



FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT AND EMERGENCY RESPONSE PLAN

Name: _____ DOB: _____ Year: _____

Teacher: _____ Form: _____

SECTION A: Student Health Care Planning – to be completed by parent/carer (Please list specific allergens and 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, 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) 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

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

SECTION C: Medication Instructions (Note: All medication must be provided by parents/carers)

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist’s label						
Duration (dates)	From :		From :		From:	
	To:		To:		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"/>			

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

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.

Parent/Carer Name: _____ _____ Signature: _____ Date: _____	Medical Practitioner Name and Medical Practice: _____ _____ Signature: _____ Provider Number: _____ Date: _____	Review Date:
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When completed, please attach the *Student Health Care Summary* to the front of this document.

OFFICE USE ONLY

Is specific staff training required? **Yes** **No**

Type of training:

Training service provider:

Name of person/s to be trained:

Date uploaded on SIS: / /

Date received: / /

Date of training: / /

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>