### Section A – Student Health Care Planning – To be completed by parent/carer
(Please list specific allergens and most recent reactions in the table below).

<table>
<thead>
<tr>
<th>My child is allergic to:</th>
<th>For each allergen provide specific information (e.g. peanuts – even small quantities)</th>
<th>Describe your child’s most recent symptoms and date of reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peanuts</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Tree Nuts</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Eggs</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Soy Products</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Wheat Products</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Shellfish</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Insect Stings or Bites</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

### Section B - Daily Management

List strategies that would minimise the risk of exposure to known allergens.

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

### Section C – Medication Instructions

<table>
<thead>
<tr>
<th>Medication 1</th>
<th>Medication 2</th>
<th>Medication 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of medication</td>
<td>Expiry date</td>
<td>Dose/frequency – may be as per the pharmacist’s label</td>
</tr>
<tr>
<td>Duration (dates)</td>
<td>From:</td>
<td>To:</td>
</tr>
<tr>
<td>Route of administration</td>
<td>Administration</td>
<td>By self</td>
</tr>
<tr>
<td></td>
<td>Tick appropriate box</td>
<td>Requires assistance</td>
</tr>
<tr>
<td></td>
<td>Storage instructions</td>
<td>Stored at school</td>
</tr>
<tr>
<td></td>
<td>Tick appropriate box(es)</td>
<td>Kept and managed by self</td>
</tr>
</tbody>
</table>

### Section D – Emergency Response – As per anaphylaxis (ASCIA) action plan attached (This must be completed by your child’s medical practitioner). If unavailable go to [http://www.allergy.org.au/content/view/10/3/](http://www.allergy.org.au/content/view/10/3/) for Anaphylaxis Emergency Plans and Management Forms.

### Section E – 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.

<table>
<thead>
<tr>
<th>Parent/Carer: Date:</th>
<th>Medical Practitioner Name and Medical Practice</th>
<th>Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical Practitioners Signature: Provider Number: Date:</td>
<td></td>
</tr>
</tbody>
</table>
Office Use Only

Date received: Date uploaded on SIS:

Is specific staff training required?  Yes [ ] No [ ]

Type of training:

Training service provider:

Name of person/s to be trained: Date of training:

FORM 4 PAGE 2 OF 2
ACTION PLAN FOR Anaphylaxis
for use with Anapen® or Anapen® Jr adrenaline autoInjectors

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks
- Stay with person and call for help
- Give medications (if prescribed) ...................................................
dose: .................................................................
- Locate Anapen® or Anapen® Jr
- Contact family/emergency contact

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)

ACTION

1. Lay person flat, do not stand or walk. If breathing is
difficult allow to sit
2. Give Anapen® or Anapen® Jr
3. Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)
4. Contact family/emergency contact
5. Further adrenaline doses may be given if no response after
5 minutes (If another adrenaline autoinjector is available)

If in doubt, give Anapen® or Anapen® Jr

Anapen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information
ACTION PLAN FOR Anaphylaxis

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

Name: 

Date of birth: 

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: 

Home Ph: 

Mobile Ph: 

Plan prepared by:

Dr 

Signed 

Date 

How to give EpiPen® or EpiPen® Jr

1. Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.
2. PLACE BLACK END against outer mid thigh (with or without clothing).
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.
4. REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks
- Stay with person and call for help
- Give medications (if prescribed) …………………………………… dose: …………………………………………………
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ACTION

1. Lay person flat, do not stand or walk. If breathing is difficult allow to sit
2. Give EpiPen® or EpiPen® Jr
3. Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)
4. Contact family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.
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Additional information