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 device (EpiPen®, Anapen®, **Jext® or *neffy*®**)

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: _____