Icknield High School

Allergy Safety Policy

2026-2027

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1. Aims

Icknield High School is committed to providing a safe, inclusive and allergy-aware environment for all pupils, staff and visitors. We recognise that allergies can affect a young person's health, wellbeing, confidence, attendance and ability to participate fully in school life. In some cases, allergies can lead to anaphylaxis, which is a potentially life-threatening medical emergency requiring immediate action.

This policy sets out how the school will identify pupils with allergies, reduce the risk of exposure to known allergens, support pupils through appropriate planning and respond promptly and effectively in the event of an allergic reaction. It also explains how the school will train staff, communicate with families and promote the wellbeing and inclusion of pupils with allergies.

Our approach reflects the school's values of Celebrate, Aspire, Respect, Equality and Support, and our school rule: Respect yourself, Respect others and Respect the school.

2. Legislation and guidance

This policy has been written with regard to the Department for Education's *Allergy Safety in Schools: Statutory Guidance*, which explains that schools should have a dedicated allergy safety policy, reviewed at least annually and published so that it is accessible to parents, pupils and staff. The guidance also states that the policy should explain how schools identify pupils with allergies, reduce risks, provide staff training, support pupils through Individual Healthcare Plans and respond to emergencies.

This policy also aligns with the model pupil allergy policy provided by The Key, which sets out a practical structure covering aims, legislation, roles and responsibilities, risk assessment, risk management, allergic reaction procedures, adrenaline auto-injectors, staff training and links to other policies.

The policy should be read alongside statutory and non-statutory requirements relating to supporting pupils with medical conditions, safeguarding, health and safety, equality duties, food information and the safe use of emergency adrenaline auto-injectors in schools.

3. Whole-school approach to allergy safety

Allergy safety is a whole-school responsibility. Icknield High School will not rely solely on individual pupils, parents or catering staff to manage allergy risk. Instead, the school will take a coordinated approach in which leaders, teachers, support staff, catering staff, pupils and parents all understand their role in reducing risk and responding appropriately.

The school will work to be allergy-aware rather than claiming to be allergen-free or nut-free. The 2026 statutory guidance makes clear that "nut-free" policies can create a false sense of security because nuts are only one of many possible allergens, and any food can cause an allergic reaction. The school may discourage certain high-risk foods where appropriate, but the central approach will be awareness, risk reduction, supervision, clear communication and emergency preparedness.

4. Roles and responsibilities

4.1 The Governing Body

The Governing Body is responsible for ensuring that Icknield High School has appropriate arrangements in place to support pupils with allergies and to meet statutory responsibilities. Governors will ensure that this policy is reviewed at least annually, published on the school website and monitored through appropriate school systems. They will also receive information about serious allergy-related incidents and near misses where appropriate, so that lessons can be learned and practice improved.

There will be a named Governor with responsibility for allergy oversight.

4.2 The Headteacher

The Headteacher has overall responsibility for ensuring that the school implements this policy effectively. This includes making sure that there is a named senior leader with responsibility for allergy safety, that staff receive appropriate training and that pupils with allergies are supported to participate fully in school life.

4.3 Named Senior Leader for Allergy Safety

Icknield High School will appoint a named member of the Senior Leadership Team to oversee allergy safety. The 2026 guidance states that a named senior leader should be responsible for allergy safety and for driving implementation of the school's allergy safety policy.

At Icknield High School, the named senior leader will be responsible for ensuring that allergy information is collected, recorded and shared appropriately with staff who need to know. They will oversee the allergy register, ensure that Individual Healthcare Plans are in place where required, coordinate policy review, monitor staff training and ensure that serious incidents and near misses are recorded and reviewed. They will work closely with pastoral staff, the First Aid team, catering staff, parents, pupils and external professionals.

4.4 School First Aid staff, first aiders and administrative staff

Staff with responsibility for medical administration will support the Allergy Safety Lead by maintaining accurate records, liaising with parents and ensuring that prescribed medication is stored and accessed appropriately. They will help to monitor expiry dates of prescribed and spare adrenaline auto-injectors, maintain records of medication held in school and support the development and review of Individual Healthcare Plans.

