

# Tamaitia'oga e maua i le mūmūlele

## Students with allergies

*O lenei pepa e faatumu i le Faaperetania e matua/tagata o vaia se tamaititia'oga e maua i le mūmūlele ma toe faafoi i le pulea'oga poo sui o le pulea'oga. E faatumu e le a'oga vaega muamua e lua. O le faamoemoe ua tuu faatatalaga ina ia faailoa tamaitia'oga ua masalomia le malosi o le sasao ai o le mūmūlele. O faamatalaga ua tuuina mai i nei pepa faatumu o le a faa'oga e fesoasoani ai i le a'oga e fuafua le mea e tatau ona fai e tusa ose tamaititia'oga ua maua i le mūmūlele.*

Susuga i matua/tagata o vaia

Igoa o le tamaititia'oga: \_\_\_\_\_  
 School to insert name of student

Ua e faailoa o lau tama e maua ise mūmūlele/i mūmūlele. O le mūmūlele/o mūmūlele e mafua i

\_\_\_\_\_ School to insert the allergy/allergies that have been identified by the parent/carer

Faatumu fesili o loo i lalo ma toe faafoi atu i le pulea'oga poo sui o le pulea'oga faamolemole.

1. Ua iloa i suesuega a le foma'i e maua la'u tama i le mūmūlele ona e mafua i:

Le u'ai ese iniseti (Insect sting/bite)  
*Auilili mai faamolemole:* \_\_\_\_\_

Fualaa/Vailaa Falema'i (Medication)  
*Auilili mai faamolemole:* \_\_\_\_\_

Mea'ai (Food):

<i>Faamolemole faasa'o le pusa mo le ioe poo le leai</i>	Ioe (Yes)	Leai (No)
• Pinati (Peanuts)	<input type="checkbox"/>	<input type="checkbox"/>
• Fatulaau (Nuts)	<input type="checkbox"/>	<input type="checkbox"/>

*Afai e ioe i pinati, Auilili mai ituaiga faamolemole*

Type/s of nut/s \_\_\_\_\_

• l'a (Fish)	<input type="checkbox"/>	<input type="checkbox"/>
• Figota fai atigi (Shellfish)	<input type="checkbox"/>	<input type="checkbox"/>
• Soy (Soy)	<input type="checkbox"/>	<input type="checkbox"/>
• Sesame (Sesame)	<input type="checkbox"/>	<input type="checkbox"/>
• Saito (Wheat)	<input type="checkbox"/>	<input type="checkbox"/>
• Suāsusu (Milk)	<input type="checkbox"/>	<input type="checkbox"/>
• Fuāmoa (Egg)	<input type="checkbox"/>	<input type="checkbox"/>

*Auilili mai faamolemole nisi ituaiga mea'ai e le o tā'ua atu i luga:*

Other type of food \_\_\_\_\_

Latex (Latex)

O isi mūmūlele, auilili mai faamolemole:  
 Other allergy \_\_\_\_\_

## Anaphylaxis Procedures for Schools Appendix 1

- |    | <i>Faamolemole faasa'o le pusa mo le ioe poo le leai</i>   | ioe (Yes)                | Leai (No)                |
|----|--|--------------------------|--------------------------|
| 2. | Sa taofia la'u tama i le falema'i ona ua malosi le sasao o le mūmūlele<br>My child has been hospitalised with a severe allergic reaction   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Sa faatonu e fai tui otometi atelini o la'u tama<br>(EpiPen® poo Anapen®)<br>My child has been prescribed an adrenaline autoinjector<br>(EpiPen® or Anapen®)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | E iai le ASCIA Action Plan a la'u tama mo le Mūmūlele <sup>1</sup><br>My child has an ASCIA Action Plan for Anaphylaxis <sup>1</sup><br>( <i>Afai e ioe, faapipii iai le pepa lenei ma toe faafo'i mai le pepa faatumu faamolemole</i> ) | <input type="checkbox"/> | <input type="checkbox"/> |

Faatumuina e (*lolomi lou suafa iinei faamolemole*): \_\_\_\_\_  
Name of parent/carer

Saini a matua/tagata o vaaia: \_\_\_\_\_  
Signature of parent/carer

Aso: \_\_\_\_\_  
Date

<sup>1</sup> O taimi uma e faatonu ai e faafou le tui otometi atelini o lau tama o le a avatu ai e le foma'i se ASCIA Action Plan for Anaphylaxis ua faafou. E tāua auā o le polokalame lenei ua tuuina atu foi i le a'oga