

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

| Name: | | | B: | Year: | | | | | |
|--|--------|--|--|--------------------|--|--|--|--|--|
| Teacher: | | | Form: | | | | | | |
| SECTION A: Student Health Care Planning – to be completed by parent/carer (Please list specific allergens and most recent reactions in the table below). | | | | | | | | | |
| NA colo il dei collegacio Acc | | For each allergen, provide specific information (e.g. peanuts – even small | Describe your chi symptoms and da the allergen (e.g. | ite of reaction to | | | | | |
| My child is allergic to: | | quantities) | fever, hives, ecze | | | | | | |
| Peanuts | | | | | | | | | |
| Tree Nuts | | | | | | | | | |
| Milk | | | | | | | | | |
| Eggs | | | | | | | | | |
| Soy Products | | | | | | | | | |
| Wheat Products | | | | | | | | | |
| Shellfish | | | | | | | | | |
| Fish | | | | | | | | | |
| Insect Stings or Bites (Please specify insect(s) if known) | | | | | | | | | |
| Medication (Please specify medicine(s) if known) | | | | | | | | | |
| Other/Unknown (Please specify food(s) if known) | | | | | | | | | |
| SECTION B: Daily Management | | | | | | | | | |
| List strategies that would minimise th | e risk | of exposure to known allergens | s: | | | | | | |
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| SECTION C: Medication | n Instructions (Note: All | medi | ication must be provided | d by p | arents/carers |) | |
|--|---|---|---|--------------|---|-----------|--|
| Name of medication | Medication 1 | Medication 2 | | Medication 3 | | | |
| name of medication | | | | | | | |
| Expiry date | | | | | | | |
| Dose/frequency – may be as per the pharmacist's label | | | | | | | |
| Duration (dates) | From : | | From: | | From: | | |
| | То: | | То: | | То: | | |
| Route of administration | | | | | | | |
| Administration – tick appropriate box Storage instructions – tick appropriate | By self Requires assistance Stored at school Kept and managed by | | By self Requires assistance Stored at school Kept and managed | | By self Requires as Stored at so Kept and ma | hool | |
| box(es) | self Refrigerate Keep out of sunlight Other | | by self Refrigerate Keep out of sunlight Other | | by self Refrigerate Keep out of Other | J | |
| SECTION D: Emergence completed by your child's | ey Response – as per ar s medical practitioner). | naphy | ylaxis (ASCIA) action p | olan a | ttached (This | s must be | |
| If unavailable go to the A | ASCIA website for Action | Plans | s: <u>https://www.allergy.or</u> | g.au/ł | nealth-profess | sionals | |
| SECTION E: Authority | to Act | | | | | | |
| my/our advice and/or that | phylaxis management and at of our medical practition health care requirements | ner. | | | | | |
| Parent/Carer Name: Medical Pro- | | Practitioner Name and Medical Practice: | | | Review Date: | | |
| Signature: Signa | | gnature: | | | | | |
| | Provider N | lumb | er: | | | | |
| Date: | Date: | | | | | | |

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

| OFFICE USE ONLY | | Date uploaded on SIS: | / | 1 |
|--------------------------------------|------------|-----------------------|---|---|
| Is specific staff training required? | Yes 🗌 No 🗌 | Date received: | / | 1 |
| Type of training: | | Date of training: | / | 1 |
| Training service provider: | | | | |
| Name of person/s to be trained: | | | | |
| | | | | |

ASCIA Emergency Action Plans are regularly updated. To ensure you are using the most current documentation, go to the ASCIA website: https://www.allergy.org.au/health-professionals