

ANAPHYLAXIS AND ALLERGY PROCEDURES FOR SCHOOLS

Implementation document for Student Health in NSW Public Schools: A summary and consolidation of policy

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1 Introduction

The department's Anaphylaxis and Allergy Procedures for Schools guides and supports all NSW Government schools and preschools in implementing their requirements to support students with allergies who are at risk of anaphylaxis while at school or engaged in school-related activities.

These procedures provide actions, forms, resources and information so your school can minimise exposure to known allergens and reduce the risk of anaphylaxis.

Importantly, schools are required to work with the whole school community to provide a safe and supportive environment for preventing and managing anaphylaxis.

Anaphylaxis is potentially life threatening and always requires an emergency response.

Read these procedures in conjunction with:

- the Individual Health Care Planning procedure, which provides practices for schools to ensure that students have access to a reasonable standard of support for their health need/s while attending school or school-based activities
- Administering Prescription Medication, which explains the roles and responsibilities for schools in storing and administering medication.

Department preschools are also required to adhere to the Education and Care Services National Regulation 90 and Regulation 91 when enrolling children with a medical condition. Information and guidance can be found in the Leading and operating department preschool guidelines.

These procedures have been developed in accordance with the:

- Student Health in NSW Public Schools: A summary and consolidation of policy
- First Aid Procedures
- Excursions policy and procedures
- the National Allergy Strategy: Best practice guidelines for anaphylaxis prevention and management in schools.

2 Key planning considerations

Several factors that you will need to consider when developing your plan to manage anaphylaxis and allergies in your school are outlined in this section.

Educating the broader school community generally about allergies and anaphylaxis is important to:

- increase the understanding of all parents and students
- gain parent and student support to minimise the risk to exposure to known allergens
- alert other students to the need to immediately inform a teacher if they become aware a classmate has come into contact with an allergen or suddenly becomes unwell
- minimise the potential for teasing or provocation that may result in risk taking associated with allergens.

Your planning should also include privacy and legal liability considerations outlined in [section 5](#). For example, you will need to inform the parent (and the student, where applicable) if it is necessary to provide information on a student's health condition to staff, and other parents or students. Principals or their delegate should ensure that the persons receiving this information are aware they need to deal with it sensitively and confidentially.

2.1 Managing risks for students, parents and staff

Anaphylaxis is serious and life-threatening and must always be treated as a medical emergency. While students at risk of anaphylaxis may not want to be singled out or seen to be treated differently, this must not compromise their safety.

2.2 Students may be unable to communicate during allergic reaction

At any age, students may be unable to communicate with their peers that they have come into contact with an allergen, particularly if they become too distressed or too unwell. It is important to reinforce the message that if a student sees a peer who is unwell or distressed, to always notify a teacher.

2.3 Students may be at risk of bullying

Staff need to be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food, or threatening a student with the substance that they are allergic to. Talk to the students involved so they are aware of the seriousness of anaphylaxis. Any attempt to harm a student with allergies and/or are at risk of anaphylaxis must be treated seriously and dealt with accordingly. Government schools can refer to the [Student Discipline in Government Schools policy](#) and the [Bullying of Students – Prevention and Response policy](#).

2.4 Relationships with parents are crucial

The parents of a child at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to encourage an open and cooperative relationship with parents so they can feel confident that appropriate risk management strategies are in place.

3 Staff responsibilities

Everyone has a part to play in doing what they reasonably can to ensure a safe working and learning environment for staff, students, and others in the workplace.

All staff, regardless of their role, have a responsibility in accordance with their duty of care to administer first aid immediately (including administering an adrenaline autoinjector) as required in an emergency.

Staff are also required to:

- complete mandatory training in [anaphylaxis management](#) and administering an adrenaline autoinjector
- be aware of the students diagnosed with allergies who are at risk of anaphylaxis
- know and follow their workplace [risk management strategies](#) and plans
- know and follow local first aid protocols
- report incidents and/or injuries to the Health, Safety and Staff Wellbeing directorate Incident Report and Support Hotline on 1800 811 523 in accordance with the department's [Incident Notification and Response Policy and Procedures](#)
- for department preschools, notify the regulatory authority of any notifiable incidents by emailing earlylearning@det.nsw.edu.au or calling 1300 083 698.

