STUDENT ALLERGY FORM 2015

CHILD’S FULL NAME: _____________________________________________  CLASS: _________

HAS AN ALLERGY TO: ____________________________________________

SEVERITY OF ALLERGY

☐ Mild  a localised reaction (rash, itching, swelling at the site the poison/irritant enters).

☐ Moderate*  a systemic reaction (rash, itching, swelling away from the site that poison/irritant enters).

☐ Severe**  an anaphylactic reaction (severe breathing problems, total body swell, emergency situation which requires immediate medical attention).

*If you have indicated moderate an Action Plan would be preferable
**If you have indicated severe an Action Plan is compulsory

SIGNS & SYMPTOMS

________________________________________________________________________________
________________________________________________________________________________

REQUIRED TREATMENT (If applicable)

________________________________________________________________________________
________________________________________________________________________________

DUE TO THIS ALLERGY:

Has the student been unable to participate in normal physical activities in the past 12 months?  Yes ☐  No ☐

Has the student required ambulance attendance in the past 5 years?  Yes ☐  No ☐

Has the student required hospital admission in the past 5 years?  Yes ☐  No ☐

HAVE YOU SUPPLIED THE SCHOOL WITH THE REQUIRED MEDICATION? (If applicable)
This must include a letter of authorisation or a Medication Register form for the administration of such medicine. Medication Register Forms can be obtained from the School Reception.

☐ Yes  ☐ No

PARENT/GUARDIAN NAME:  ________________________________________

PARENT/GUARDIAN SIGNATURE:  ____________________________________

DATE:  _______ / _______ / _______

NB: If this form is not returned within 30 days, it will be assumed that your child’s condition is mild and does not require any treatment.