## 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 

1. My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®)   
   Yes        No   
2. My child has a red ASCIA Action Plan for Anaphylaxis (please attach this and return the form)   
   Yes        No   
3. My child has a green ASCIA Action Plan for Allergic Reactions (please attach this and return with the form)   
   Yes        No   
4. 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.