



**SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT**

<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>MEDICATION 3</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 Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By Self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By Self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>

# ST BERNADETTE'S CATHOLIC PRIMARY SCHOOL

Storage instructions Tick appropriate box(es)	<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"/> 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
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**Section D – Emergency Response – as per anaphylaxis (ASCIA) action plan attached (This must be completed by your child’s medical practitioner).**

[https://www.allergy.org.au/images/stories/anaphylaxis/2020/ASCIA\\_Action\\_Plan\\_Anaphylaxis\\_Generic\\_Red\\_2020.pd](https://www.allergy.org.au/images/stories/anaphylaxis/2020/ASCIA_Action_Plan_Anaphylaxis_Generic_Red_2020.pd) for

Anaphylaxis Emergency Plans and Management Form

**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.**