

Anaphylaxis Management Plan

Cover Sheet



This form is to be completed by the Principal (or Nominee) and the Parent/Guardian/Carer

School: Rowville Secondary College		Campus (circle): WEST EAST	
Phone: 9755 4555			
Student's Name:			
Date Of Birth:		Year level:	
Severely allergic to:			
Other health conditions:			
Medication at school:			
Parent/Guardian/ Carer Contact details:	Parent/ Guardian/ Carer 1		Parent/ Guardian/ Carer 2
	Name:		Name:
	Relationship:		Relationship:
	Home phone:		Home phone:
	Work phone:		Work phone:
	Mobile:		Mobile:
	Address:		Address:
	Email:		Email:
Other Emergency Contact: Relationship:		Name:	Phone:
Medical Practitioner details: Doctor's name:		Address:	Phone:
Emergency care to be provided at school: Yes - Follow acsia Anaphylaxis Action Plan			
EpiPen® storage: Health Office (Sick Bay)			
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on:			
Signature of Parent:			Date:
Signature of Principal (or nominee): College Nurse:			Date: