APPENDIX 1

Students with Allergies Form

This form is to be completed by the parent or carer of a student with an allergy and returned to the principal or delegated executive staff. The school will complete the first three fields. The purpose of collecting this information is to identify students who are at risk of a severe allergic reaction. Information provided on 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.

Dear

You have identified ____________________________ as having an allergy/allergies to ____________________________

Please complete the questions below and return to the principal or delegated executive staff.

A doctor has diagnosed my child with an allergy to: ____________________________

☐ Insect sting/bite
☐ Medication
☐ Food: Yes No

  Peanuts ☐ ☐
  Nuts ☐ ☐
  Fish ☐ ☐
  Shellfish ☐ ☐
  Soy ☐ ☐
  Sesame ☐ ☐
  Wheat ☐ ☐
  Milk ☐ ☐
  Egg ☐ ☐
  Other ☐ ☐

☐ Latex
☐ Other

Specific details of allergy ↓
My child:

Has been hospitalised with a severe allergic reaction

Has been prescribed an adrenaline auto-injector (EpiPen® or Anapen®)

Has an ASCIA Action Plan for Anaphylaxis® dated __________
(if ‘Yes’, please attach the Plan and return with this form)

Student with Allergies Form completed by parent or carer:

Name ___________________________________________ Date ________________

(DD/MM/YYYY)

Signature ___________________________________________