

FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: <FirstName> <LegalSurname> DOB: <DOB> Year: <Year> Form: <Form> Teacher: <Teacher1>

**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.

Section C – Medication Instructions (Note: All medication must be provided by parents/carers)

	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"/> 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"/>	

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/images/stories/anaphylaxis/2014/ASCIA_Action_Plan_Anaphylaxis_Epipen_Personal_2014.pdf or
http://www.allergy.org.au/images/stories/anaphylaxis/2014/ASCIA_Action_Plan_Anaphylaxis_Anapen_Personal_2014.pdf 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.

Parent/Carer: Date:	Medical Practitioner Name and Medical Practice Medical Practitioners Signature: Provider Number: Date:	Review Date:
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When completed, please attach the Student Health Care Summary to the front of this document.

Name: <FirstName> <LegalSurname> DOB: <DOB> Year: <Year> Form: <Form> Teacher: <Teacher1>

Office Use Only

Date received: _____ Date uploaded on SIS: _____

Is specific staff training required?

Yes No

Type of training: _____

Training service provider: _____

Name of person/s to be trained: _____

Date of training: _____

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ASCIA Emergency Action Plans are regularly updated. To ensure you are using the most current documentation, go to:

[ASCIA Action Plan for Anaphylaxis \(personal\) for use with EpiPen](#)

[ASCIA Action Plan for Anaphylaxis \(personal\) for use with Anapen](#)