

# 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 (Note: 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 Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>	By self Requires assistance	<input type="checkbox"/> <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Stored at school Kept and managed by self Refrigerate Keep out of sunlight Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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/2014/ASCIA\\_Action\\_Plan\\_Allergic\\_Reactions\\_2014.pdf](http://www.allergy.org.au/images/stories/anaphylaxis/2014/ASCIA_Action_Plan_Allergic_Reactions_2014.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**

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Date received: \_\_\_\_\_ Date uploaded on SIS: \_\_\_\_\_

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Is specific staff training required? Yes  No : \_\_\_\_\_ Type of training: \_\_\_\_\_

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Training service provider: \_\_\_\_\_

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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 Allergic Reactions \(personal\)](#)