

## 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: \_\_\_\_\_

Specific details of allergy ↓

<input type="checkbox"/>	Insect sting/bite			_____
<input type="checkbox"/>	Medication			_____
<input type="checkbox"/>	Food:	Yes	No	_____
	Peanuts	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Nuts	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Shellfish	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Soy	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Sesame	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Wheat	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Milk	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Egg	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Other	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	Latex			_____
<input type="checkbox"/>	Other			_____

My child:	Yes	No
Has been hospitalised with a severe allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>
Has been prescribed an adrenaline auto-injector (EpiPen <sup>®</sup> or Anapen <sup>®</sup> )	<input type="checkbox"/>	<input type="checkbox"/>
Has an <i>ASCIA Action Plan for Anaphylaxis</i> <sup>6</sup> dated _____ (if 'Yes', please attach the <i>Plan</i> and return with this form)	<input type="checkbox"/>	<input type="checkbox"/>

*Student with Allergies Form* completed by parent or carer:

Name \_\_\_\_\_ Date \_\_\_\_\_  
(DD/MM/YYYY)

Signature \_\_\_\_\_

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<sup>6</sup> Each time your child is prescribed a new adrenaline auto-injector the doctor will issue an updated *ASCIA Action Plan for Anaphylaxis*. It is important that this is the plan provided to the school.