

Students with allergies

Dear parent/carer

Name of student: _____
School to insert name of student

You have identified your child as having an allergy/allergies. The allergy/allergies is/are to

School to insert the allergy/allergies that have been identified by the parent/carer

Please complete the questions below and return to the principal or delegated executive staff.

1. A doctor has diagnosed my child with an allergy to:

Insect sting/bite
Please specify: _____

Medication
Please specify: _____

Food
Please tick the boxes for yes or no

	Yes	No
• Peanuts	<input type="checkbox"/>	<input type="checkbox"/>
• Nuts	<input type="checkbox"/>	<input type="checkbox"/>

If yes to nuts, please specify type/s

Type/s of nut/s _____

• 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"/>

Please specify any other type of food not listed above:

Other type of food _____

Latex

Other allergy, *please specify:*

Other allergy _____

Anaphylaxis Procedures for Schools Appendix 1

- Please tick the boxes for Yes or No*
- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. My child has been hospitalised with a severe allergic reaction | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My child has an ASCIA Action Plan for Anaphylaxis ¹
<i>(If yes, please attach this and return with the form)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Completed by *(please print your name here)*: _____
Name of parent/carer

Signature of parent/carer: _____
Signature of parent/carer

Date: _____
Date

¹ Each time your child is prescribed a new adrenaline autoinjector the doctor will issue an updated ASCIA Action Plan for Anaphylaxis. It is important that this is the plan provided to the school.