



Holy Eucharist Catholic Primary School

1A Oleander Drive, St Albans South, VIC 3021

PH 8312 0900



Individual 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 (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School: HOLY EUCHARIST SCHOOL	Student's Name
Student Date of Birth	Student Year Level
Medicare No:	Health Insurance No
Ambulance Cover: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulance Membership No
Severely allergic to:	
Other health conditions	
Medication at school	

EMERGENCY CONTACT DETAILS (PARENT)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

MEDICAL PRACTITIONER

Medical practitioner contact	Name	
	Address	Phone:
Emergency care to be provided at school		
Storage for Adrenaline Autoinjector (device specific) (EpiPen®)		

ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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AUTHORISATION

Name of Medical/ Health Practitioner:

Professional Role:

Medical Health Practitioner's Signature:

Date:

Contact Details:

Name of Parent/ Guardian/Mature Minor:

Signature:

Date: