

<b>NAME:</b>		<b>DATE OF BIRTH:</b>		<b>YEAR:</b>	
<b>1. Health condition – Allergy</b> <input type="checkbox"/>		<b>Anaphylaxis</b> <input type="checkbox"/>		(Please tick)	
<b>My child is allergic to:</b>		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) known)	<input type="checkbox"/>				
Medication (Please specify medicine(s) if known)	<input type="checkbox"/>				
Other (please specify food(s) if known)	<input type="checkbox"/>				
<b>Section B – Daily Management</b>					
List strategies that would minimise the risk of exposure to known allergens.					
<b>Section C – Medication Instructions</b> (Note: All medication must be provided by parents/caregivers)					
	<b>MEDICATION 1</b>		<b>MEDICATION 2</b>		<b>MEDICATION3</b>
Name of medication					
Expiry date					
Dose/frequency – may be as per the pharmacist’s label					
Duration (dates)	From: To:		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"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>		Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>		Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>
<b>Section D – Emergency Response – as per anaphylaxis (ASCI) action plan attached (This must be completed by your child’s medical practitioner).</b>					
<a href="http://www.allergy.org.au/images/stories/anaphylaxis.2014.ASCIA_Action_Plan_Anaphylaxis_Epipen_Personal_2014.pdf">http://www.allergy.org.au/images/stories/anaphylaxis.2014.ASCIA_Action_Plan_Anaphylaxis_Epipen_Personal_2014.pdf</a> OR <a href="http://www.allergy.org.au/images/stories/anaphylaxis/2014/ASCI_Action_Plan_Anaphylaxis_Anapen_Personal_2014_2014.pdf">http://www.allergy.org.au/images/stories/anaphylaxis/2014/ASCI_Action_Plan_Anaphylaxis_Anapen_Personal_2014_2014.pdf</a> for Anaphylaxis Emergency Plans and Management Forms					

**9. 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.

**Parent/Caregiver Signature:****Medical practitioner's signature: (if required)****Date:****Date:****Review Date:****OFFICE USE ONLY**

Date received:

Date uploaded to SEQTA:

Is specific staff training required? YES  NO 

Type of training

Training service provider:

Name of person's to be trained:

Date of training:

**When completed, add to student file.**