

In response to your completion of Form 1, please complete this form to provide comprehensive detail of your child's health condition.

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. 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 know allergens.

Section C – Medication Instructions

| | 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 for allergy action plans and further information.

Section E – Authority to Act

This mild to moderate allergy management and emergency response plan authorises the school staff to follow my/our and/or medical practitioner's advice. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

| | | |
|------------------------|--|--------------|
| Parent/Carer: Date: | Medical Practitioner Name and Medical Practice (If required) | Review Date: |
| | Medical Practitioners Signature: Provider Number: _____ Date: _____ | |

OFFICE USE ONLY

Date received:

Date uploaded on SIS:

Is specific staff training required? **Yes** **No** :

Type of training:

Training service provider:

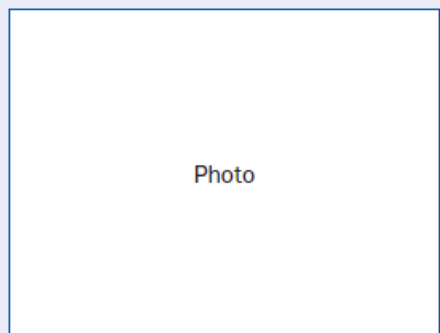
Name of person/s to be trained:

Date of training:

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Name: _____

Date of birth: _____



Photo

Allergens to be avoided: _____

Family/carer 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 it can be seen (but do not remove ticks)**
- stay with person and call for help
- give medications (if prescribed)
- contact family/carer



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
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Call Ambulance if there are any signs of anaphylaxis - telephone 000 (Aus) or 111 (NZ)**
- 2 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
- 3 Contact family/carer**

Additional information _____

