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Severe Allergies – Information from the doctor

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 for this patient outlining the emergency response for anaphylaxis. 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 they can bring it to school for use as the schools emergency response plan.

The additional information requested below will further assist the school in the development of the student's individual health care plan.

Name of patient: _____

This patient has:

mild asthma

moderate asthma

severe asthma:

no history of asthma

Other relevant health

conditions: _____

Conditions known to you that may impact on the student's ability to understand the nature of their anaphylaxis and the risk that it poses to them:

This has been discussed by you with the patient/his or her parents

Yes

No

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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:

Please telephone the school on _____ and speak to the school principal if you require further information.

Doctor: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Signature (Doctor): _____

Date: ____/____/____

Signature (Principal) _____

Name of Principal _____

Date: ____/____/____

I _____ consent to this information being
(parent/carer)

provided for the school's use so they can develop an individual health care plan for my
child _____ at school.

Parent/carer signature: _____ Date ____/____/____