CHILDREN'S HEALTH & WELLBEING FACTSHEET

Food Allergies and Intolerances

Understanding reactions, safe diagnosis, emergency planning and family support

The short version

A food allergy is an immune reaction and can sometimes be life-threatening. A food intolerance does not usually involve the immune system and is not the same as allergy. Symptoms alone cannot always show the cause. Safe diagnosis begins with a detailed allergy-focused history and uses appropriate tests or supervised elimination and reintroduction—not broad commercial panels. Children need a nutritionally complete plan, emergency preparation where relevant and support that allows them to participate fully in family, education and social life.

Four different types of food-related problem

IgE-mediated allergy	Often begins within minutes to about two hours. It may cause hives, swelling, vomiting, cough, wheeze, breathing difficulty or anaphylaxis. Skin-prick or specific-IgE blood tests may support diagnosis when interpreted with the history.
Non-IgE-mediated allergy	Often delayed over hours or days and more likely to involve persistent gastrointestinal symptoms, eczema, food refusal or faltering growth. Diagnosis may involve a planned short elimination followed by reintroduction under appropriate guidance.
Food intolerance	A non-immune reaction. Examples include difficulty digesting lactose. Symptoms are often dose-related and mainly gastrointestinal, but persistent symptoms still deserve proper assessment.
Coeliac disease	An autoimmune condition triggered by gluten in genetically susceptible people. It is neither a wheat allergy nor a simple intolerance. Testing is only reliable while gluten remains in the diet unless a specialist advises otherwise.

Possible signs of food allergy

Skin	Itching, redness, hives, swelling around the lips, face or eyes, or persistent/worsening eczema.
Mouth and throat	Itching, tingling, swelling of lips or tongue, throat tightness, hoarse voice or difficulty swallowing.
Breathing	Cough, wheeze, noisy breathing, chest tightness, breathlessness, nasal symptoms or sudden voice change. Respiratory symptoms often occur with other systems.
Gut	Nausea, vomiting, abdominal pain, diarrhoea, reflux, constipation, blood or mucus in stools, food refusal or aversion.
Whole body	Pallor, marked tiredness, dizziness, floppiness, collapse, reduced responsiveness or faltering growth with gastrointestinal symptoms.

Anaphylaxis: use adrenaline and call 999

Anaphylaxis may cause throat or tongue swelling, breathing difficulty, hoarse voice, persistent cough, wheeze, collapse, confusion, faintness or a child becoming limp or unusually unresponsive. Use the prescribed adrenaline device immediately according to the child's action plan, then call 999 and say 'anaphylaxis'. If symptoms have not improved after 5 minutes, use the second prescribed device. Do not make the child stand or walk, even if they feel better.

Skin colour changes

Blue, grey or pale changes may be harder to see on brown or black skin. Check the lips, tongue, gums, palms and soles and pay close attention to breathing, responsiveness and behaviour. A rash does not have to be present for anaphylaxis.

Antihistamine is not a substitute for adrenaline

Antihistamine may help some mild skin symptoms but does not treat the airway, breathing or circulation problems of anaphylaxis. Follow the child's current clinician-completed allergy action plan.

Building an allergy-focused history

The pattern of symptoms is essential. A positive test alone shows sensitisation, not necessarily a clinical allergy, and a negative test does not explain every delayed reaction.

Food and amount	Exactly what was eaten, ingredients, brand, preparation, quantity and whether the food had been tolerated before.
Timing	How soon symptoms began, how long they lasted and whether they recur with the same food or setting.
Symptoms and severity	Which body systems were affected, treatment used, response to treatment and whether emergency help was needed.
Context	Illness, exercise, asthma control, medicine, restaurant or school setting, cross-contact, and any other food eaten at the same time.
Background	Eczema, asthma, hay fever, feeding history, growth, gastrointestinal symptoms and allergy or atopy in close relatives.
Current exclusions	Foods already avoided, why they were removed, changes in symptoms, nutritional substitutes and any previous reintroduction.

A useful symptom record

- date, time, food, ingredients and amount
- skin, breathing, gut and behavioural signs
- medicine or emergency action taken
- usual diet, excluded foods and supplements
- when symptoms began and ended
- photos where safe and appropriate
- illness, exercise and other possible cofactors
- impact on growth, sleep, school and family life

Do not deliberately repeat a suspected serious reaction

Home reintroduction is not appropriate after an acute systemic reaction, breathing symptoms or another potentially severe response unless an allergy specialist has provided a specific plan.

