

**OAK PARK PRIMARY SCHOOL
SCHOOL ANAPHYLAXIS MANAGEMENT PLAN 2015**

Student's Name _____

Grade: _____ Age: _____ Date of Birth ____/____/____

Parent/s / Guardian's Names: _____

Phone: Home () _____ Work () _____ Mobile

EMERGENCY ACTION PLAN

This section is to be completed by the student's parent/guardian.

1. Severely Allergic to:

Other Health
Conditions: _____

2. What are the student's signs / symptoms

Please describe _____

ANAPHYLAXIS MANAGEMENT PLAN

Does the student take medication? (e.g. Zyrtec). Please advise type and dosage:

Medication: _____ Dosage: _____

Does the student have a EpiPen?

EPIPEN AND MEDICATION MUST BE HANDED TO THE OFFICE FOR STORAGE

Does the Student have an Anaphylaxis Management Plan supplied and signed by the Doctor? _____

If not, please ask your local doctor to complete the form.

Important: It is the responsibility of the parent to:

- ⇒ **Provide the ANAPHYLAXIS ACTION PLAN, SIGNED BY YOUR CHILD'S DOCTOR**
- ⇒ Inform the school if the child's medical condition changes and if relevant supply an updated Action Plan
- ⇒ **Provide an up to date photo for the ANAPHYLAXIS ACTION PLAN when the plan is provided to the school and when it is reviewed.**
- ⇒ Other relevant information eg. Trigger factors, side effects from medication etc

Declaration

In the event of an anaphylactic attack at school, I agree to my son/daughter receiving the treatment described above.

I also agree to pay all expenses incurred for any medical treatment & ambulance costs deemed necessary.

Parent/Guardian's Signature: _____
Date: ____/____/15

IMPORTANT INFORMATION

ALL MEDICATION REQUIRED BY THE STUDENT MUST BE HANDED IN TO THE OFFICE. STUDENTS MUST NOT BE IN CHARGE OF THEIR OWN MEDICATIONS.

AN ANAPHYLAXIS MANAGEMENT PLAN FROM YOUR DOCTOR MUST BE SUPPLIED TO THE SCHOOL WITH UP TO DATE PHOTOS OF YOUR CHILD.

THIS FORM MUST BE UPDATED YEARLY AND THE SCHOOL OFFICE ADVISED IF ANY CHANGES TO YOUR CHILD'S TREATMENT

IF YOU WISH TO DISCUSS MATTERS PERTAINING TO THE MANAGEMENT PLAN, PLEASE CONTACT THE SCHOOL ON 9306 9182