Department of Education

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	☐		
Tree Nuts	☐		
Milk	☐		
Eggs	☐		
Soy Products	☐		
Wheat Products	☐		
Shellfish	☐		
Fish	☐		
Insect Stings or Bites (Please specify insect(s) if known)	☐		
Medication (Please specify medicine(s) if known)	☐		
Other/Unknown (Please specify food(s) if known)	☐		

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 : To:			From : To:			From: To:	
Route of administration								
Administration – tick appropriate box	By self Requires assistance	☐ ☐		By self Requires assistance	☐ ☐		By self Requires assistance	☐ ☐
Storage instructions – tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐		Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐		Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	☐ ☐ ☐ ☐ ☐

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:	Medical Practitioner Name and Medical Practice:	Review Date:
_____	_____	
_____	_____	
Signature:	Signature:	
_____	_____	
	Provider Number: _____	
Date: _____	Date: _____	

When completed, please attach the *Student Health Care Summary* to the front of this document.

OFFICE USE ONLY	Date uploaded on SIS: / /
Is specific staff training required? **Yes** ☐ **No** ☐	Date received: / /
Type of training:	Date of training: / /
Training service provider:	
Name of person/s to be trained:	

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