Tests: what helps and what does not

Skin-prick testing	May support suspected IgE-mediated allergy when selected and interpreted by a competent professional. It should take place where anaphylaxis can be managed.
Specific-IgE blood tests	Measure sensitisation to selected foods. Results must be interpreted with the clinical history; larger numbers do not automatically predict reaction severity.
Elimination and reintroduction	For suspected non-IgE allergy, NICE describes a usually 2- to 6-week elimination followed by planned reintroduction, with suitable dietetic advice on adequacy and timing.
Oral food challenge	A controlled specialist procedure used when appropriate to confirm or exclude allergy or assess tolerance. It should not be improvised at home when there is risk of an immediate reaction.
Coeliac testing	Blood testing and sometimes specialist assessment are used. Keep eating gluten during investigation unless the clinical team instructs otherwise, because avoidance can make results inaccurate.

Tests to avoid

- IgG food panels sold as intolerance tests
- hair analysis, electrodermal/Vega testing and applied kinesiology
- unregulated bioresonance, energy or frequency testing
- large screening panels without an allergy-focused history
- tests that produce long exclusion lists or claim to diagnose unrelated conditions

Why unreliable testing can cause harm

It can create false reassurance, unnecessary fear, expensive diets, nutritional deficiencies and delayed diagnosis of allergy, coeliac disease, inflammatory bowel disease or another condition. Children should not lose major foods without a clear reason and a replacement plan.

Food allergy, intolerance and common look-alikes

Lactose intolerance	Difficulty digesting lactose can cause bloating, pain, wind and diarrhoea. It is not cows' milk protein allergy. Some children tolerate smaller amounts or certain dairy products, depending on cause and severity.
Cows' milk protein allergy	An immune reaction to milk proteins. It may be immediate or delayed and requires a suitable nutritional substitute. Goat's milk is generally not an appropriate alternative because proteins are similar.
Coeliac disease	An autoimmune response to gluten that can cause gastrointestinal symptoms, poor growth, tiredness, anaemia or few obvious symptoms. Do not begin a gluten-free diet before testing is complete.
Food poisoning or infection	Vomiting and diarrhoea may be caused by infection or contaminated food, especially when several people are affected.
Reflux, constipation and gut disease	These can cause pain, food refusal, vomiting or altered stools. Persistent blood, weight loss, severe pain or growth concerns need medical assessment.
Fussy or sensory eating	Avoidance may relate to texture, predictability, fear or sensory needs rather than allergy. Restriction can still create nutritional risk and deserves appropriate support.
Pollen-food syndrome	Some older children with pollen allergy develop itching or tingling in the mouth with certain raw fruit, vegetables or nuts. Assessment is important because symptoms and risks differ between individuals.

One child can have more than one problem

For example, a child may have eczema, confirmed food allergy and sensory-based restriction. Treating every symptom as allergy can be as unhelpful as dismissing all symptoms as fussiness.

Living safely with a confirmed food allergy

Know the exact allergen	Understand which foods and forms must be avoided, whether cross-contact is relevant, and whether baked or processed forms have been medically assessed as tolerated.
Read every label	Recipes change. Check the full ingredients list each time, including familiar products. Understand precautionary statements such as 'may contain' in the context of the child's specialist advice.
Prevent cross-contact	Use clean hands, surfaces, utensils and storage. Shared toasters, spreads, serving utensils, fryers or scoops may transfer allergens.
Carry treatment	If prescribed, keep two in-date adrenaline devices with the child and ensure trained adults can access them immediately. Store them within the recommended temperature range.
Use an action plan	The child's healthcare professional should complete and review a recognised allergy action plan. Give current copies to family, school, childcare and relevant activity providers.
Maintain asthma control	Poorly controlled asthma can increase risk in food-allergic children. Follow the asthma plan and arrange review when symptoms or reliever use increase.

The 14 regulated allergens

UK food law requires declaration of: celery; cereals containing gluten; crustaceans; eggs; fish; lupin; milk; molluscs; mustard; peanuts; sesame; soybeans; sulphur dioxide/sulphites above the legal threshold; and specified tree nuts. A child can still be allergic to a food outside this list.

Natasha's Law and other food

Food prepacked for direct sale must show the food name and a full ingredients list with regulated allergens emphasised. Businesses must also provide allergen information for non-prepacked food. Always tell staff about the allergy and ask about ingredients and cross-contact; a label does not replace that conversation.

