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| **Individualised anaphylaxis care plan template for Schools** | | | |
| **SECTION A – Student details** – This section is to be completed by parent/guardian | | | |
| Name: | | Gender: | Date of birth: |
| Address: | | Year and Class: | |
| Teacher: | |
| **Parent/guardian contact details** | | **Medical contact details** | |
| Name:  Relationship to student:  Phone: | | Doctor:  Medical Centre:  Phone: | |
| Name:  Relationship to student:  Phone: | |
| **SECTION B – Student health care planning –** This section is to be completed by parent/guardian | | | |
| Please list what your child is allergic to below: | | | |
| Milk (dairy) | Tree nuts (please specify specific nut)  Almond  Brazil nut  Cashew  Hazelnut  Macadamia  Pecan  Pine nut  Pistachio  Walnut  OR  All tree nuts should be avoided while at school | | |
| Peanut |
| Egg |
| Soy |
| Wheat |
| Crustaceans (Shellfish) |
| Molluscs |
| Fish |
| Sesame |
| Lupin |
| Other foods *(please specify):* |
| Insect stings or bites *(please specify if known):* | | | |
| Medication *(please specify if known):* | | | |
| Latex | | | |
| Other/Unknown *(please specify if known):* | | | |

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| Name: School: DOB: | | | | |
| **SECTION C – Daily management –** This section is to be completed in consultation with parent/guardian | | | | |
| List strategies that would minimise the risk of exposure to known allergens  *(expand section as required if not completed electronically)* | | | | |
| **section D – Medication –** This section is to be completed by parent/guardian | | | | |
|  | **Medication 1** | | **Medication 2** | **Medication 3** |
| Name of medication  (include adrenaline injectors) |  | |  |  |
| Expiry date |  | |  |  |
| Where is the medication stored?  Note: Adrenaline injectors must be stored in an unlocked location at room temperature  (please tick all that are appropriate) | Stored at school  Where:  Kept and managed by self  Where:  Other: | | Stored at school  Where:  Kept and managed by self  Where:  Other: | Stored at school  Where:  Kept and managed by self  Where:  Other: |
| **section E – ASCIA Action Plan –** This section is to be completed by parent/guardian | | | | |
| Date ASCIA Action Plan completed by doctor or nurse practitioner:  Date of next review:  A copy of the student’s ASCIA Action Plan completed by the student’s doctor or nurse practitioner must be attached to this document. | | | | |
| **SECTION F – Agreement –** This section is to be completed by principal and parent/guardian | | | | |
| This agreement authorises school staff to follow the advice of the student’s parent/guardian as set out in this student’s individualised anaphylaxis care plan. It is valid for one year or until the parent/guardian advises the school of a change in their child’s health care requirements. | | | | |
| **Principal name:**  **Signature:**  **Date:** | | **Parent/guardian name:**  **Signature:**  **Date:** | | |
| **Review date:** | | | | |