STUDENTS WITH SEVERE ALLERGIES

IT IS ESSENTIAL THIS FORM IS COMPLETED IN FULL AND RETURNED TO THE SCHOOL

This form is to be completed by the parent/guardian of a student with an allergy and returned to the School. The purpose of collecting this information is to identify students who are at risk of a severe allergic reaction. Information provided in this form will be used to assist the School in determining what action needs to be taken in relation to a student with an allergy.

Student Information

First Name:  
Surname:  
Year Level:  

Parent/Guardian Information

Name:  
Home Phone:  
Work Phone:  
Mobile:  

Name:  
Home Phone:  
Work Phone:  
Mobile:  

Please list allergy/allergies:

Please complete the questions below and return to the School.

1. A doctor has diagnosed my child with an allergy to:
   □ Insect sting/bite  Y □ N □  Specify: ____________________________
   □ Medication  Y □ N □
   □ Food:
   □ Peanuts  Y □ N □
   □ Nuts  Y □ N □  Specify: ____________________________
   □ Fish  Y □ N □
   □ Shellfish  Y □ N □
   □ Soy  Y □ N □
   □ Sesame  Y □ N □
   □ Wheat  Y □ N □
   □ Milk  Y □ N □
   □ Egg  Y □ N □
   □ Other  Y □ N □  Specify: ____________________________
   □ Latex  Y □ N □
   □ Other  Y □ N □  Specify: ____________________________

2. My child has been hospitalised with a severe allergic reaction  Y □ N □

3. My child has been prescribed an adrenaline autoinjector (EpiPen ® or Anapen ®)  Y □ N □

4. My child has an ASCIA Action Plan for Anaphylaxis Please attach relevant form (to be signed by doctor) and return to the School.  Y □ N □

Parent/Guardian Name:

Signature:  
Date:  

STU027 – Jan15 - Students with Allergies