FORM 5 – MILD TO MODERATE ALLERGY 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. hay fever, hives, eczema)*
☐ 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: medication must be provided by parents/carers AND daily medication must be Webster packed

	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

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 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.

Name of parent/carer:

Signature of parent/carer:

Date:

Name of medical practitioner: *Leave blank if not required*

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:	