

Individual Anaphylaxis Management Plan

_____ / _____ / _____ (Allergist/Allergist/Allergist) / (Allergist/Allergist/Allergist) / (Allergist/Allergist/Allergist)

[The following content is redacted with black bars.]

Emergency care to be provided at school.

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Storage location for adrenaline autoinjector (device specific) (EpiPen® or Anapen®)

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ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

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Name of environment/area:

1. Is the environment/area...?

2. Is the environment/area...?

3. Is the environment/area...?

4. Is the environment/area...?

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes

as soon as practicable after the student has an anaphylactic reaction at school