

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. 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

	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 ☐

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 for allergy action plans and further information.

Section E – Authority to Act

This mild to moderate allergy management and emergency response plan authorises the school staff to follow my/our and/or medical practitioner's advice. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

Parent/Carer: Date:	Medical Practitioner Name and Medical Practice (If required) Medical Practitioners Signature: Provider Number: Date:	Review Date:
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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:

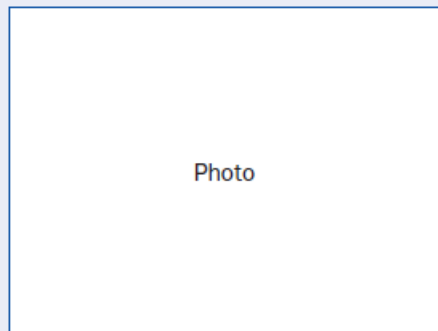
Date of training:

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ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____



Photo

Allergens to be avoided:

Family/carers name(s):

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by:

Dr _____

Signed

Date

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens. For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **for insect allergy, flick out sting if it can be seen (but do not remove ticks)**
- stay with person and call for help
- give medications (if prescribed)
- contact family/carers



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Call Ambulance if there are any signs of anaphylaxis - telephone 000 (Aus) or 111 (NZ)**
- 2 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
- 3 Contact family/carers**

Additional information

