Scoil Mhuire na nGael Individual Anaphylaxis Health Care Plan

STUDENT DETAILS - To be completed by parent/guardian

School:	Year: Class:	Insert Photo Here
Student's Name:	Date of Birth:	
Address:	Male: ☐ Female: ☐	
PARENT/GUARDIAN CONTACT DETAILS:	Teacher:	
(1) Name:	**MEDICAL DETAILS**	
Address:	Doctor:	
Relationship to Student:	Telephone No:	

Telephone No: (W) (H) (M)	Address:
(2) Name:	Hospital:
Address:	
Relationship to Student:	Child has a medical bracelet/pendant. YES ☐ NO ☐
Telephone No: (W) (H)	If yes, please provide details.

SECTION A: STUDENT HEALTH CARE PLANNING—To be completed by parent/guardian

Please list specific allergens and most recent reactions in the table below:

My Child is Allergic To:	**Please indicate which allergen(s) your child is allergic to:**	**Where applicable, please indicate your child's most recent reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema).**
Peanuts		
Tree Nuts		
Cow's Milk		
Eggs		
Soy products		
Wheat		
Shellfish		
Fish		
Sesame		
Insect Stings or Bites (Please Specify if known)		
Medication (Please specify medication(s) if known)		
Other/Unknown (Please specify food(s) if known)		

SECTION B: DAILY MANAGEMENT—To be completed in consultation with parent/guardian

List strategies that would minimise the risk of exposure to known allergens.

SECTION C: STAFF TRAINING—To be completed by Principal

Is specific training for staff required? YES ☐ NO ☐ Date Attended:

Type of training:

Name of person(s) trained:

SECTION D: EMERGENCY RESPONSE - As per the child's ASCIA Action Plan attached (this must be completed by the child's medical practitioner)

SECTION E: MEDICATION - To be completed by parent/guardian

	INSTRUCTIONS		
	Medication 1	Medication 2	Medication 3
Name of Medication			
Expiry date			
Dose/frequency—may be as per the pharmacist's label			
Duration (Dates)	From: To:	From: To:	From: To:
Route of administration (Please tick appropriate box)	BY SELF ☐ REQUIRES ASSISTANCE ☐	BY SELF ☐ REQUIRES ASSISTANCE ☐	BY SELF ☐ REQURIES ASSISTANCE ☐
Storage instructions (please tick appropriate box)	Stored at school ☐ Kept and managed by self ☐ Refrigerate ☐ Keep out of heat & sunlight ☐ other ☐	Stored at school ☐ Kept and managed by self ☐ Refrigerate ☐ Keep out of heat & sunlight ☐ other ☐	Stored at school ☐ Kept and managed by self ☐ Refrigerate ☐ Keep out of heat & sunlight ☐ other ☐

SECTION F: AGREEMENT BETWEEN THE SCHOOL PRINCIPAL AND PARENT/GUARDIAN—To be completed by Principal & Parent/Guardian

This agreement authorises the school staff to follow the advice of the child's parent/guardian and medical practitioner as set out in child's Individual Anaphylaxis Health Care Plan. It is valid for one year or until I advise the school of a change in my child's health care requirement.

Principal:	Date:	Parent/Guardian:	Date:
Annual Review Date:			