Spare adrenaline auto-injectors will be stored in clearly marked emergency anaphylaxis kits located at Student Reception, staff room, Year 7 Year room and Year 11 Year room. These locations will be communicated to all staff through annual training, induction and emergency procedure briefings. Expiry dates will be checked monthly by the First Aid Officer and records of checks will be retained.

4.5 Teaching and support staff

All teaching and support staff have a responsibility to be aware of this policy and to follow school procedures. Staff should know how to recognise the signs of an allergic reaction and anaphylaxis, how to summon help and where emergency medication is located. Staff planning lessons, activities, practical work, food-related tasks, trips or events must consider whether allergens may be present and take reasonable steps to reduce risk; please see section 7.

Staff must never send a pupil who may be experiencing an allergic reaction to the First Aid room or school office alone. In a suspected emergency, help and emergency medication must be brought to the pupil. Staff must use the callout function and explicitly state an 'Allergy Emergency', and where possible call 555 or send a student to the First Aid room to seek assistance.

For practical lessons and activities, including PE, Games, Educational Visits and other situations where pupils are not in their usual classroom, staff must collect pupils' adrenaline auto-injectors (AAIs) and inhalers in a clearly identifiable bag. This bag must remain in close proximity to the pupil(s) throughout the activity and be immediately accessible in an emergency. Medication should be returned to pupils at the end of the lesson or activity.

4.6 Catering staff

Catering staff play a key role in food allergy management. They will follow allergen legislation and school procedures, provide accurate allergen information, prevent cross-contamination as far as reasonably possible and work with the school and parents to support pupils who require allergen-safe meals. Catering arrangements will be reviewed where there are menu changes, incidents or concerns.

4.7 Parents and carers

Parents and carers are expected to inform the school of any diagnosed or suspected allergy, provide upto-date medical information and ensure that prescribed medication, including adrenaline auto-injectors and inhalers, is supplied to school where required. Parents should provide copies of Allergy Action Plans, Asthma Action Plans and any relevant clinical advice, and should inform the school promptly of any changes.

Parents and carers are responsible for ensuring that pupils who have been prescribed adrenaline autoinjectors carry two in-date AAIs at all times whilst attending school, travelling to and from school, and participating in school activities. Parents and carers must regularly check expiry dates on all prescribed

medication and ensure that any medication approaching its expiry date is replaced before it expires. The school must be informed promptly when replacement medication has been provided.

4.8 Pupils

Pupils with allergies will be supported to understand their allergy, avoid known allergens and seek help immediately if they feel unwell. Where appropriate, pupils may carry their own medication, including adrenaline auto-injectors, in line with their Individual Healthcare Plan and parental agreement.

Pupils who have been prescribed adrenaline auto-injectors are expected to carry two in-date AAIs on their person at all times, unless alternative arrangements have been agreed and documented within their Individual Healthcare Plan.

All pupils are expected to behave responsibly and respectfully. Pupils must not share food or drinks, deliberately expose another pupil to an allergen, make jokes about allergies or interfere with another pupil's medication. Such behaviour will be treated seriously.

5. Identifying pupils with allergies

The school will collect allergy information when pupils join Icknield High School and will update this information when parents, pupils or healthcare professionals notify the school of a change. Information may also be requested from previous schools as part of transition arrangements.

Class registers will be clearly flagged to identify pupils with medical conditions. Detailed medical information, including healthcare plans, emergency medication requirements and allergy quick notes, will be available to staff through SIMS and EduLink to ensure appropriate support and response in an emergency.

The school will maintain an allergy register that identifies pupils with known allergies, their allergens, medication requirements, Individual Healthcare Plans and any Allergy or Asthma Action Plans. The 2026 guidance states that schools should have clear arrangements for identifying children and young people with allergies and should keep records of those with allergies, including whether they have an IHP or Action Plan.

Relevant information will be shared with staff who need it in order to keep pupils safe. Information will be handled sensitively and in line with data protection requirements.

6. Individual Healthcare Plans

An Individual Healthcare Plan will be put in place where a pupil's allergy affects school life, where there is a risk of harm, or where arrangements are needed that are additional to or different from usual school practice. The statutory guidance states that pupils should have an IHP where their allergy has a functional impact in school, places them at risk of harm and requires additional or different arrangements.

