

STUDENT ANAPHYLAXIS RECORD

asthma
FOUNDATION OF TASMANIA

GENERAL INFORMATION SHEET (To be filled out by parent/guardian)

Student's details

First name:..... Last name:.....

Date of birth:

Form/class:.....

Does the child have asthma? Yes No

Allergy

My child has been diagnosed with a severe allergy to (*please specify*):

.....
.....
.....

Parent/Guardian contact

Title (*Ms / Miss / Mrs / Mr / Dr / Other*):

First name:..... Last name:.....

Relationship:..... Mobile:.....

Home phone: Work phone:.....

Address:.....
.....

Title (*Ms / Miss / Mrs / Mr / Dr / Other*):

First name:..... Last name:.....

Relationship:..... Mobile:.....

Home phone: Work phone:.....

Address:.....
.....

Other emergency contacts (if parent/guardians not available):





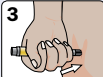

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PERSONALISED ACTION PLAN FOR ANAPHYLAXIS

This is what the personalised plan looks like.

Please replace this page with your child's own personalised Action Plan for Anaphylaxis.

 <small>australian society of clinical immunology and allergy inc.</small> www.allergy.org.au	ACTION PLAN FOR <h1 style="margin: 0;">Anaphylaxis</h1>
Name: _____ Date of birth: _____ <div style="border: 1px solid black; width: 150px; height: 80px; margin: 5px auto; text-align: center; line-height: 80px;">Photo</div> Allergens to be avoided: _____ _____ Family/carer name(s): _____ _____ Work Ph: _____ Home Ph: _____ Mobile Ph: _____ Plan prepared by: Dr _____ Signed _____ Date _____	<p>for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors</p> <div style="background-color: #0056b3; color: white; padding: 2px;">MILD TO MODERATE ALLERGIC REACTION</div> <ul style="list-style-type: none"> swelling of lips, face, eyes hives or welts tingling mouth, abdominal pain, vomiting <div style="background-color: #e31a1c; color: white; padding: 2px;">ACTION</div> <ul style="list-style-type: none"> stay with person and call for help give medications (if prescribed) locate EpiPen® or EpiPen® Jr contact family/carer <div style="text-align: center; margin: 10px 0;">  <p>Watch for any one of the following signs of Anaphylaxis</p> </div> <div style="background-color: #0056b3; color: white; padding: 2px;">ANAPHYLAXIS (SEVERE ALLERGIC REACTION)</div> <ul style="list-style-type: none"> difficult/noisy breathing swelling of tongue swelling/tightness in throat difficulty talking and/or hoarse voice wheeze or persistent cough loss of consciousness and/or collapse pale and floppy (young children) <div style="background-color: #e31a1c; color: white; padding: 2px;">ACTION</div> <ol style="list-style-type: none"> 1 Give EpiPen® or EpiPen® Jr 2 Call ambulance*- telephone 000 (Aus) or 111 (NZ) 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand 4 Contact family/carer 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available) <p style="color: #e31a1c;">If in doubt, give EpiPen® or EpiPen® Jr</p> <p><small>EpiPen® Jr is generally prescribed for children aged 1-5 years. *Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.</small></p>
<p>How to give EpiPen® or EpiPen® Jr</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>1 Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.</p> </div> <div style="text-align: center;">  <p>2 PLACE BLACK END against outer mid-thigh (with or without clothing).</p> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  <p>3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.</p> </div> <div style="text-align: center;">  <p>4 REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.</p> </div> </div> <p style="font-size: 8px; margin-top: 5px;">© ASCIA 2009. This plan was developed by ASCIA</p>	Additional information _____ _____

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RISK MINIMISATION PLAN

First name:..... Last name:.....

Date of birth:

Form/class:.....

Allergy/Allergies to *(please specify)*:

.....

.....

Epipens/Anapens and other prescribed medications for allergic reaction are stored at this school in the following locations:

.....

.....

.....

Risks *(please list)*:

1.

2.

3.

4.

5.

I agree with the content of this Risk Minimisation Plan and agree to review this and other details of the Anaphylaxis record on:

..... *(insert agreed review date)*

Parent's/Guardian's signature: Date:.....

Principal's (or nominee's) signature: Date:.....

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RISK MINIMISATION PLAN

First name:..... Last name:.....

RISK (What situations?)	STRATEGY (What can be done, how and when?)	WHO (Who acts and who else must know?)