Nutrition, growth and food replacement

Avoidance is treatment only when the correct food is excluded and the remaining diet meets the child's needs. The more foods removed, the greater the need for paediatric dietetic support.

Milk exclusion	Requires an age-appropriate source of energy, protein, calcium, iodine and vitamins. Plant drinks are not interchangeable with infant formula, and some are unsuitable for young children.
Egg exclusion	Check baked goods, coatings, sauces and mixed dishes. Replacement matters less nutritionally if the overall diet contains other suitable protein and nutrients.
Wheat or gluten exclusion	Wheat allergy and coeliac disease require different advice. Maintain fibre, iron, energy and variety using safe grains and starches. Complete coeliac testing before removing gluten.
Multiple allergies	Need coordinated specialist and dietetic planning to protect growth, food variety and quality of life and to prevent unnecessary restriction.
Vegetarian or vegan diets	Additional allergy exclusions may make protein, energy, calcium, iron, iodine, vitamin B12 and vitamin D planning more complex.
Supplements	Use only suitable products and doses. Check allergen ingredients and avoid overlapping products. Supplements do not correct an unsafe or incomplete exclusion plan by themselves.

Review should include

- growth and nutritional adequacy
- new reactions and accidental exposures
- asthma and eczema control
- whether tolerance reassessment is appropriate
- whether the diagnosis remains accurate
- action plan and medicine technique
- school, social and emotional impact
- confidence with labels, eating out and travel

Nursery, school and activities

In England, 2026 statutory allergy-safety guidance sets out what covered schools must do. Families and schools should work together so the child is safe without being unnecessarily excluded or singled out.

Individual Healthcare Plan	Children who require one should have a current plan identifying allergens, symptoms, medicines, responsibilities and emergency actions. BSACI action plans can support this process when completed by a health professional.
Immediate access	Prescribed adrenaline must be quickly accessible and accompany the child on trips and activities. Delay caused by locked offices or distant storage can be dangerous.
Trained adults	Staff should recognise reactions, know the plan and be able to administer emergency medicine. Cover is needed during lessons, meals, clubs, transport and trips.
Food management	Catering, packed lunches, cooking lessons, celebrations and rewards need agreed procedures for ingredients and cross-contact.
Inclusion	Risk assessment should support participation. Avoid routinely excluding a child from trips, parties, cooking or curriculum activities when reasonable planning can make them safe.
Incidents and change	Near misses and reactions should be recorded, reviewed and used to improve safety. Update plans after reassessment, medicine changes or a new reaction.

Emergency sequence

Give prescribed adrenaline immediately when the action plan indicates it. Call 999 without waiting to see whether it works. Keep the child lying down, or sitting with legs outstretched if breathing is difficult; do not let them stand or walk. Give the second prescribed device after 5 minutes if symptoms have not improved.

NHS and private allergy care

NHS route	A GP or other competent clinician can take an allergy-focused history, arrange appropriate initial tests and refer to paediatric allergy, dietetics, gastroenterology or another service. Urgency depends on reaction severity, growth, asthma and diagnostic complexity.
Specialist referral	NICE recommends considering specialist care after systemic or severe delayed reactions, faltering growth with gastrointestinal symptoms, confirmed IgE allergy with asthma, suspected multiple allergy, failed elimination, diagnostic doubt or persistent parental concern with perplexing symptoms.
Private route	Families may see a private paediatric allergist or paediatrician with allergy expertise and a registered paediatric dietitian. Private care may provide earlier assessment, but ask whether challenges, emergency care, testing and follow-up are properly supported.
Using both	Private and NHS care can be combined. Share reports and action plans, keep the GP informed and clarify who will prescribe and review emergency medicines.

Choosing a private provider

- verify GMC registration and relevant paediatric allergy training for the doctor
- use an HCPC-registered dietitian with paediatric allergy experience for exclusions and reintroduction
- check CQC regulation where the service is required to be registered
- ask who interprets tests, manages reactions and provides urgent advice
- ask for written diagnosis, avoidance advice, action plan and follow-up arrangements
- avoid services that sell broad panels, guaranteed cures or long supplement packages

Private care is not lesser care

A properly qualified private team can provide legitimate assessment and treatment. The key questions are competence, evidence, emergency preparedness, coordination and whether the service stays within its professional scope.

Complementary and holistic approaches

Complementary care may support relaxation, coping or family wellbeing alongside evidence-based allergy care. It must not replace diagnosis, emergency medicine, nutritional planning or avoidance of a confirmed allergen.

