse. This helps us agree the support your child needs.

This form does not replace a plan written by a doctor or nurse. It does not replace your child's school health plan.

Only people who need this information to support your child will see it. This may include school, catering or transport staff. We will handle the information under the academy's privacy rules.

Thank you for helping us keep your child safe.

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Page 2: short reply form

Every family must complete and return this page.

Child's full name

_____

Date of birth

_____

Class or tutor group

_____

Parent or carer name

_____

Best telephone number

_____

Email address

_____

1. What applies to your child?

Tick every box that applies.

☐ My child has no known allergy, food intolerance, coeliac disease or medical diet.

☐ My child has an allergy. Their body reacts to something. The reaction can sometimes be very serious.

☐ My child may have an allergy. We are waiting for advice or are not sure.

☐ My child has a food or drink intolerance. Food or drink makes them unwell, but it is not an allergy.

☐ My child has coeliac disease. Gluten damages their gut.

☐ A doctor or dietitian says my child needs a special medical diet.

☐ I am not sure. I would like CPA to contact me.

What do I do next?

If you ticked only the first box: sign Box A below. You can stop here.
If you ticked any other box: go to page 3. Do not sign Box A.

A. Sign here only if your child has no known condition

☐ I have given correct information as far as I know.

Signature: _____ Date: _____

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Pages 3 to 5: more information

Complete these pages only if your child has a condition, may have a condition, or you are unsure.

Child's name: _____

2. What causes the problem?

A trigger is something that causes a reaction. Tick every trigger that may apply.

☐ Food or drink
☐ Medicine
☐ An insect sting or bite
☐ Latex, such as rubber gloves or balloons
☐ An animal
☐ Pollen, mould or dust
☐ A product or chemical that touches the skin
☐ Something else
☐ I am not sure

Write the exact name of each trigger, if known:

_____

_____

What must your child avoid? *Write any advice given by a doctor, nurse or dietitian.*

_____

_____

3. What happens during a reaction?

Tick signs you have seen or that are written in your child's health plan.

☐ Swollen lips, face or eyes
☐ Itchy or tingling mouth
☐ Hives or an itchy rash
☐ Stomach pain, vomiting or diarrhoea
☐ A sudden change in behaviour
☐ A cough or hoarse voice
☐ Difficulty swallowing or a swollen tongue
☐ Difficult or noisy breathing, or wheezing
☐ Becoming pale, floppy, very sleepy or dizzy
☐ Collapsing or not responding normally
☐ Something else
☐ I am not sure

If you ticked 'Something else', tell us what happens:

_____

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More information about your child

Child's name: _____

4. Timing and communication

How quickly have signs appeared? Tick one answer.

☐ Within a few minutes

☐ Within one hour

☐ Later the same day

☐ The timing changes

☐ I am not sure

Anaphylaxis means a very serious allergic reaction that needs emergency treatment.

☐ A doctor or nurse has told me that my child has had anaphylaxis.

If yes, when did this happen?

_____

Can your child tell someone they are becoming unwell? Tick one answer.

☐ Yes

☐ Sometimes or with help

☐ No

☐ I am not sure

How does your child show or tell you that they are unwell? *You can describe words, signs, symbols, behaviour or changes you notice.*

_____

_____

5. Medicine

Has medicine been prescribed for the allergy or reaction?

☐ Yes

☐ No

☐ I am not sure

Name of medicine and dose shown on the label:

_____

Has your child been prescribed an adrenaline device?

This may be an auto-injector pen or a prescribed nasal device.

☐ Yes

☐ No

☐ I am not sure

Name of device and dose shown on the label:

_____

How many devices were prescribed? _____ How many are now at CPA? _____

Expiry date 1: _____ Expiry date 2: _____

☐ I need CPA to contact me about medicine or device arrangements.

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Health plans, food and school activities

Child's name: _____

6. Medicine support and health plans

What help does your child need with medicine at school? Tick one answer.

☐ My child carries and uses their medicine without staff help.

☐ My child needs reminders or help.

☐ Staff need to keep and give the medicine.

☐ I am not sure.

An Allergy Action Plan is written by a doctor or nurse. It tells people what to do during a reaction.

☐ My child has an Allergy Action Plan.

☐ CPA already has the newest plan.

☐ I have attached the newest plan.

☐ The plan will follow.

☐ I am not sure.

An Individual Healthcare Plan, or IHP, is the school's written plan for your child's health support.

☐ My child has a CPA Individual Healthcare Plan (IHP).

☐ My child has asthma.

☐ My child has an Asthma Action Plan.

Name and contact details of your child's doctor, nurse, clinic or dietitian:

_____

☐ CPA may contact them to ask about my child's support.

7. Food and drink

What does your child usually have at school? Tick every answer that applies.

☐ School meals

☐ Food from home

☐ Food through a feeding tube

☐ Something else

Write any food or drink that must not be given:

_____

Write any instructions from a doctor, nurse or dietitian: *This may include food texture, drinks, supervision or keeping foods separate.*

_____

8. Lessons, journeys and trips

Does your child need extra help to take part safely? *Think about cooking, celebrations, transport, community visits and school trips.*

_____

B. Parent or carer confirmation

☐ I have given correct information as far as I know.

☐ I will tell CPA straight away if this information changes.

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☐ I would like CPA to contact me because I am unsure about something.

Signature: _____ Date: _____