

ST BERNADETTE'S CATHOLIC PRIMARY SCHOOL

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"/>
<p>Section D – Emergency Response – as per anaphylaxis (ASCIA) action plan attached (This must be completed by your child’s medical practitioner).</p> <p>https://www.allergy.org.au/images/stories/anaphylaxis/2020/ASCIA_Action_Plan_Allergic_Reactions_Green_2020 .pdf</p>			

<p>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.</p>	
<p>Parent/Caregiver Signature:</p> <p>Date:</p>	<p>Medical practitioner’s signature: (if required)</p> <p>Date:</p>
<p>Review Date:</p>	
<p>OFFICE USE ONLY</p>	
<p>Date received:</p>	<p>Date uploaded to SEQTA:</p>
<p>Is specific staff training required? YES <input type="checkbox"/> NO <input type="checkbox"/> Type of training</p>	
<p>Training service provider:</p>	
<p>Name of person’s to be trained:</p>	<p>Date of training:</p>
<p>When completed, add to student file.</p>	