All staff involved in the care of students, including class teachers, casual and relief teachers, canteen and non-teaching staff, should:

- know the causes, symptoms and treatment of anaphylaxis
- know the identities of students with known allergies who are at risk of anaphylaxis
- know the risk minimisation strategies
- know where general use adrenaline autoinjectors are kept
- know the school's first aid and emergency response procedures
- know their role in responding to an allergic reaction including anaphylaxis
- raise student awareness through class activities, teaching activities and the use of fact sheets or posters displayed in hallways, canteens and classrooms.

3.1 Role-specific responsibilities

Along with the responsibilities of all staff, specific roles within the department have the following additional responsibilities.

Principals or delegated school executive staff are required to do what they practically can to:

- ensure these procedures are implemented within their area of control
- ensure that an anaphylaxis risk management plan is in place and up to date
- ensure individual health care plans, Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plans and response protocols are documented, communicated and prominently displayed
- review first aid plans and procedures in consultation with staff and others at regular intervals. This should be done at least annually and following a major incident, to assess ongoing requirements for first aid in the workplace
- ensure that employees maintain current competency through required anaphylaxis training
- ensure requirements regarding hazard, injury and incident reporting are implemented
- in joint occupancy working environments, ensure that common local first aid response protocols are developed and coordinated across all areas and communicated and displayed.

The [Anaphylaxis checklist for workplace managers \(PDF 834 KB\)](#) has been developed to help schools meet their responsibilities under the Anaphylaxis and Allergy Procedures for Schools.

4 School responsibilities

All schools must implement the following to minimise the risks associated with allergies and anaphylaxis.

4.1 Risk assessment and management plan for allergens

All department workplaces must take a risk management approach to reducing exposure to allergens in the environment. Schools can access the department's [Health and Safety Risk Management Framework](#) for advice and strategies to mitigate anaphylaxis in a school.

[Work Health and Safety Advisors](#) can help schools complete a risk assessment and develop a risk assessment management plan, as a whole-of-school approach. This information can also form the basis of a student's individual health care plan (see [section 4.7](#)) and should consider:

- the physical school environment
- the social/cultural environment
- any individual characteristics of the student including the full range of their learning and support needs that may impede the implementation of the plan
- how to inform the student and other students about allergies and anaphylaxis using curriculum and other communication measures
- routine classroom activities, including lessons in other locations around the school
- non-routine classroom and school activities
- before school, recess, lunchtime, other break or play times
- sport or other programmed out of school activities, work placement, work experience, TVET
- excursions, including overnight excursions.

4.2 Information at enrolment

All schools must obtain information from parents about allergies and other health conditions that may affect their child at school. This must be done:

- at enrolment via the [application to enrol in a NSW Government School](#)
- as each condition is diagnosed using the parent request form at [Appendix 1 Student with Allergies](#).

For children being enrolled in a department preschool, this must be done at enrolment and before the child commences preschool. Information can be obtained at [application to enrol in a department preschool](#).

4.3 System for checking and updating information

All schools must maintain a system in the school for checking enrolment forms and follow up where this or any other information or form indicates a student has an allergy or medical condition. This means:

- student health information is collected annually for all students and updated in the Enrolment Registration Number system (ERN). More information is available on our [Managing anaphylaxis students](#) website
- schools should have systems in place to mitigate anaphylaxis risks, as anaphylaxis can occur in students with no previous history. The [Anaphylaxis](#) website provides support materials on managing exposure to allergens
- all staff members, including casual employees, should be provided with a list of all students who have identified allergies or other health conditions on their enrolment form, using the [Students with Health Care Needs Form](#).

4.4 Use of nut products

All schools must ensure peanuts, tree nuts or any nut products are NOT used in curricula or extra curricula activities (or available in the school canteen). The [Allergy and Anaphylaxis Management within the Curriculum P-12 \(PDF\)](#) procedures provide further information.

4.4.1 The curriculum

Schools must not use peanuts, tree nuts or any products where nuts are listed as ingredients, in practical food preparation classes in subjects such as:

- Food Technology (Mandatory), Food Technology Stages 5 and 6, and Hospitality Stage 6
- all other Key Learning Areas when food is being prepared and/or shared as part of teaching and learning.

4.4.2 Extra curricula activities

Schools must not provide any food to students that includes the use of peanuts, tree nuts and any foods where nuts are listed as an ingredient, including during camps and excursions.

4.4.3 School canteens

School canteens must remove food and drink items with peanuts and tree nuts as an ingredient.

