## FORM 5 - MILD TO MODERATE ALLERGY MANAGEMENT & EMERGENCY RESPONSE PLAN

Name:	Date of Birth:			Year:		Form:		Teacher:				
Section A – Student Health Care Planning To be completed by parent/carer - (Please list specific allergens and most recent reactions in the table below).												
My child is allergic to:				For infor	For each allergen provide specific information (e.g. peanuts – even small quantities)				Describe your child's most recent symptoms and date of reaction to the allergen (e.g. hay fever, hives, eczema).			
Peanuts				7	naciooj			10101,111	1100, 0020111	ω).		
Tree Nuts			Ė	1								
Milk			Ť	1								
Eggs			Ė	<b>i</b> 1								
Soy Products			Ė	i								
Wheat Products			Ť	ī i								
Shellfish			Ť	<del>i                                     </del>								
Fish			Ė	ī								
Insect Stings or Bites (Please spe	cify insect(	s)		-								
if known) Medication (Please specify which	,			]								
if known) Other/Unknown(Please specify for	od(s) if		Г	<u> </u>								
known)	_											
Section B - Daily Managemer	nt											
List strategies that would minimise	the risk of	f expo	sur	e to know	n allei	rgens.						
Section C - Medication Instru	uctions (N	Note:	Ме	dication	must	be provi	ded by parents/care	ers)				
		Mor	dica	tion 1			Medication 2			Medication 3		
Name of medication		IVIC	aica	1011 1			Wicaldation 2			WCGICGUOTI 5		
Expiry date												
Dose/frequency – may be as per the pharmacist's label												
Duration (dates)	From : To:					From To:						
Route of administration	10.					10.						
						<u> </u>						
Administration Tick appropriate box	By self Requires assistance			nce		By sel Requi	t res assistance		By self Requires	assistance		
	Stored at school						d at school		Stored at			
	Kept and	d mar	nage	ed by self			and managed by self			managed by self		
Storage instructions		Refrigerate			$\sqcup \sqcup$	Refrig			Refrigerat			
Tick appropriate box(es)	Keep ou	it of s	unli	ght	$\sqcup\sqcup$		out of sunlight			of sunlight	$\parallel$	
	Other					Other			Other			
Section D - Emergency Resp												
As per ASCIA action plan atta for Action Plans and further info								practitio	oner). Go	to the ASCIA web	site	
Section E – Authority to Act												
This mild to moderate allergy m of our medical practitioner. It is											that	
requirements.  Parent/Carer:		Me	dic	al practi	tione	r's name	e (and Medical Pra	ctice if r	eguired)	Review Date:		
				-	Practitioner's name (and Medical Practice if required) Review Date:							
Provider Nu					_							
When completed, please attach to the Student Health Care Summary.												

Name:	Date of Birth:	Year:	Form:	Teacher:	
OFFICE USE ONLY					
Date received:			Date uploaded	on SIS:	
Is specific staff training requir	red? Yes No :		Type of training	<b>j</b> :	
Training service provider:					
Name of person/s to be trained	ed:		Date of training	g:	
					FORM 5 PAGE 2 OF 2

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