

Name:	School:	DOB:
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SECTION B: DAILY MANAGEMENT – To be completed in consultation with parent/guardian

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

SECTION C: STAFF TRAINING – To be completed by Principal

Is specific training for staff required? YES NO Date attended:

Type of training:

Name of person(s) trained:

SECTION D: EMERGENCY RESPONSE – As per the child’s ASCIA Action Plan attached (this must be completed by the child’s medical practitioner)

SECTION E: MEDICATION – To be completed by parent/guardian

	INSTRUCTIONS					
	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist’s label						
Duration (Dates)	From: to:		From: to:		From: to:	
Route of administration (please tick appropriate box)	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 (please tick appropriate box)	stored at school <input type="checkbox"/>	kept and managed by self <input type="checkbox"/>	refrigerate <input type="checkbox"/>	keep out of heat and 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 heat and 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 heat and sunlight <input type="checkbox"/>	other <input type="checkbox"/>	

SECTION F: AGREEMENT BETWEEN THE SCHOOL PRINCIPAL AND PARENT/GUARDIAN – To be completed by Principal and Parent/Guardian

This agreement authorises the school staff to follow the advice of the child’s parent/guardian and medical practitioner as set out in child’s Individual Anaphylaxis Health Care Plan and the child’s ASCIA Action Plan. It is valid for one year or until I advise the school of a change in my child’s health care requirements.

Principal: Date:	Parent/Guardian: Date:
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Annual review date:

A copy of the child’s ASCIA Action Plan completed by the child’s medical practitioner must be attached to this document.