The IHP will be developed in consultation with parents, the pupil where appropriate, school staff and relevant healthcare professionals. It will identify the pupil's known allergens, the impact of the allergy, medication arrangements, steps to reduce risk, emergency procedures and arrangements for trips, clubs and wider school activities.

Where a pupil has an Allergy Action Plan or Asthma Action Plan issued by a healthcare professional, the plan will be attached to the IHP. IHPs will be reviewed at least annually and sooner if there is a serious incident, near miss, new medical advice, a change in medication or a change in the pupil's condition.

Individual Healthcare Plans (IHPs) will be stored as linked documents within the school's Management Information System (SIMS). Key allergy information will be clearly flagged through pupil records, including on registers, seating plan indicators and quick-note notifications, ensuring that relevant staff can readily identify and access essential information about a pupil's allergy needs. Access to this information will be managed in accordance with data protection requirements and shared only with staff who need it to support the pupil's safety, wellbeing and inclusion. IHPs, Allergy Action Plans and Asthma Action Plans will be reviewed regularly to ensure that all information remains accurate and up to date.

The **'Individual Health Care Plan Template'** (appendix 1) used at Icknield can be viewed at the end of the policy.

7. Assessing and reducing risk

Icknield High School will take reasonable steps to reduce the risk of pupils being exposed to known allergens. Risk assessment will be proportionate and will focus on enabling pupils to take part in school life safely, rather than excluding them from activities.

Staff will consider allergy risks when planning:

- Lessons and classroom activities
- Exercise or strenuous activity
- Activities where changes in temperature may occur
- Practical activities
- Food Technology lessons
- Science experiments
- Art and craft activities
- Animal-related activities
- Cultural events
- Rewards and celebrations
- Fundraising events
- Extra-curricular clubs
- Sports fixtures
- Educational visits and trips

In line with the 2026 guidance, particular consideration will be given to allergens during:

- Craft activities
- Science activities and experiments
- Cooking and food preparation activities
- Animal-related activities
- Educational visits and trips
- Food sales

Where a pupil is at risk of anaphylaxis, risk assessments will be completed for relevant activities, including off-site visits. These assessments will consider known allergens, access to medication, staff training, catering, travel, supervision and emergency planning.

8. Food allergy management

The school recognises that food allergy management requires careful communication between pupils, parents, catering staff and school staff. All food provided by the school or its catering provider will be managed in line with statutory allergen requirements. The statutory guidance explains that school caterers must provide information about regulated allergens and that allergen information must be clear, accurate and accessible to pupils and parents.

The school will work with its catering provider to ensure that menus and allergen information are available, that catering staff understand the needs of pupils with food allergies and that reasonable steps are taken to avoid cross-contamination. Where food is prepared for pupils with allergies, catering staff will follow agreed procedures for preparation, cleaning, serving and identification.

Pupils should not share food, drinks, bottles, utensils or food containers. Packed lunches should be clearly identifiable and pupils are expected to follow school expectations around food safety and respect for others. Parents are asked to avoid sending food intended for sharing unless this has been agreed in advance with staff.

Food used in lessons, events or celebrations must be considered carefully. Staff should avoid using unlabelled food where allergy risks are unclear and should provide safe alternatives where required. Where a pupil's allergy requires specific food-related adjustments, these will be recorded in the pupil's IHP.

9. Adrenaline auto-injectors and emergency medication

Pupils who are prescribed adrenaline auto-injectors should have rapid access to their medication at all times. The 2026 guidance states that individuals at risk of anaphylaxis should have access to prescribed adrenaline devices and that adrenaline should be administered within five minutes in the event of anaphylaxis.

Pupils will normally be required to carry two adrenaline auto-injectors (AAIs) at all times in clearly identifiable medical pouches (Appendix 3). An exception may be made for pupils with SEND where alternative arrangements or reasonable adjustments are explicitly outlined within their Individual Healthcare Plan (IHCP).

During lessons such as PE, educational visits, or other activities where pupils may be away from their bags, the pupil's medical pouch containing their AAIs will be handed to the member of staff leading the activity. The member of staff will store the pouch in the designated medical bag (appendix 3) and ensure it remains readily accessible and in the immediate vicinity throughout the lesson or activity.

