

FORM 5 - MILD TO MODERATE ALLERGY MANAGEMENT & EMERGENCY RESPONSE PLAN

Name:

Date of Birth:

Year:

Form:

Teacher:

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. 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 which medication(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: 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:	
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
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Section D - Emergency Response

As per ASCIA action plan attached (This must be completed by your child's medical practitioner). Go to the ASCIA website for Action Plans and further information: <https://www.allergy.org.au/health-professionals>

Section E – Authority to Act

This mild to moderate allergy 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: Date:	Medical practitioner's name (and Medical Practice if required) Medical Practitioners Signature: Provider Number:	Review Date: Date:
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When completed, please attach to the *Student Health Care Summary*.

Name:	Date of Birth:	Year:	Form:	Teacher:
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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:

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>