

# FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ 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. 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.

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**Section C – Medication Instructions**

	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 <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"/>	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 <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.

Parent/Carer: Date:	Medical Practitioner Name and Medical Practice  Medical Practitioners 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.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Year: \_\_\_\_\_ Form: \_\_\_\_\_ Teacher: \_\_\_\_\_

**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: \_\_\_\_\_