Icknield High School will hold spare adrenaline auto-injectors for emergency use. These will be stored safely, clearly labelled and accessible to staff. The school will ensure that spare devices are checked regularly, remain in date and are replaced when used or expired. Guidance strongly expects schools to stock spare adrenaline devices and explains that they should be available within five minutes of wherever they may be needed.

The school may also hold emergency asthma inhalers in line with relevant guidance and consent arrangements. Emergency asthma inhalers will be held and used in accordance with national guidance and only where written consent is in place. **Where a pupil has both food allergy and asthma and develops sudden breathing difficulty following possible allergen exposure, staff must treat this as suspected anaphylaxis and administer adrenaline first.**

10. Procedures for responding to an allergic reaction

All staff will receive training to recognise the signs of an allergic reaction and know how to respond promptly and appropriately.

Mild to Moderate Allergic Reactions Symptoms

may include:

- Swelling of the lips, face or eyes
- An itchy or tingling mouth
- Hives or an itchy rash
- Abdominal pain
- Nausea or vomiting
- Sudden changes in behaviour or appearance

If a pupil develops any of these symptoms:

1. Remain with the pupil and monitor them closely.
2. Reassure the pupil and keep them under adult supervision.
3. Follow the pupil's Individual Healthcare Plan (IHP), where applicable.
4. Inform parents or carers as soon as practicable.
5. Be prepared to act immediately if symptoms worsen.

Anaphylaxis (Severe Allergic Reaction)

Anaphylaxis is a life-threatening medical emergency that requires immediate treatment.

Symptoms may include:

- Swelling of the tongue or throat
- Difficulty swallowing
- A hoarse voice
- Wheezing or noisy breathing
- Persistent coughing
- Difficulty breathing
- Dizziness or feeling faint
- Collapse or loss of consciousness
- Pale, clammy skin
- Confusion or sudden drowsiness

It is important to realise that the symptoms described above may merge into each other rapidly as a reaction develops.

Emergency Response to Suspected Anaphylaxis

If anaphylaxis is suspected:

1. **Administer adrenaline immediately. (Even if in doubt)**
    - Use the pupil's prescribed adrenaline auto-injector (AAI) where available.
    - If the pupil's AAI is unavailable, inaccessible, empty or has misfired, use the school's spare AAI.
2. **Call 999 immediately.**
    - State clearly: **"A pupil is experiencing suspected anaphylaxis."**
3. **Position the pupil safely.**
    - Keep the pupil lying flat with their legs raised, where possible. ○ If breathing is difficult, they may sit up slightly.
    - Do not allow the pupil to stand, walk around or suddenly change position.
4. **Stay with the pupil at all times.**
    - Monitor their breathing and responsiveness until emergency services arrive. ○ Where possible refer to the students Individual Healthcare Plan. ○
5. **Give a second dose of adrenaline if required.**
    - If symptoms have not improved after **5 minutes** and a second AAI is available, administer a second dose.
6. **Contact parents or carers.**
    - Inform them as soon as possible after emergency treatment has been initiated.
7. **Hospital transfer.**
    - Any pupil who receives adrenaline must be taken to hospital for medical assessment.
    - A member of staff will remain with the pupil until a parent or carer arrives and, where necessary, accompany the pupil in the ambulance.

Key principle: If in doubt, give adrenaline. Delay in administering adrenaline can increase the risk of a serious outcome.

11. School trips, visits and wider school activities

Pupils with allergies will not be excluded from school trips, clubs, enrichment, sports fixtures or events simply because they have an allergy. The school will plan appropriately so that pupils with allergies can participate as fully and safely as possible.

For pupils at risk of anaphylaxis, trip planning will include a specific risk assessment. This will include arrangements for access to prescribed medication. Pupils must carry two prescribed AAIs, and staff must ensure that both devices are present before leaving the school site. Risk assessments will also consider staff training, food arrangements, emergency contacts, transport, accommodation where relevant and access to emergency medical services. The statutory guidance states that schools should conduct risk assessments for pupils at risk of anaphylaxis taking part in trips and should ensure access to medication and staff trained to administer adrenaline.

