

Students with Hay fever / Allergies

**For Students at risk of Anaphylaxis or Severe Allergy you will need to provide the school with a Red ASCIA Anaphylaxis Action Plan completed by your doctor.**

**For Students with allergies to medication, food or insects who have not been prescribed an EpiPen you are required to provide the school with a Green ASCIA Allergy Management Plan completed by your doctor.**

NAME.......................................................................................... GRADE ........................

1. Does your child have any allergies? Yes No

If you answered yes please complete this form

1. My child has an allergy to:

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1. Please describe the signs and symptoms of the allergic reaction:

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1. Has your child ever been hospitalised with a severe allergic reaction? Yes No
2. Has your child been prescribed an EpiPen? Yes No
3. Has your child been prescribed antihistamine or other medication

for allergies? Yes No

If YES please specify type of medication:

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1. Do you need to provide the school with the prescribed medication for whilst your child is at school? Yes No

***If Yes please ensure that a medication form is completed and that all medication required is supplied in its original container and within expiry date.***

Completed by Parent / Guardian .........................................................Date..............