

## 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 injector (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: \_\_\_\_\_