This advice **does NOT include** foods with precautionary allergen statements for peanuts and tree nuts, often labelled as 'may contain'.

Schools cannot declare themselves as being NUT FREE.

An 'allergy aware' approach that focuses on implementing a range of appropriate risk minimisation strategies is recommended. (National Allergy Strategy)

4.5 Availability of adrenaline autoinjectors

All schools must maintain a minimum of one general use adrenaline autoinjector (EpiPen®) stored within a school first aid kit and ensure processes are in place to determine the need and mechanism to purchase additional adrenaline autoinjectors.

As per the department's [First Aid Procedures](#), all schools must have at least one general use adrenaline autoinjector (EpiPen®) within their school first aid kit.

Schools must store their [ASCIA First Aid Plan for Anaphylaxis \(Orange\) \(EpiPen®\)](#) with their general use adrenaline autoinjector.

Each department preschool is supplied with an EpiPen® Jr auto autoinjector for general use in an emergency. This must be stored with the [ASCIA First Aid Plan for Anaphylaxis \(Orange\) \(EpiPen®\)](#) for use with EpiPen® Jr.

Schools must also undertake a risk assessment to determine additional requirements for general use adrenaline autoinjectors considering student/staff numbers, size, and layout of the workplace, as well as off-site activities and excursions. Staff can find more [information about adrenaline autoinjectors](#) on the [Anaphylaxis website](#).

In the event of an EpiPen® shortage, schools must email epipen@det.nsw.edu.au or call the Health, Safety and Staff Wellbeing directorate's Incident Report and Support Hotline on **1800 811 523** to discuss solutions.

4.6 Internal communications

All schools must develop a communication plan and strategies to raise awareness for all staff.

Principals or their delegate must provide information about allergies and anaphylaxis and the school's procedures to staff, students and parents.

Department preschools must work with families to develop a communication plan that meets all of the requirements under the Education and Care Services National Regulations (2011), [Regulation 90](#) and [Regulation 91](#). Please refer to 'Children with a medical condition' in the [Leading and operating department preschool guidelines](#).

4.6.1 Communication plan

A communication plan outlines how the school plans to communicate with staff, volunteers, students, parents and the broader school community about allergies and anaphylaxis.

All staff need to know that there are students with allergies who are at risk of anaphylaxis and what they are allergic to so that they can help to manage the risks.

An 'allergy aware' approach is recommended rather than focusing on banning specific food allergens. A [sample letter for parents](#) is available for schools to use as needed.

Schools need a communication plan to inform:

- staff about students with allergies, including any changes to their allergies. This includes new and casual relief staff and volunteers, as well as students on practical placement
- staff who may not have been included in anaphylaxis training, such as cleaners and grounds maintenance staff, about how the school manages allergies
- parents of students with allergies about food-related activities such as cooking and any other activities they will engage in. This could include excursions and off-site activities where there may be an increased risk.

The plan should include reminders for:

- parents to advise the principal or their delegate of any changes in their child's health condition
- students who carry their own adrenaline autoinjector to and from school as well as while they are at school of the agreed arrangements and the student's responsibility. A [parent request form](#) to carry an adrenaline autoinjector must be completed by the parent.

4.6.2 Implementing a communication plan

When implementing a communication plan, school leaders must:

- allocate time in staff meetings, to discuss, practise and review the school's management strategies for students with allergies who are at risk of anaphylaxis and students who may not be diagnosed but experience anaphylaxis at school for the first time
- provide and/or display copies of students' ASCIA Action Plans for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in canteens, the front office and staff rooms, ensuring privacy requirements are considered
- ensure the school meets its training requirements and use training devices supplied to continue to practise administering these devices regularly
- designate a staff member to brief new staff (including canteen staff, volunteers, or casual relief staff) about students at risk of anaphylaxis, the school's procedures and strategies for minimising risk.

4.7 Individual health care plans

All schools must develop and document an individual health care plan for students with an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions.

Develop the individual health care plan in consultation with the student, where practicable, parents and staff. At this time, schools should consider whether they need to make reasonable adjustments for the student.

