

INDIVIDUAL ANAPHYLAXIS CARE PLAN

CONFIDENTIAL MEDICAL DOCUMENT — SCHOOL USE

To be completed by parent/guardian and reviewed with school staff annually or following any allergic reaction. **Please print clearly.**

SEAFORD COLLEGE

SECTION 1: STUDENT DETAILS

Full Name		Date of Birth	DD/MM/YYYY
Year/Grade		Class/Form	
Photo	Attach a recent colour photo of the student here (this helps staff identify the student quickly) <input type="checkbox"/> Photo attached		

SECTION 2: PARENT / GUARDIAN CONTACT DETAILS

Parent/Guardian Name	
Relationship to Student	
Mobile/Primary Phone	Best number to reach you during school hours
Secondary Phone	
Email Address	
2nd Emergency Contact (Name & Relationship)	
2nd Emergency Phone	

SECTION 3: KNOWN ALLERGENS (tick all that apply)

<p>Food Allergens</p> <ul style="list-style-type: none"><input type="checkbox"/> Peanuts<input type="checkbox"/> Tree nuts (e.g. cashew, almond, walnut)<input type="checkbox"/> Cow's milk / dairy<input type="checkbox"/> Egg<input type="checkbox"/> Wheat / gluten<input type="checkbox"/> Soy / soya<input type="checkbox"/> Fish<input type="checkbox"/> Shellfish / crustaceans<input type="checkbox"/> Sesame<input type="checkbox"/> Lupin	<p>Non-Food Allergens</p> <ul style="list-style-type: none"><input type="checkbox"/> Insect stings (bee, wasp, etc.)<input type="checkbox"/> Latex / rubber<input type="checkbox"/> Medication — specify below<input type="checkbox"/> Exercise-induced<input type="checkbox"/> Other — specify below <p>Specific allergen details / other allergens not listed:</p> <hr/> <hr/> <hr/>
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<input type="checkbox"/> Mustard <input type="checkbox"/> Celery <input type="checkbox"/> Sulphites / sulphur dioxide <input type="checkbox"/> Other food (specify below):	<p>Has the allergy been confirmed by a medical professional?</p> <input type="checkbox"/> Yes — allergy test / diagnosis <input type="checkbox"/> No — suspected / self-reported
	<p>Risk of cross-reactivity with other allergens?</p> <input type="checkbox"/> Yes (describe): <hr/> <input type="checkbox"/> No <input type="checkbox"/> Unsure
<p>Severity of previous reactions: <input type="checkbox"/> Mild/Moderate only <input type="checkbox"/> Anaphylaxis (life-threatening) <input type="checkbox"/> Unknown</p>	

SECTION 4: SIGNS AND SYMPTOMS TO WATCH FOR

<p>MILD / MODERATE <i>(Act quickly — may worsen)</i></p> <input type="checkbox"/> Hives, welts, or skin redness <input type="checkbox"/> Swelling of face, lips, or eyes <input type="checkbox"/> Tingling of the mouth or throat <input type="checkbox"/> Stomach pain, nausea, vomiting <input type="checkbox"/> Runny nose, sneezing <input type="checkbox"/> Feeling anxious or distressed	<p>SEVERE — ANAPHYLAXIS (LIFE-THREATENING) <i>(Call 999/911 immediately — administer adrenaline)</i></p> <input type="checkbox"/> Difficulty breathing, wheezing, or noisy breathing <input type="checkbox"/> Swelling of tongue or throat <input type="checkbox"/> Hoarse voice or difficulty swallowing <input type="checkbox"/> Persistent cough <input type="checkbox"/> Dizziness, collapse, or loss of consciousness <input type="checkbox"/> Pale or blue skin / lips <input type="checkbox"/> Rapid or weak pulse <input type="checkbox"/> Sudden drop in blood pressure
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Additional notes on this student's typical reaction pattern:

