

Anaphylaxis Management Plan



This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer

| | | | | |
|---|----------------------------|-------------|----------------------------|--|
| Student's name: | | Phone: | | |
| Date of birth: | | Year level: | | |
| Identified allergen: | | | | |
| Medication at school: | | | | |
| EpiPen storage: | | | | |
| Other health conditions: | | | | |
| Parent/carer contact | Parent/carer information 1 | | Parent carer information 2 | |
| | Name: | | Name: | |
| | Relationship: | | Relationship: | |
| | Home phone: | | Home phone: | |
| | Work phone: | | Work phone: | |
| | Mobile: | | Mobile: | |
| | Address: | | Address: | |
| Other emergency contacts (if parent/carer not available): | | | | |
| Medical practitioner contact: | | | | |
| Emergency care to be provided at school: | | | | |
| The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on: | | | | |
| Signature of parent: | | | Date: | |
| Signature of principal (or nominee): | | | Date: | |

Strategies to avoid allergens

| Student's name: | | |
|------------------------|----------|-----------------------------|
| Date of birth: | | Year level: |
| Severe allergies: | | |
| Other known allergies: | | |
| Risk | Strategy | Staff member(s) responsible |
| | | |
| | | |
| | | |
| | | |