

APPENDIX 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 delegated executive staff. The school will complete the first three 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.

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)

Food:

- Peanuts Y/N
- Nuts. Please specify: _____ Y/N
- Fish Y/N
- Shellfish Y/N
- Soy Y/N
- Sesame Y/N
- Wheat Y/N
- Milk Y/N
- Egg Y/N
- Other. Please specify: _____ Y/N

Latex _____

Other. Please specify: _____

2. My child has been hospitalised with a severe allergic reaction Y/N

3. My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®) Y/N

4. My child has an ASCIA Action Plan for Anaphylaxis⁶ (please attach this and return the form) Y/N

Completed by _____ / / _____
Parent/Carer (please print) date

Signature: _____

⁶ 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