'Natural' is not automatically safe	Herbs, supplements, probiotics and essential oils can cause reactions, contain allergens, interact with medicines or be unsuitable for children. Check every ingredient and obtain appropriate professional advice.
No proven detox	Allergy is not caused by a need to detox. Cleanses, restrictive protocols and parasite treatments can delay care and compromise nutrition.
Do not replace adrenaline	Homeopathy, antihistamine, inhalers, breathing techniques or supplements cannot substitute for adrenaline in anaphylaxis.
Beware causal claims	Be cautious of claims that allergy causes autism, ADHD or every chronic symptom, or that spinal manipulation, energy balancing or one supplement can cure food allergy.

Supporting emotional wellbeing

- teach safety without making every meal frightening
- practise ordering food and explaining the allergy
- watch for bullying, avoidance or anxiety
- seek psychological help when fear limits eating or life
- use age-appropriate language and involve the child
- plan inclusive alternatives for parties and trips
- support siblings and other regular carers
- help the child move towards safe independence

Quality of life matters

Good allergy management is not simply avoiding a food. It should reduce risk while allowing the child to learn, socialise, travel and participate with confidence.

How Health Matters UK can support your family

Health Matters UK provides personalised health education and practical wellbeing support. We can help parents organise the full story, understand trusted guidance, prepare for appointments and make everyday routines more manageable while appropriate NHS or private services provide diagnosis and treatment. We do not diagnose allergy or intolerance, conduct or interpret allergy tests, prescribe exclusion diets or emergency medicine, or replace an allergy specialist or registered dietitian.

Organise	Build a clear reaction timeline, food and symptom record, list of current exclusions and questions for a clinician.
Navigate	Explain the roles of GP, paediatric allergy, dietetics, gastroenterology, school and private services and help identify regulated practitioners.
Prepare	Help families plan label-checking routines, travel and eating-out questions, school meetings and communication with relatives or activity leaders.
Support nutrition	Use professional dietary advice to help translate an agreed plan into realistic shopping, meal and family routines without adding unneeded restrictions.
Support parents	Provide space to discuss fear, frustration and waiting-time pressures and choose manageable next steps while recognising signs that need urgent clinical help.

Family safety checklist

- diagnosis and exclusions are clearly documented
- everyone knows the action plan and emergency sequence
- labels are checked every time
- nutritional replacements support growth
- follow-up and reassessment are planned
- two prescribed adrenaline devices are in date and available
- school or childcare has a current healthcare plan
- cross-contact risks are understood
- asthma, eczema and other conditions are reviewed
- the child is included rather than unnecessarily restricted

A useful next step

If the diagnosis is uncertain, write down the most convincing reaction in detail and take it to an appropriately qualified clinician. If the allergy is confirmed, check today that emergency medicine, action plans and school copies are current.

Children's health matters to us

Every child deserves safe food, accurate information and full participation in everyday life. Every parent deserves to be taken seriously and supported without blame. Health Matters UK helps families turn reliable evidence into practical next steps while respecting their knowledge, culture, resources and choices.

Important information

This factsheet is for general education and does not replace individual allergy, medical or dietetic assessment. Call 999 for suspected anaphylaxis and use prescribed adrenaline immediately according to the action plan. Do not deliberately expose a child to a suspected serious allergen or remove major foods without appropriate advice.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards using current NHS, NICE, Food Standards Agency, Department for Education and BSACI resources. External guidance remains the responsibility of the issuing organisation. Emergency devices and guidance can change; families should follow the child's current clinician-completed action plan.

• NICE. Food allergy in under 19s: assessment and diagnosis (CG116). nice.org.uk/guidance/cg116

• NHS. Food allergy, updated 2026; and Anaphylaxis. nhs.uk/conditions/food-allergy/ and nhs.uk/conditions/anaphylaxis/

• NHS. Lactose intolerance. nhs.uk/conditions/lactose-intolerance/

• NHS. Coeliac disease: diagnosis and treatment. nhs.uk/conditions/coeliac-disease/

• Department for Education. Allergy safety in schools: statutory guidance, July 2026. gov.uk/government/publications/allergy-safety-in-schools

• BSACI. Paediatric Allergy Action Plans. bsaci.org/resources/resources/paediatric-allergy-action-plans/

• Food Standards Agency. Allergen guidance and prepacked-for-direct-sale labelling. food.gov.uk

• Care Quality Commission and Professional Standards Authority. Checking services and practitioners. cqc.org.uk; professionalstandards.org.uk

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