



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)

SECTION D: Emergency Response – as per anaphylaxis (ASClA) 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: <hr/> <hr/>	Medical Practitioner Name and Medical Practice: <hr/> <hr/>	Review Date: <hr/>
Signature: <hr/> <hr/>	Signature: <hr/> <hr/>	
Date: _____	Provider Number: _____	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 <input type="checkbox"/> No <input type="checkbox"/>	Date received: / /
Type of training:	Date of training: / /
Training service provider:	
Name of person/s to be trained:	

ASClA Emergency Action Plans are regularly updated. To ensure you are using the most current documentation, go to the ASClA website: <https://www.allergy.org.au/health-professionals>