

Fun Fest Holiday Club

Allergy Disclaimer (No GP Action Plan Provided)

Child's Name:	
Allergy / Allergies:	
Parent / Carer Name:	
Date:	

Fun Fest has been informed that the above-named child has an allergy to the listed product/substance(s). At this time, **no GP – or medically issued Allergy Action Plan has been provided.**

In accordance with **safer eating guidelines**, parents/carers are reminded that **severe allergic reactions** can occur at any time, even if your child has previously been exposed to an allergen without a reaction. Staff will remain alert and vigilant for any signs of an allergic response during your child's attendance.

In the absence of a formal medical action plan, our staff at Fun fest will: Follow **general first aid procedures** according to our policies and procedures. If a severe allergic reaction is suspected, staff will immediately call the **Emergency Services (999)** and notify the parent/carers as soon as possible.

The parent/carers understands and agrees that: Without a GP- endorsed action plan, **staff cannot administer any medication**, including antihistamines or adrenaline, unless specific written consent, clear dosage instructions and the medication is in its original packaging.

Fun Fest staff will take all reasonable precautions to minimise exposure to known allergens but cannot guarantee a completely allergy-free environment. It is the **parent/carers responsibility** to supply an up-to-date medical action plan and any prescribed medication (auto-injector, antihistamine) as soon as possible. In the absence of such documentation, Fun Fest Holiday Club will act in the **best interest of the child's safety** within the limits of its training and policies.

Parent/Carer Declaration:

I confirm that I have disclosed my child's allergy to Fun Fest Holiday Club and understand that, without a GP-issued Allergy Action Plan, the staff will respond as outlined above. I acknowledge that, as per safer eating guidelines, severe allergic reactions can occur unexpectedly at any time.

Parent/Carer Signature:	Date:
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Staff Name:	
Staff Signature:	Date:

