



**ST JOSEPH'S ALLERGY/ANAPHYLAXIS  
MANAGEMENT & EMERGENCY RESPONSE PLAN**

<b>NAME:</b>	<b>DATE OF BIRTH:</b>	<b>YEAR:</b>
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<b>1. Health condition – Allergy</b> <input type="checkbox"/> <b>Anaphylaxis</b> <input type="checkbox"/> (Please tick)		
<b>My child is allergic to:</b>	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) known)	<input type="checkbox"/>	
Medication (Please specify medicine(s) if known)	<input type="checkbox"/>	
Other (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: All medication must be provided by parents/caregivers)

	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:		From: To:	
Route of administration						
Administration Tick appropriate box	By Self	<input type="checkbox"/>	By Self	<input type="checkbox"/>	By Self	<input type="checkbox"/>
	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>
	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>
	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>
	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Section D – Emergency Response – as per anaphylaxis (ASCIA) action plan attached (This must be completed by your child’s medical practitioner).**

[http://www.allergy.org.au/images/stories/anaphylaxis.2014.ASCIA\\_Action\\_Plan\\_Anaphylaxis\\_Epipen\\_Personal\\_2014.pdf](http://www.allergy.org.au/images/stories/anaphylaxis.2014.ASCIA_Action_Plan_Anaphylaxis_Epipen_Personal_2014.pdf) OR  
[http://www.allergy.org.au/images/stories/anaphylaxis/2014/ASCIA\\_Action\\_Plan\\_Anaphylaxis\\_Anapen\\_Personal\\_2014\\_2014.pdf](http://www.allergy.org.au/images/stories/anaphylaxis/2014/ASCIA_Action_Plan_Anaphylaxis_Anapen_Personal_2014_2014.pdf) for  
 Anaphylaxis Emergency Plans and Management Forms

**9. 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.

**Parent/Caregiver Signature:****Medical practitioner's signature: (if required)****Date:****Date:****Review Date:****OFFICE USE ONLY**

Date received:

Date uploaded to SEQTA:

Is specific staff training required? YES  NO 

Type of training

Training service provider:

Name of person's to be trained:

Date of training:

**When completed, add to student file.**