

# 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** (Note: All 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 <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/images/stories/anaphylaxis/2014/ASCIA\\_Action\\_Plan\\_Anaphylaxis\\_Epipen\\_Personal\\_2014.pdf](http://www.allergy.org.au/images/stories/anaphylaxis/2014/ASCIA_Action_Plan_Anaphylaxis_Epipen_Personal_2014.pdf) or  
[http://www.allergy.org.au/images/stories/anaphylaxis/2014/ASCIA\\_Action\\_Plan\\_Anaphylaxis\\_Anapen\\_Personal\\_2014.pdf](http://www.allergy.org.au/images/stories/anaphylaxis/2014/ASCIA_Action_Plan_Anaphylaxis_Anapen_Personal_2014.pdf) 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.

<b>Parent/Carer:</b>	<b>Medical Practitioner Name and Medical Practice</b>	<b>Review Date:</b>
<b>Date:</b>	<b>Medical Practitioners Signature:</b> <b>Provider Number:</b>	<b>Date:</b>

When completed, please attach the Student Health Care Summary to the front of this document.

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**Office Use Only**

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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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ASCIA Emergency Action Plans are regularly updated. To ensure you are using the most current documentation, go to:

[ASCIA Action Plan for Anaphylaxis \(personal\) for use with EpiPen](#)

[ASCIA Action Plan for Anaphylaxis \(personal\) for use with Anapen](#)