The individual health care plan must incorporate:

- the [individual health care plan cover sheet](#)
- an [ASCIA Action Plan](#) for anaphylaxis or allergic reactions for the individual student, completed and signed by the treating doctor or nurse practitioner. **The school cannot prepare this document**
- an Anaphylaxis risk management plan – see [Anaphylaxis](#) website for more information
- medical information from the student's doctor, where applicable, including information about other known health conditions and/or disabilities that may impact on overall management of the student's health condition at school (see [Appendix 3 Allergies – information from the health professional](#))
- information about the student from his or her previous school where applicable
- arrangements for supplying, storing and replacing ASCIA Action Plans and medication, including [adrenaline autoinjectors](#).

The individual health care plan must be reviewed at least annually or as the student's condition changes.

More information about developing an [Individual Health Care Plan](#) is available on the department's website:

- Put measures in place to address student health care needs in time for a student's commencement at school if possible.
- If this is not possible, and commencement in these circumstances would put the student's safety at risk, then defer commencement but only for the minimum time needed to introduce the necessary arrangements.
- Consider alternate education programs in the interim period.
- On rare occasions an enrolment or continued attendance at a school may give rise to genuine safety issues that cannot be resolved or that may impose an unjustifiable hardship on the school.
- Refusing enrolment or continued access to education in circumstances other than where there are irresolvable safety issues, or an unjustifiable hardship arises, may amount to unlawful discrimination. It is recommended that you seek advice from the department's Legal Services team before making any such decision.

4.8 Record keeping

All schools must keep records about anaphylaxis management.

Anaphylaxis is a life-threatening condition. It may be necessary to provide records in the event of an anaphylaxis-related event. Schools need systems in place to keep records of such things as:

- training registers
- risk management plans
- meetings about development of the individual health care plan and emergency response
- meetings of learning and support teams that assist in health care planning for the student
- conversations and communications with parents
- medical advice sought and provided.

4.9 Training requirements

All schools must undertake required training.

4.9.1 Mandatory training

NSW public schools must ensure systems are in place for staff to regularly complete the following 2 training courses.

4.9.1.1 Recognition and Management of Anaphylaxis Program (RAMOAP)

RAMOAP is a practical training course facilitated by either an approved registered training organisation from the Health and Safety Training panel or an accredited internal trainer. Schools **are required to arrange for this course to be run annually** for a significant proportion of staff, subject to essential student supervision requirements. This annual training can also be extended to regular casual staff, canteen staff and volunteers as determined by the school.

Further information can be found on the [First Aid, CPR and Anaphylaxis training website](#).

4.9.1.2 Anaphylaxis e-Learning module (role specific)

All school-based staff are required to complete the relevant role-specific online module at least once every 2 years. This training is accessed on the department's professional learning website, [MyPL](#). Visit the [Anaphylaxis e-Learning](#) website for further information.

Both courses assist staff in recognising and providing an emergency response to anaphylaxis, a potentially life-threatening condition. Training includes information about key departmental policies and strategies to manage and support students diagnosed as being at risk of anaphylaxis.

The principal or delegate will inform staff about [anaphylaxis training](#).

Outside of mandatory training requirements, principals should also consider arranging refresher opportunities for all staff. For example, principals can use staff development days and/or staff meetings to allow staff to:

- practice using adrenaline autoinjector trainer devices
- watch [administration videos](#)
- review their completed e-learning training.

Assisted School Travel Support Officers undertake anaphylaxis training through the Assisted School Travel Program.

Pre-service teachers are required to complete the online [ASCIA anaphylaxis e-training](#) before commencing a professional experience placement. At the start of each professional experience placement, the pre-service teacher must provide the school with their training certificate and demonstrate the correct use of EpiPen® and Anapen® training devices.

Note: All preschools are required to comply under the [National Quality Framework](#) for Early Childhood Education and Care, and are subject to mandatory training requirements set out in the Education and Care Services National Regulations. By following the anaphylaxis training requirements for NSW Government schools, department preschools will meet these mandatory training requirements.

4.9.2 Additional training – food allergen management

Principals (or their delegate) may consider whether school based staff (paid/volunteers) in school canteens, food technology, hospitality, school cooks and chefs undertake the National Allergy Strategy's (NAS) [All about Allergens for Schools](#) online food allergen management training.

The NAS recommended that this training be undertaken at least every 2 years.

Senior students enrolled in food technology or hospitality subjects; volunteering in school canteens/tuckshops; or involved in any food handling/preparation are also encouraged to complete this training.

Where staff/students complete this training, the school may wish to include records of completion in a training register.