Trip leaders must ensure that relevant staff are aware of pupils' needs and emergency procedures before departure.

12. Wellbeing, inclusion and bullying

The school recognises that pupils with allergies may experience anxiety, isolation or reduced confidence because of their condition. They may also be at risk of bullying linked to their allergy. The 2026 guidance states that schools should promote the wellbeing of pupils with allergies and set out strategies to recognise and address allergy-related bullying.

Icknield High School will support pupils with allergies through pastoral systems, form tutors, year teams, safeguarding staff and, where appropriate, individual check-ins. Staff will promote understanding and respect while avoiding unnecessary attention that may make pupils feel singled out.

Bullying or harmful behaviour linked to allergies will be treated seriously. This includes mocking a pupil's allergy, pressuring a pupil to eat something, deliberately exposing a pupil to an allergen, threatening to expose a pupil to an allergen or excluding a pupil because of their allergy. Such behaviour will be managed in line with the school's Behaviour Policy, Anti-Bullying procedures and safeguarding responsibilities.

13. Serious incidents and near misses

The school will record and review serious allergy-related incidents and near misses. A serious incident includes any event where a pupil, member of staff or visitor is harmed or placed at immediate and significant risk of harm because of an allergy. A near miss is an event that did not result in harm but could reasonably have done so. The statutory guidance states that serious incidents and near misses should be recorded, reported to parents and used to learn lessons.

Examples may include a pupil being served food containing a known allergen, a delay in accessing medication, an adrenaline device being unavailable, an allergic reaction requiring emergency treatment or a failure to follow an IHP.

The school will record what happened, who was involved, when and where the incident occurred, what action was taken, whether emergency services were called and what the outcome was. This will be recorded on the '**Allergy incident and near miss form'** (appendix 2). Serious allergy-related incidents and near misses will be reported to parents or carers as soon as possible and shared with the Governing Body through appropriate reporting routes. Where required, incidents will also be reported to external agencies, including the local authority, environmental health, the HSE or relevant healthcare professionals. The Allergy Safety Lead will review the incident with relevant staff and, where appropriate, with the pupil, parents and healthcare professionals.

The purpose of reviewing incidents is to learn and improve practice. The school will adopt a no-blame approach unless there is evidence of deliberate, reckless or repeated failure to follow agreed procedures.

14. Training

All staff will receive allergy awareness and emergency response training at least annually. The 2026 guidance states that all staff present when pupils are scheduled to be on site should receive allergy awareness training, and that first aid training alone is not sufficient.
Training will cover allergy awareness, recognising allergic reactions, recognising anaphylaxis, responding to asthma symptoms, using adrenaline auto-injectors, locating emergency medication, following IHPs and Action Plans, reducing exposure to allergens, supporting wellbeing and reporting incidents or near misses.

Training will apply to teachers, support staff, pastoral staff, administrative staff, catering staffply staff, agency staff and regular volunteers who have pupil-facing responsibilities.

New staff will receive allergy safety information as part of induction. Supply staff, agency staff, volunteers and visiting professionals will be given relevant information according to their role and level of pupil contact.

15. Communication and publication

This policy will be published on the Icknield High School website and made available in hard copy on request. Staff will be made aware of the policy through training, induction and relevant updates.

Parents will be encouraged to inform the school of allergies and changes in medical needs. Where a pupil has an IHP, the school will work with parents and the pupil to ensure that arrangements are understood and reviewed.

The school will raise awareness of allergy safety among pupils in an age-appropriate way, with a focus on respect, inclusion and the importance of not sharing food.

16. Monitoring and review

This policy will be reviewed at least annually by the named Senior Leader for Allergy Safety and approved through the school's policy approval arrangements. It may be reviewed sooner if there is a serious incident, near miss, change in statutory guidance, change in school practice or significant concern raised by pupils, parents, staff or governors.

The annual review will consider staff training records, allergy register accuracy, IHP compliance, emergency medication checks, catering arrangements, trip procedures, incidents and near misses.

This policy has been reviewed against the Department for Education's 2026 statutory guidance on allergy safety in schools. Icknield High School will continue to review allergy safety arrangements annually and following any serious incident, near miss or significant change in statutory guidance.