SECTION 5: PRESCRIBED MEDICATION

<p>Adrenaline Auto-Injector (AAI) prescribed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
AAI Brand / Device	<input type="checkbox"/> EpiPen® <input type="checkbox"/> Jext® <input type="checkbox"/> Emerade® <input type="checkbox"/> Auvi-Q® <input type="checkbox"/> Other: <hr style="width: 100px; margin-left: 0;"/>
Dose / Strength	<input type="checkbox"/> 0.15 mg (junior/paediatric) <input type="checkbox"/> 0.3 mg (adult)
Number of AAIs provided to school	<i>e.g. 2 devices kept in the school medical room</i>
Storage Location	<i>Where are the devices kept in school?</i>
Expiry Date(s)	<i>DD/MM/YYYY — parent is responsible for checking/replacing</i>

Is the student able to self-carry their AAI? Yes No With supervision only

Additional Medication (antihistamines, reliever inhaler, etc.):

Medication Name	Dose	When to Give	Location at School

SECTION 6: EMERGENCY ACTION PLAN

1 MILD / MODERATE REACTION

- Stay with the student. Do not leave them alone.
- Give antihistamine if prescribed (see Section 5).
- Contact parents/guardians immediately.
- Monitor closely. If symptoms progress, move to Step 2.

2 SEVERE REACTION / ANAPHYLAXIS — ACT IMMEDIATELY

- CALL 999 (UK) / 911 (US) / 000 (AUS) immediately. State: suspected anaphylaxis.
- Administer adrenaline auto-injector into outer mid-thigh (can be through clothing).
- Lay the student flat with legs raised (unless breathing is difficult — sit them up). Do NOT let them stand or walk.
- If no improvement after 5–15 minutes, administer second AAI if available.
- Note the time of injection(s). Give used AAI device to paramedics.
- Contact parents/guardians. Do not leave the student until medical help arrives.

3 AFTER THE REACTION

- All anaphylaxis incidents must be followed up in hospital even if the student appears recovered.
- Complete an incident/accident report and inform school leadership.
- Replace used AAI device(s) before the student returns to school.
- Review and update this care plan if necessary.

Additional instructions from parents/guardians regarding the action plan:

SECTION 7: RISK MANAGEMENT AT SCHOOL

Classroom / Lunch

- No sharing of food, utensils, or drinks
- Safe seating arrangement required
- Nut-free table/zone required
- Student brings packed lunch from home

Communication

- All class teachers to be informed
- Supply/cover teachers to be briefed
- Kitchen staff informed
- After-school clubs / sports staff informed
- School nurse / first aider informed

- School canteen meal approved — allergens checked
- Staff to check all food labels before serving
- Wipe down tables before meals

School Activities

- AAI must accompany student on all trips
- Staff trained in AAI use must be present on trips
- Risk assessment required for school events/trips
- Cooking/food technology classes — notify teacher

Student Awareness

- Student knows to tell an adult immediately
- Student can self-administer AAI
- Student wears medical ID (e.g. MedicAlert)

Other Risk Considerations:

SECTION 8: MEDICAL INFORMATION

GP / Doctor Name	
GP Practice / Clinic	
GP Phone Number	
Allergy Specialist / Clinic	
Specialist Phone	
Date of Last Allergy Review	<i>DD/MM/YYYY</i>
Other Medical Conditions (e.g. asthma)	
Additional Medications	<i>Any other regular medication the school should know about</i>

SECTION 9: CONSENT AND SIGNATURES

By signing below, I confirm that the information provided is accurate and that I consent to school staff administering the prescribed medication in the event of an allergic reaction. I understand it is my responsibility to keep this plan updated and to replace any medication that expires or is used.

PARENT / GUARDIAN	SCHOOL REPRESENTATIVE
Name: _____	Name: _____
Signature: _____	Role: _____
Date: _____	Signature: _____
	Date: _____

REVIEW LOG — to be updated at least annually or following any reaction

Date of Review

Date: _____ No	Reviewed by: _____	Any changes? <input type="checkbox"/> Yes <input type="checkbox"/>
Date: _____ No	Reviewed by: _____	Any changes? <input type="checkbox"/> Yes <input type="checkbox"/>
Date: _____ No	Reviewed by: _____	Any changes? <input type="checkbox"/> Yes <input type="checkbox"/>

This form should be kept in a secure but accessible location known to all relevant staff. A copy should be held by the school nurse / first aider.