5 Privacy and legal liability

Where it is necessary to provide information to staff, other parents or students, the parent and – where applicable – the student, should be informed of this beforehand and consulted about the information to be provided. Principals or their delegate should ensure that the persons who are provided with this information are aware of the need to deal with such information sensitively and confidentially.

The Department of Education has a duty of care to take reasonable steps to keep students safe from foreseeable risk of harm while they attend school or engage in school related activities. The department meets its duty of care obligations through the actions of its staff. This includes the administration of an adrenaline autoinjector and/or any other emergency care provided when a student has an episode of anaphylaxis at school or during school activities.

Any member of staff who provides an emergency response to a student who has an anaphylactic reaction at school is acting in the course of their employment. [NSW legislation](#) has also protected 'Good Samaritans', such as a parent who may assist in an emergency, from any personal liability arising from genuine attempts to help someone in an emergency.

The Department of Education is legally responsible for what staff do in the course of their employment.

In the unlikely event that an employee is personally sued for providing an emergency response to a student who has had an anaphylactic reaction, the department will defend their claim at no expense to the staff member and pay any damages.

The only exception will be where the actions of the employee amount to serious and wilful misconduct. Carelessness, inadvertence (lack of attention) or a simple mistake do not amount to serious and wilful misconduct.

If a student's parents or carers provide the school with a Do Not Resuscitate (DNR) order for their child, an emergency response should be provided and an ambulance called with details of the DNR provided to the paramedics when they arrive at the school.

Advice is available from the [Legal Services directorate](#) about the impact of the order on the management of the emergency response the school may need to provide the student.

6 Requirements from parents/carers

Parents/carers also have responsibilities to manage their child's health condition, including:

- notifying the school that their child has an allergy and/or is at risk of anaphylaxis

This notification should occur at the time of enrolment, or if the student is already enrolled, as soon as possible after diagnosis. This includes if their child's diagnosis changes whilst enrolled at the school.

- informing the principal or their delegate of any other known learning and support needs, including health care needs, disability or learning or behaviour difficulties that may impact on the management of anaphylaxis
- providing the school with a valid [ASCIA Action Plan for Anaphylaxis](#) or [ASCIA Action Plan for Allergic Reactions](#) completed and signed by the treating doctor or nurse practitioner
- providing the school with an [ASCIA Action Plan for Drug \(medication\) Allergy](#), completed by the treating doctor or nurse practitioner, if required
- providing the school with the student's prescribed medication including the [adrenaline autoinjector \(where prescribed\)](#), ensuring this matches the completed ASCIA Action Plan

Note: Anapens® and EpiPens® have different ASCIA action plans.

- participating in the annual review of student's Individual Health Care Plan and appropriate risk management strategies.

6.1 More information for parents

All the information that parents provide will inform the development of an [Individual Health Care Plan](#).

Parents and carers who want to know how to manage their child's allergies at school can access the department's [Allergies](#) website.

Information to help parents understand and manage allergies is available at [Allergy Aware](#) website in the [Parents and Guardians](#) section.

Parents can find information about what they need to tell their school on the [Anaphylaxis](#) webpage.

7 Further information about anaphylaxis

Learning and wellbeing officers in your local Educational Services team can provide further advice and assistance. The [School Services Contacts](#) intranet page includes a link to find your school's Educational Services contacts.

7.1 Advice on specific topics

You can also access specific advice as follows:

- risk management advice and strategies – contact your [Work Health and Safety Advisor](#)
- managing risk associated with anaphylaxis in schools – see the [Health and Safety Risk Management Framework](#)
- online anaphylaxis training for school staff – see [Anaphylaxis e-Learning](#)
- practical anaphylaxis training for school staff – see [first aid, CPR and anaphylaxis training](#)
- incorporating anaphylaxis into the curriculum [Allergy and Anaphylaxis Management within the Curriculum P-12](#)
- information for parents about what they need to tell their school – see [Anaphylaxis](#) webpage.

7.2 External links

- [The Sydney Children's Hospital Network NSW Anaphylaxis Education Program](#)
- [Allergy Aware – a HUB for allergy awareness resources](#) for schools and children's education and care services
- [Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#) Anaphylaxis resources, including ASCIA Action Plans
- [Allergy & Anaphylaxis Australia \(A&AA\)](#) for resources and phone support
- [National Allergy Strategy](#) is a partnership between ASCIA and A&AA, the peak medical and patient support organisations in Australia.

