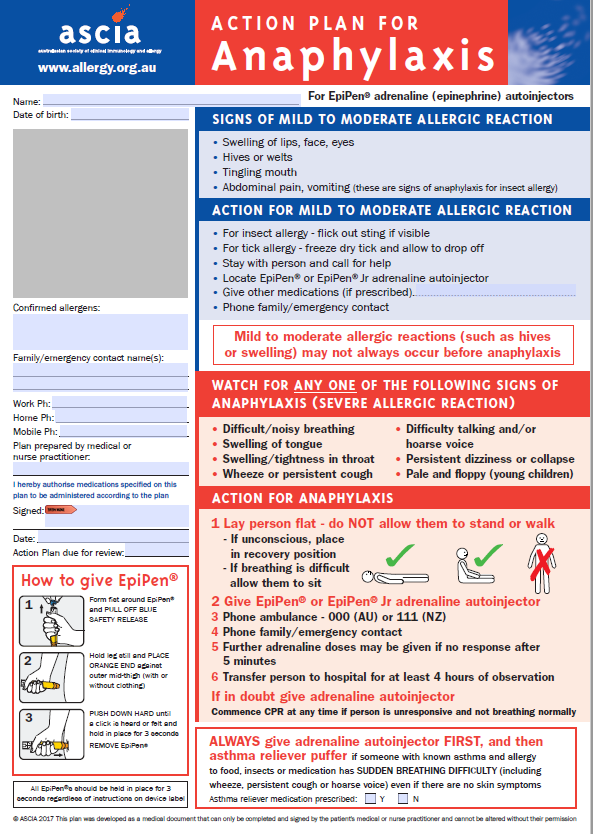
Individual Anaphylaxis Management Plan

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| This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.  It is the parent’s responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes. | | | | | | | |
| **School** | |  | | **Phone** | |  | |
| **Student** | |  | | | | | |
| **DOB** | |  | | **Year level** | |  | |
| **Severely allergic to:** | |  | | | | | |
| **Other health conditions** | |  | | | | | |
| **Medication at school** | |  | | | | | |
| EMERGENCY CONTACT DETAILS (PARENT) | | | | | | | |
| **Name** | |  | | **Name** | |  | |
| **Relationship** | |  | | **Relationship** | |  | |
| **Home phone** | |  | | **Home phone** | |  | |
| **Work phone** | |  | | **Work phone** | |  | |
| **Mobile** | |  | | **Mobile** | |  | |
| **Address** | |  | | **Address** | |  | |
| EMERGENCY CONTACT DETAILS (ALTERNATE) | | | | | | | |
| **Name** | |  | | **Name** | |  | |
| **Relationship** | |  | | **Relationship** | |  | |
| **Home phone** | |  | | **Home phone** | |  | |
| **Work phone** | |  | | **Work phone** | |  | |
| **Mobile** | |  | | **Mobile** | |  | |
| **Address** | |  | | **Address** | |  | |
| **Medical practitioner contact** | | **Name** |  | | | | |
| **Phone** |  | | | | |
| **Emergency care to be provided at school** | |  | | | | | |
| **Storage location for adrenaline autoinjector (device specific) (EpiPen®)** | |  | | | | | |
| ENVIRONMENT | | | | | | | |
| To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc. | | | | | | | |
| **Name of environment/area:** | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
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| **Name of environment/area:** | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
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| **Name of environment/area:** | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
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| **Name of environment/area:** | | | |
| **Risk identified** | **Actions required to minimise the risk** | **Who is responsible?** | **Completion date?** |
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| **Name of environment/area:** | | | |
| **Risk identified** | **Actions required to minimise the risk** | **Who is responsible?** | **Completion date?** |
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Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

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| This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):   * annually * if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes * as soon as practicable after the student has an anaphylactic reaction at school * when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).   I have been consulted in the development of this Individual Anaphylaxis Management Plan.  I consent to the risk minimisation strategies proposed.  Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines | |
| Signature of parent: |  |
| Date: |  |
| I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. | |
| Signature of principal (or nominee): |  |
| Date: |  |