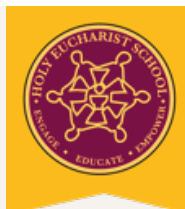


HOLY EUCHARIST SCHOOL

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/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)
- provide an up-to-date photo of the student (to be appended to this plan)
- inform the school if the child's medical condition changes.

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

Emergency contact details (Parent/guardian/carer)

Name:	Name:
Relationship:	Relationship:
Home telephone:	Home telephone:
Work telephone:	Work telephone:
Mobile:	Mobile:
Address:	Address:

Emergency Contact Details (Alternative)

Name:	Name:
Relationship:	Relationship:
Home telephone:	Home telephone:
Work telephone:	Work telephone:
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.

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