8 Appendices

The following forms have been developed for schools to use when managing anaphylaxis:

- [Appendix 1: Students with allergies](#)
- [Appendix 2: Authorisation to contact doctor](#)
- [Appendix 3: Allergies – information from the health professional.](#)

1: Students with allergies

This form is to be completed by the parent /carer of a student with an allergy and returned to the principal or delegate. The school will complete the first 3 fields. The purpose of collecting this information is to identify students who are at risk of a severe allergic reaction. Information provided on this form will be used to assist the school in determining what action needs to be taken in relation to a student with an allergy and may be disclosed where required by law (for example if an ambulance is called to the school).

Dear _____

You have identified _____ as having an allergy/allergies to _____

Please complete the questions below and return to the principal or delegated executive staff

1. A doctor has diagnosed my child with an allergy to:

Insect/sting bite _____ specify

Medication _____ specify

Latex _____

Other, please specify _____

Food

• Peanuts Yes No

• Tree Nuts.

Please specify: Yes No

• Fish Yes No

• Shellfish Yes No

• Soy Yes No

• Sesame Yes No

• Wheat Yes No

• Milk Yes No

• Egg Yes No

• Other, please specify _____ Yes No

2. My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®)

Yes No

3. My child has a red ASCIA Action Plan for Anaphylaxis (please attach this and return the form)

Yes No

4. My child has a green ASCIA Action Plan for Allergic Reactions (please attach this and return with the form)

Yes No

5. My child has an ASCIA Action Plan for Drug (medication) Allergy (please attach this and return the form)

Yes No

Completed by Parent/Carer (please print): _____

Date: / /

Signature: _____

Each time your child is prescribed a new adrenaline autoinjector the doctor will issue an updated ASCIA Action Plan for Anaphylaxis. It is important that this is the plan provided to the school.

2: Authorisation to contact doctor

This form is to be completed by the parent/carer.

My child (student's name) _____ is currently enrolled or applying for enrolment at _____.

I have been advised that:

1. The school may need to discuss the implications of _____ (child's name) medical condition(s) with their treating doctor so that the school can develop and implement an individual health care plan.
2. The information that can be sought by the school includes information about my child's allergy and risk of anaphylaxis and any other condition that might impact on the school providing support for my child during school hours and during activities conducted under the auspices of the school.

I am advised that information provided by the doctor to the school may be used or disclosed by school staff for the purposes of the development or implementation of the individual health care plan. I understand that the Department of Education can contact my child's doctor to seek information to assist it in the management of my child's medical condition at school.

I consent to the health care professional identified below to provide the Department of Education/school with information about my child's allergy, risk of anaphylaxis and any other condition, including a learning disorder, that might impact on the school providing support for my child during school hours and during school-related activities.

Doctor's information:

Name: _____

Address: _____

Phone: _____

Mobile (if known): _____

Email (if known): _____

Fax (if known): _____

Signed (parent/carer): _____ Date: / /

Name of parent/carer (please print): _____

3: Allergies – information from the health professional

This form is to be completed by the doctor. Information provided will be used for the development of the student's individual health care plan at school

Please provide, completed and signed, the appropriate ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions for this patient. The plans can be accessed from the ASCIA website at <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>.

Please complete all parts of the plan so they can bring it to school for use as the school's emergency response plan.

Please include other information or details you believe are important in managing the severe allergy at school and during activities conducted under the auspices of the school. The additional information requested below will further assist the school in the development of the student's individual health care plan.

Name of student/patient:

Does the student/patient have asthma?

Yes No

Do they have any other health conditions?:

Do they have any other conditions that may impact on their ability to understand the nature of their anaphylaxis and the risk that it poses to them For example, age and stage, developmental delay, language challenges (such as non-verbal, English as another language, specific learning challenges), neurodiversity, behaviour challenges,;

This has been discussed by you with the patients/his or her parents

Yes No

Please telephone the school on _____ and speak to the principal if you require further information.

Doctor's information:

Name: _____

Address: _____

Phone: _____

Mobile (if known): _____

Email (if known): _____

Fax (if known): _____

Signature (doctor): _____

Date: / /

Signature (principal) _____

Name of principal _____

Date: / /

I (parent/carer) _____ consent to this information being provided for the school's use so they can develop an individual health care plan for my child _____ at school.

Parent/carer signature: _____

Date: / /