FORM 4 – SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT & EMERGENCY RESPONSE PLAN			
Name:	**Date of birth:**	**Year:**	☐ Day student ☐ Boarding student

Section A: Student health care planning		*Note: to be completed by parent/carer.*
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)*
☐ Peanuts		
☐ Tree nuts		
☐ Milk		
☐ Eggs		
☐ Soy products		
☐ Wheat products		
☐ Shellfish		
☐ Fish/Seafood		
☐ Insect stings or bites *(specify insect/s if known)*		
☐ Medication *(specify medication/s if known)*		
☐ Other *(specify food/s if known)*		
☐ Unknown *(please provide details)*		

Section B: Daily management	*List strategies that would minimise the risk of exposure to known allergens*

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			
Time(s) or frequency			
Duration *(dates medication is required)*	Start: End:	Start: End:	Start: End:
Route of administration	☐ Oral ☐ Injection ☐ Topical ☐ Other:	☐ Oral ☐ Injection ☐ Topical ☐ Other:	☐ Oral ☐ Injection ☐ Topical ☐ Other:
Administration	☐ By self ☐ Requires assistance	☐ By self ☐ Requires assistance	☐ By self ☐ Requires assistance
Storage instructions	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*	☐ Stored at school ☐ Kept & managed by self *(Emergency medication only - EpiPen, Ventolin, etc.)*
Storage conditions	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:	☐ Keep out of sunlight ☐ Refrigerate ☐ Other:

Section D: Emergency response	*Action plan must be completed by your child's medical practitioner*

As per ASCIA action plan attached (*this must be completed by your child's medical practitioner*). ASCIA Emergency Action Plans are regularly updated. To ensure you are using the most current documentation, go to the ASCIA website: https://www.allergy.org.au/health-professionals

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.

Name of parent/carer:

Signature of parent/carer:

Date:

Name of medical practitioner:

Medical practice details:

Signature of medical practitioner:

Date:

Review date:

When complete, please attach the student health care summary form to the front of this document and return to your child's school.

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:	