

# SEVERE ALLERGY / ANAPHYLAXIS MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Year: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_

## Section A – Student Health Care Planning – To be completed by parent / carer (Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema).
Peanuts	<input type="checkbox"/>		
Tree Nuts	<input type="checkbox"/>		
Milk	<input type="checkbox"/>		
Eggs	<input type="checkbox"/>		
Soy Products	<input type="checkbox"/>		
Wheat Products	<input type="checkbox"/>		
Shellfish	<input type="checkbox"/>		
Fish	<input type="checkbox"/>		
Insect Stings or Bites (Please specify insect(s) if known)	<input type="checkbox"/>		
Medication (Please specify medicine(s) if known)	<input type="checkbox"/>		
Other/Unknown (Please specify food(s) if known)	<input type="checkbox"/>		

## Section B - Daily Management

List strategies that would minimise the risk of exposure to known allergens.

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## Section C – Medication Instructions

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From : To:		From : To:			
Route of administration						
Administration Tick appropriate box	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>		By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>		By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>		Stored at school <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>		Stored at school <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	

**Section D – Emergency Response – As per anaphylaxis (ASCIA) action plan attached (This must be completed by your child's medical practitioner). If unavailable go to <http://www.allergy.org.au/content/view/10/3/> for Anaphylaxis Emergency Plans and Management Forms.**

## Section E – Authority to Act

This severe allergy / anaphylaxis management and emergency response plan authorises school staff to follow my / our advice and / or that of our medical practitioner. It is valid for one year or until I / we advise the school of a change in my / our child's health care requirements.

<b>Name Parent / Carer:</b>	<b>Medical Practitioner Name and Medical Practice</b>	<b>Review Date:</b>
<b>Signature:</b> _____	<b>Medical Practitioners Signature:</b> _____	
<b>Date:</b> _____	<b>Provider Number:</b> _____ <b>Date:</b> _____	

**When completed, please attach the Student Health Care Summary to the front of this document.**

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**Name:**                                    **Date Of Birth:**                                    **Year:**                                    **Room:**                                    **Teacher:**

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**Office Use Only**

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Date received:

Date uploaded on SIS:

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Is specific staff training required?

Yes  No :

Type of training:

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Training service provider:

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Name of person/s to be trained:

Date of training:

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