



MILD TO MODERATE ALLERGY MANAGEMENT AND EMERGENCY RESPONSE PLAN

Name		Year	
Date of Birth		Home Room	

Section A – Health Care Planning – to be completed by the parent/guardians

(Please list specific allergens and the 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, 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 Planning

List strategies that would minimize the risk of exposure to known allergens:





Section C – Medication Instructions (Note: Medication must be provided by parents/guardians)

	Medication 1		Medication 2		Medication 3	
Name of Medication						
Expiry date						
Dose/frequency (may be as per 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 & 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 & 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 Plan – as per anaphylaxis (ASCIA) action plan attached
(This must be completed by your child's medical practitioner).

If unavailable go to the ASCIA website for Action Plans: <https://www.allergy.org.au/health-professionals>

Section E – Authority to Act

This severe allergy/anaphylaxis management an emergency response plan authorizes College 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 College of a new change in my/our child's health care requirements.

Parent/Guardian Name:	Medical Practitioner (if required):	Review Date:
Signature:	Signature:	
Date:	Provider Number:	
	Date:	

When complete please return this form to the College Reception.





Staff Acceptance - Name: _____

Signature: _____

Date: _____

NOTE:

For **College staff** to administer medication they must be familiar with the medical needs of students for whom they have a duty of care.

The following points are for security and safety purposes.

- The parent/guardian notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the College.
- Ensure any prescribed medication is not out of date and has an original pharmacy label which includes the student's name, dosage and time/s to be taken.
- Notify the College in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or a new prescription dispensed by pharmacy.
- The student has received a dose at home without ill effect.
- Advise the College in writing and collect the medication when it is no longer required at school.
- Where parents/guardians are working with a prescribing health practitioner to determine a dose for that day (e.g. insulin, Rivotril) parents/guardians will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the College of the adjusted dose.

OFFICE USE ONLY	
Date received: / /	Date uploaded/entered: / / (SEQTA/MAZE)
Is specific staff training required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of training:
Training Service provider:	
Names of person/s to be trained:	
Date of training:	

