



FORM 5 – MILD TO MODERATE ALLERGY MANAGEMENT & EMERGENCY RESPONSE PLAN

60 Kelvin Street, Maylands 6051
Phone: (08) 9462 6700
Email: maylandspeninsula.ps@education.wa.edu.au

PLEASE RETURN THIS FORM TO ADMINISTRATION OFFICE

Student:

Year:

Form:

Teacher:

DOB:

Gender: Male Female Other

SECTION A – HEALTH CARE PLANNING – TO BE COMPLETED BY THE PARENT/CAREGIVER

(Please list specific allergens and most recent reactions in the table below)

My Child is Allergic to:	For each allergen - provide specific information <i>(e.g. peanuts – even small quantities)</i>	Describe your child's most recent symptoms and date of reaction to the allergen <i>(e.g. anaphylaxis, hay fever, hives, eczema)</i>
Peanuts	<input type="checkbox"/>	
Tree Nuts	<input type="checkbox"/>	
Milk	<input type="checkbox"/>	
Eggs	<input type="checkbox"/>	
Soy Products	<input type="checkbox"/>	
Wheat Products	<input type="checkbox"/>	
Shellfish	<input type="checkbox"/>	
Fish	<input type="checkbox"/>	
Insect Stings or Bites <i>(Please specify insect/s if known)</i>	<input type="checkbox"/>	
Medication <i>(Please specify medicine/s if known)</i>	<input type="checkbox"/>	
Other/Unknown <i>(Please specify food/s if known)</i>	<input type="checkbox"/>	

SECTION B – DAILY MANAGEMENT

List strategies that would minimise the risk of exposure to known allergens:

SECTION C- MEDICATION INSTRUCTIONS - *(NOTE - MEDICATION MUST BE PROVIDED BY PARENTS / CAREGIVER)*

	MEDICATION 1	MEDICATION 2	MEDICATION 3
Name of Medication			
Expiry Date			
Dose / frequency <i>(As per pharmacist's label)</i>			
Duration Dates	From:	From:	From:
	To:	To:	To:
Route of Administration			
Administration <i>Tick appropriate box</i>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>
Storage instructions <i>Tick appropriate box(es)</i>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>

SECTION D – EMERGENCY RESPONSE – AS PER ANAPHYLAXIS (ASCIA) ACTION PLAN ATTACHED

MUST BE COMPLETED BY YOUR CHILD'S MEDICAL PRACTITIONER

SECTION E – AUTHORITY TO ACT

This mild to moderate allergy and emergency response plan authorises school staff school staff to provide health care support for my/our child in accordance with the above plan and/or the attached plan from a medical practitioner.

It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Parent Caregiver Name:

Parent/Caregiver Signature:

Date:

Medical Practitioner Signature:

(If required at the principal's discretion)

Date:

If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct.

OFFICE USE ONLY

Date received:

Date uploaded on SIS:

Is specific staff training required? Yes No:

Type of training:

Training service provider:

Name of person/s to be trained:

Date of training:

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ASCIA Emergency Action Plans are regularly updated. To ensure you are using the most current documentation, go to the ASCIA website: <https://www.allergy.org.au/health-professionals>.



FORM 12 – RECORD OF HEALTH CARE SUPPORT ADMINISTRATION OF MEDICATION

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Student:

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DOB:

Gender:

Male

Female

Other

RECORD OF HEALTH CARE SUPPORT / ADMINISTRATION OF MEDICATION

DATE	TIME	MEDICATION	DOSAGE	STAFF MEMBERS NAMES	SIGN / INITIALS