

Individual Anaphylaxis Management Plan



This plan is to be completed by the principal or delegate based on the information provided by the student's medical practitioner as per the ASCIA Action Plan for Anaphylaxis provided by the parent/guardian/carer.

It is the responsibility of the parent/guardian/carer to:

- provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing
 the emergency response plan (signed by the medical practitioner) and any medication or
 autoinjector referenced in the plan.
- provide an up-to-date photo of the student (to be appended to this plan)
- inform the school if the child's medical condition, insofar as it relates to relates to allergy and the potential for anaphylactic reaction, and if relevant provide an updated ASCIA Action Plan.

School:	Telephone) :
Student:		
Date of birth:	Year level	:
Severely allergic to:		
Other health conditions:		
Medication at school:		
Other medication administered at home:		

Emergency contact details (Parent/guardian/carer)		
Contact 1		
Name:		
Relationship:		
Contact numbers		List preferred order for contact
Home telephone:		
Work telephone:		
Mobile:		
Address:		
Contact 2		
Name:		
Relationship:		
Contact numbers		List preferred order for contact
Home telephone:		

Mobile: Address: Emergency Contact Details (Alternative) Alternative contact 1 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Work telephone: Some telephone: Work telephone: Work telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off chool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area: Risk Identified Actions required to minimise the risk Who is responsible Completion date?	Work telephone:					
Emergency Contact Details (Alternative) Alternative contact 1 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Work telephone: Work telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off chool site) the student will be in for the year, e.g., classrooms, school yards, specialist leaching reas, excursions, camps. Name of environment/area:	Mobile:					
Alternative contact 1 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Work telephone: Work telephone: Work telephone: Work telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off chool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching treas, excursions, camps. Name of environment/area:	Address:					
Alternative contact 1 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Work telephone: Work telephone: Work telephone: Work telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off chool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching treas, excursions, camps. Name of environment/area:						
Alternative contact 1 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Work telephone: Work telephone: Work telephone: Work telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off chool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching treas, excursions, camps. Name of environment/area:	Emergency Con	tact Details (Alternative			
Name: Relationship: Home telephone: Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Work telephone: Work telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off inchool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching ireas, excursions, camps. Name of environment/area:			Alternative)			
Relationship: Home telephone: Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Work telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off chool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching treas, excursions, camps. Name of environment/area:		100				
Home telephone: Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off ichool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching treas, excursions, camps.						
Work telephone: Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off ichool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps.		ž.				
Mobile: Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off chool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching treas, excursions, camps. Name of environment/area:						
Address: Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off chool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:						
Alternative contact 2 Name: Relationship: Home telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off inchool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching ireas, excursions, camps.						
Relationship: Home telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off achool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:		act O				
Relationship: Home telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off inchool site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:		ICL Z				
Home telephone: Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:						
Work telephone: Mobile: Address: Essential Medical Information Medical practitioner name: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:						
Mobile: Address: Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:						
Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:						
Essential Medical Information Medical practitioner name: Phone: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:						
Medical practitioner name: Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:						
Emergency care to be provided at school: Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:			1			
Storage location for autoinjector device: Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:	Medical practitio	ner name:		Phone	;[
Date of expiry of autoinjector: Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:	Emergency care	to be provid	ed at school:			
Environment To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:	Storage location	for autoinjed	ctor device:			
To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g., classrooms, school yards, specialist teaching areas, excursions, camps. Name of environment/area:	Date of expiry of	autoinjector	:			
	To be completed school site) the st	by the principudent will be				
Risk Identified Actions required to minimise the risk Who is responsible Completion date?	Name of environ	ıment/area:				
	Risk Identified	Actions requ	uired to minimise the risk	Who is resp	onsible	Completion date?

Emergency contact details (Parent/guardian/carer)

Name of enviro	nment/area·		
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?
Name of enviro	nmont/aroa:	<u>'</u>	<u>'</u>
		\A/ba in managarible	Completion date:
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?
Name of enviro	nment/area:		
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?
Name of enviro	nment/area:		
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?
Taok Idontinod	A CALOTTO TO GAIL OU TO THIS HIND CATO TION	Title to reaportable	Completion date:

Agreement/Signatures

This *Individual Anaphylaxis Management Plan* has been developed with my knowledge and input based upon health advice received from the student's medical practitioner.

Parent/guardian/carer/Mature minor	
Name of parent/guardian /carer or Mature minor*	
Signature	
Date	

Principal	
Name of principal	
Signature	
Date	

^{*}Please note: Mature minor (refer page 61 of <u>Privacy Compliance Manual 2023</u>) is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age.

Approval authority	Director, Learning and Regional Services	
Approval date	- 5 December 2023 (minor amendment to include principal signature)	
Publication details	Available on the school website	