



4.9.2026

Dear Parent/Carer,

The safety and wellbeing of all pupils at Doubletrees School is our highest priority. As part of our commitment to providing a safe learning environment and in line with the requirements of Benedict's Law, we are updating our records regarding pupils with allergies.

As such, we ask all parents/carers to provide up-to-date information about any allergies their child may have, including food allergies, medication allergies, insect sting allergies, animal allergies, or any other allergy that may affect them whilst attending school.

Please provide the following information:

- Details of any diagnosed allergies.
- Known triggers or allergens.
- Symptoms your child experiences during an allergic reaction.
- Any prescribed medication, including adrenaline auto-injectors (e.g. EpiPen, Jext, Emerade) or antihistamines.
- Copies of any medical advice, allergy action plans, or healthcare plans provided by healthcare professionals.
- Any recent changes to your child's allergy diagnosis or treatment.

Under Benedict's Law, schools are required to have appropriate measures in place to support pupils with allergies, including individual healthcare plans for those with serious allergies and suitable emergency procedures. Accurate information from parents and carers is essential to help us meet these responsibilities and keep children safe.

If your child has a prescribed adrenaline auto-injector, please ensure that in-date medication is provided to the school and that any associated medical documentation is kept current. Please return the completed allergy information form by Friday the 11th of September. If your child develops a new allergy or their medical needs change during the school year, please inform the school immediately.

Thank you for your cooperation in helping us provide a safe environment for all pupils.

Yours sincerely,

Dr Kelly Davis
Assistant Headteacher/SENDCo
Doubletrees School



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Information Form to Accompany the Letter

Pupil Name: _____

Class/Form: _____

1. Does your child have any diagnosed allergies? ☐ Yes ☐ No

2. Please list all allergies:

1. What symptoms do they experience?

1. Does your child have prescribed medication? ☐ Adrenaline Auto-Injector ☐ Antihistamine ☐
Inhaler ☐ Other: _____

2. Is there an Allergy Action Plan or Healthcare Plan? ☐ Yes (please attach) ☐ No

3. Emergency Contact Number(s):

1. Any additional information the school should know:

Parent/Carer Name: _____

Signature: _____ Date: _____

This format meets the information-gathering needs associated with the school's duties under Benedict's Law and supports the development of individual healthcare and emergency response arrangements where required



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