

Individual Anaphylaxis Management Plan

Cover Sheet

Student's name:	Date of birth:
School:	Class:
Current Teacher/s:	
Severely allergic to:	
Other health conditions:	
Medication at school:	
Parent/carer contact:	
<i>First parent/carer</i>	<i>Second parent/carer</i>
<i>Name:</i>	<i>Name:</i>
<i>Relationship:</i>	<i>Relationship:</i>
<i>Home phone:</i>	<i>Home phone:</i>
<i>Work phone:</i>	<i>Work phone:</i>
<i>Mobile:</i>	<i>Mobile:</i>
<i>Address:</i>	<i>Address:</i>
Other emergency contacts (if parent/carer not available):	
Medical practitioner contact:	
Emergency procedure:	
Procedures for calling ambulance:	
EpiPen storage:	
The following Anaphylaxis Management Plan has been developed with my knowledge and participation and will be reviewed on: _____	
Parent(s) signature:	Date:
Principal (or nominee) signature:	Date:

Strategies to avoid allergens

Student's name:	
Date of birth:	Class:
Severe allergies:	
Other known allergies:	
<p style="text-align: center;">Risk Management Strategies</p> <p>(name identified risks and strategies in place e.g. excursions, canteen, recess and lunch)</p>	Responsibility:

MILDURA
BALLET & DANCE
 GUILD INC.

STUDENT ALLERGY / ANAPHYLAXIS INFORMATION

Student's Full Name		
Class		
Date of Birth		
PART A	Does this student have an allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes He/she is allergic to _____	
	<table style="width: 100%;"> <tr> <td style="text-align: center;">PART B</td> <td> Has it involved hospitalisation? <input type="checkbox"/> No <input type="checkbox"/> Yes Is it life threatening? <input type="checkbox"/> No <input type="checkbox"/> Yes Has it been called anaphylaxis? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the student been prescribed an EpiPen? <input type="checkbox"/> No <input type="checkbox"/> Yes </td> </tr> </table>	PART B
PART B	Has it involved hospitalisation? <input type="checkbox"/> No <input type="checkbox"/> Yes Is it life threatening? <input type="checkbox"/> No <input type="checkbox"/> Yes Has it been called anaphylaxis? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the student been prescribed an EpiPen? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Office use only
 If a parent /guardian indicates 'yes' to any question in Part B, the school should refer to the Department's website by searching 'anaphylaxis' for advice regarding the required process for further action.

Signature

Signing this form - to sign this form you must be either be:
 an independent or adult student; or
 the parent or guardian or other person who has care and control of the student.

I certify that the information provided in this form is correct.

Signed:

Date:
 Day Month Year
 _ _ / _ _ / _ _

✓ Tick one box below
Signed by: First parent or guardian Second parent or guardian
 Independent or adult student who is self-enrolling

Personal Information Protection Statement

Personal information and medical details are collected from you so that Guild staff can develop a medical action plan and provide support for the student's medical condition. Personal information may be disclosed to health practitioners to support student health requirements.