



## FORM 5 - MILD TO MODERATE ALLERGY MANAGEMENT & EMERGENCY RESPONSE PLAN

Name:

Date of Birth:

Year:

**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.

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**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 <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 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.

<b>Parent/Carer:</b>	Medical practitioner's name (and Medical Practice if required)	Review Date:
<b>Date:</b>	Medical Practitioners Signature:	
	Provider Number: <span style="float: right;">Date:</span>	

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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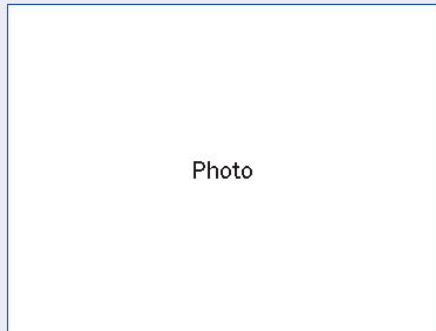
Name of person/s to be trained:

Date of training:



Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Photo

Confirmed allergens: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family/emergency contact 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 visible. Do not remove ticks**
- Stay with person and call for help
- Give medications (if prescribed) ..... dose: .....
- Contact family/emergency contact



**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
- persistent dizziness or collapse
- pale and floppy (young children)

### ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult, allow to sit**
- 2 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)**
- 3 Contact family/emergency contact**

Additional information \_\_\_\_\_

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