

Individual Anaphylaxis Management Plan

Cover Sheet

Student's name:	Date of birth:
School:	Class:
Current Teacher/s:	
Severely allergic to:	
Other health conditions:	
Medication at school:	
Parent/carer contact:	
<i>First parent/carer</i>	<i>Second parent/carer</i>
<i>Name:</i>	<i>Name:</i>
<i>Relationship:</i>	<i>Relationship:</i>
<i>Home phone:</i>	<i>Home phone:</i>
<i>Work phone:</i>	<i>Work phone:</i>
<i>Mobile:</i>	<i>Mobile:</i>
<i>Address:</i>	<i>Address:</i>
Other emergency contacts (if parent/carer not available):	
Medical practitioner contact:	
Emergency procedure:	
Procedures for calling ambulance:	
EpiPen storage:	
The following Anaphylaxis Management Plan has been developed with my knowledge and participation and will be reviewed on: _____	
Parent(s) signature:	Date:
Principal (or nominee) signature:	Date:

Strategies to avoid allergens

Student's name:	
Date of birth:	Class:
Severe allergies:	
Other known allergies:	
<p style="text-align: center;">Risk Management Strategies</p> <p>(name identified risks and strategies in place e.g. excursions, canteen, recess and lunch)</p>	Responsibility: