

Asthma & Anaphylaxis Information Sheet

Anaphylaxis

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If your child has anaphylaxis please fill out this sheet.
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Student's name:

What might set off an anaphylactic reaction?

Be as accurate as possible. eg. If it's an allergy to egg, is it "cooked egg" or "raw egg" or "cooked and raw eggs". If it's "nuts", is it "all nuts" or "peanuts" only? Is it all fish or just shellfish? etc

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What contact would set off a reaction to each of the allergens?

eg. Touching ? Eating? Closeness? (ie an allergic reaction is set off just by being near to the substance)?

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Anaphylaxis Questionnaire

Please tick 'yes' or 'no' to the following:

Has a doctor prescribed an adrenaline auto-injector for your child?

YES NO

Asthma & Anaphylaxis Information Sheet Anaphylaxis (cont.)

VERY IMPORTANT – This does not replace a Personal Anaphylaxis Plan. If you haven't already done so, PLEASE SUPPLY THE SCHOOL with the student's Personal Anaphylaxis Plan.

This is the Plan that has been signed off by a doctor. It will look similar to one of these plans.

The plan must be no older than 12 months.

