

# 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 <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 which medication(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

	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	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"/>
Tick appropriate box						
Storage instructions	Stored at school <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Stored at school <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Stored at school <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>
Tick appropriate box(es)	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>
	Other <input type="checkbox"/>		Other <input type="checkbox"/>		Other <input type="checkbox"/>	

## Section D - Emergency Response

As per ASCIA action plan attached (This must be completed by your child's medical practitioner). Go to [http://www.allergy.org.au/images/stories/anaphylaxis/allergy\\_action\\_plan\\_09.pdf](http://www.allergy.org.au/images/stories/anaphylaxis/allergy_action_plan_09.pdf) for allergy action plans and further information.

## 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:	Medical practitioner's name (and Medical Practice if required)	Review Date:
Date:	Medical Practitioners Signature:	
	Provider Number: _____ Date: _____	

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:

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