



### Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or delegate on the basis of the information from the student’s medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.

It is the responsibility of the parent 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),   
an up-to-date photo of the student (to be appended to this plan) and to inform the school if the child’s medical condition changes.

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| --- | --- | --- | --- |
| **School** |  | **Phone** |  |
| **Student** |  | | |
| **DOB** |  | **Year level** |  |
| **Severely allergic to** |  | | |
| **Other health conditions** |  | | |
| **Medication at school** |  | | |

**Emergency contact details (Parent/carer)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Relationship** |  | **Relationship** |  |
| **Home phone** |  | **Home phone** |  |
| **Work phone** |  | **Work phone** |  |
| **Mobile** |  | **Mobile** |  |
| **Address** |  | **Address** |  |

**Emergency Contact Details (Alternative)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Relationship** |  | **Relationship** |  |
| **Home phone** |  | **Home phone** |  |
| **Work phone** |  | **Work phone** |  |
| **Mobile** |  | **Mobile** |  |
| **Address** |  | **Address** |  |
| **Medical practitioner name** |  | **Phone** |  |
| **Emergency care to be provided at school** |  | | |
| **Storage location for autoinjector device** |  | | |

**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, etc.

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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 | | | |
| Risk Identified | Actions required to minimise the risk | Who is responsible | Completion date? |
|  |  |  |  |
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|  |  |  |  |
| Name of environment | | | |
| Risk Identified | Actions required to minimise the risk | Who is responsible | Completion date? |
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|  |  |  |  |
| Name of environment | | | |
| Risk Identified | Actions required to minimise the risk | Who is responsible | Completion date? |
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|  |  |  |  |
| Name of environment | | | |
| Risk Identified | Actions required to minimise the risk | Who is responsible | Completion date? |
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