

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 parents can send 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): _____

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 support plan for my child _____ at school.

Parent/carer signature: _____

Date: / /