17. Links to other policies

This policy should be read alongside the following Icknield High School policies:

- First Aid Policy
- Safeguarding and Child Protection Policy
- Behaviour Policy
- Anti-Bullying Policy
- Health and Safety Policy
- Educational Visits Policy
- SEND Policy
- Attendance Policy
- Data Protection Policy

Appendix 1.

<table>
<tr><th colspan="2">NAME – Individual Healthcare Plan for allergy</th></tr>
<tr><td>Date of birth:</td><td rowspan="4">Current photo</td></tr>
<tr><td>Year / class:</td></tr>
<tr><td>Emergency contacts:</td></tr>
<tr><td>Staff who need to be aware:</td></tr>
<tr><td colspan="2">Allergy:
Note what allergy the child or young person has.
Note any known allergens.
Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.</td></tr>
<tr><td colspan="2">How the allergy is managed:
Note any care or action plans or prescribed medication issued by healthcare professionals.
If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.
Note the extent to which the child or young person is able to take responsibility for managing their allergy.</td></tr>
<tr><td colspan="2">Impact on education:
Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.
Indicate how the allergy may impact on the child or young person’s learning.
Indicate how the allergy may impact on the child or young person’s emotional wellbeing.
If relevant, note any interaction between allergy and SEN.</td></tr>
<tr><td colspan="2">Arrangements for support:
Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.
Outline measures to reduce the risk of contact with known allergens.
Give details of the specific support or adaptations to manage food allergy at meal and snack times. Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.</td></tr>
<tr><td colspan="2">Visits and trips:
Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.
Note any requirement for a risk assessment and prompts for specific issues which should be considered.</td></tr>
<tr><td colspan="2">Emergency response: Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.
Otherwise summarise the signs or symptoms which would indicate an emergency.
Set out what to do in an emergency, including whom to contact.
If relevant, note where “spare” adrenaline devices are located.</td></tr>
<tr><td>Last discussed with parents:</td><td>Date</td></tr>
<tr><td>Issued by:</td><td>Date:</td></tr>
<tr><td>Next planned review:</td><td>Date:</td></tr>
</table>

NAME – Individual Healthcare Plan for allergy Annex: Medication needed while in school / college / setting	
Non-prescription medication: *Record any non-prescription medication (e.g. oral antihistamines) which the child or young person may require to manage their allergy in the education setting* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Parental consent:	**Date**:
Prescription medication: *Record any prescription medication for allergy prescribed by a healthcare professional (e.g. adrenaline).* *Note whether it is emergency medication; where the medication is stored; and how and when the child or young person may need access.* *Note whether parental consent has been given for the allergy medication to be administered, and the date of consent.*	
Prescribed by:	**Date**:
Parental consent:	**Date**:
Use of "spare" adrenaline devices: *Note whether parental consent has been given to administer adrenaline (e.g. using "spare" adrenaline devices) in an emergency.*	
Parental consent:	**Date**:
Use of "spare" salbutamol inhaler: *If relevant (i.e. the child or young person is prescribed an asthma reliever inhaler), note whether consent has been given to use a "spare" salbutamol reliever inhaler.*	
Parental consent:	**Date**:

Appendix 2.

Allergy incident and near miss report

This form should be completed as soon as possible following any allergy-related incident or near miss. Near misses must be recorded even where no harm has occurred, as they may identify gaps in procedures, communication, supervision, or training and help prevent future incidents. Parents/carers and, where appropriate, the individual affected should be involved in reviewing the incident and identifying any lessons learned. The named allergy senior leader and governor should also review incidents to ensure that school policies, risk assessments, and Individual Healthcare Plans were appropriate, followed correctly, and updated where needed.

Icknield High School Named Allergy Lead: Mr D Chopra

Date	Time	Incident location	Child affected	Staff member present	Emergency services called?
					Yes / No
Date form completed:			Form Completed By:		

What happened / allergen involved (if known)?
Why the incident happened? (as far as is known)
How staff and pupils responded?

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What support was provided to the individual including any medication administered?
What immediate actions were taken afterwards?
Any lessons learned and recommended changes to any policies, procedures, training and supervision?

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Reviewed By:	Name	Signed	Date
School Allergy Governor			
School Allergy Lead			

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Example of Student Wallets

