FORM 5 - MILD TO MODERATE ALLERGY MANAGEMENT & EMERGENCY RESPONSE PLAN

Name:	Date of Birth:		•	Year:	Form:	Form: Teach		ner:		
Section A – Student Health C			t anaaifi	o alla	rann and most recent rea	otiono i	n the table	holow)		
To be completed by parent/carer - (Please list sp My child is allergic to:			For e	For each allergens and most recent re 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. hay fever, hives, eczema).			
Peanuts			7	ititiooj		10 (01, 111	VOO, COZOTTI	<u> </u>		
Tree Nuts		1	1							
Milk		1	1							
Eggs			1							
Soy Products			1							
Wheat Products			11							
Shellfish			ī							
Fish		Ī	1							
Insect Stings or Bites (Please spe-	cify insect(s) _	7							
if known)	,	´ L	_							
Medication (Please specify which if known)	medicatior	ı(s)								
Other/Unknown(Please specify for	od(s) if	Г	7							
known)										
Section B - Daily Managemer	nt									
List strategies that would minimise	the risk o	f exposur	e to know	n aller	gens.					
Section C - Medication Instru	ctions (Note: Me	dication	must k	pe provided by parents/care	rs)				
	1					/	ı	NA 11 11 0		
Name of modication	Medication 1			Medication 2			Medication 3			
Name of medication										
Expiry date Dose/frequency – may be as per										
the pharmacist's label										
· · ·	From :				From :					
Duration (dates)	To:				To:					
Route of administration										
Administration	By self			ᅵ닏	By self	$\perp \sqcup$	By self		\perp	
Tick appropriate box	Require	s assistar	nce	$ \sqcup$	Requires assistance	$ \sqcup$	Requires	assistance	Ш	
	Stored at school				Stored at school		Stored at	school		
	Kept and	d manage	ed by self		Kept and managed by self			managed by self		
Storage instructions	Refrigerate				Refrigerate		Refrigerat			
Tick appropriate box(es)		t of sunliq	ght	\Box	Keep out of sunlight		Keep out	of sunlight		
	Other				Other		Other			
0.00									Ш_	
Section D - Emergency Responses		ala mua	. ha aam	mloto.	d by your obild's modical	n vo otiti a	ma#) Co	to the ACCIA web	oito	
As per ASCIA action plan atta for Action Plans and further info						practitio	oner). Go	to the ASCIA web	site	
Section E – Authority to Act										
This mild to moderate allergy m of our medical practitioner. It is									that	
requirements. Parent/Carer:		Medic	al practi	tioner	's name (and Medical Pra	ctice if r	equired)	Review Date:		
				ractitioners Signature:						
		Provid	ler Numl	er:	Date:					
When completed please atta	ch to the							1		

Name:	Date of Birth:	Year:	Form:	Teacher:	
OFFICE USE ONLY					
Date received:			Date uploaded	on SIS:	
Is specific staff training requi	red? Yes No :		Type of training	g:	
Training service provider:					
Name of person/s to be train	ed:		Date of training	j :	
					FORM 5 PAGE 2 OF 2

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