



HORNBEAM PRIMARY SCHOOL

Mongeham Road, Deal, Kent CT14 9PQ

Headteacher: Mrs Harkins | Deputy Headteacher: Mrs Jones

01304 374033 | www.hornbeam.kent.sch.uk | office@hornbeam.kent.sch.uk

Learn to Love Learning to Live Life Better

Emergency Allergy Response and Adrenaline Auto-Injector Consent

9th September 2026

Dear Parent/Carer,

As part of our commitment to keeping all pupils safe, Hornbeam Primary School follows the new requirements of Benedict's Law, which has introduced strict allergy safety measures for schools in England, including staff training, individual healthcare plans and the availability of emergency Adrenaline Auto-Injectors (AAls) for use in anaphylaxis emergencies.

As a school we take all allergies, including food allergies and dietary requirements, very seriously. Anaphylaxis is a **severe and potentially life-threatening allergic reaction** that can happen very quickly after exposure to something a person is allergic to (such as certain foods, insect stings, or medications). Anaphylaxis requires **immediate medical treatment**, usually with an Adrenaline (epinephrine) Auto-Injector, such as an Epi-Pen.

From now, we will hold emergency Adrenaline Auto-Injector on site, and all staff will be trained in administering these if an emergency situation were to arise.

While we maintain detailed plans for pupils with diagnosed allergies, severe allergic reactions can occasionally occur without a previous diagnosis. For this reason, we are asking **all parents and carers** to provide consent for school staff to administer emergency medication where it is necessary to protect a child's health.

Please can we also take this opportunity to remind parents and carers to ensure that you have provided the school with up-to-date details of your child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.

Please complete the reply slip on the next page and hand it in to the school office by **Wednesday 16th September 2026**.

It is important that all families complete and return this form as soon as possible, regardless of whether their child has a known allergy, so that the school can maintain accurate medical records and ensure that appropriate emergency treatment can be provided if required.

Kind regards,

Mrs S Harkins
Headteacher





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Adrenaline Auto-Injector (EpiPen) Consent Form – September 2026

**PLEASE COMPLETE A SEPERATE FORM FOR EACH CHILD*

Name of Child: _____

Class: _____

My Child has the following known allergies: _____

☐ I consent to staff administering the school's emergency spare adrenaline auto-injector if they reasonably believe my child is experiencing an anaphylactic reaction and urgent treatment is required.

“The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.”

Allergy Policy 2026

Please ensure that you have provided the school with up-to-date details of your child’s medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis.

Name of Parent/ Carer giving consent: _____

Signature: _____

Date: _____

Please complete this reply slip and hand it in to the school office by **Wednesday 16th September 2026**.

