7/02/2018

**Walloon State School Camp**

# ALLERGIC REACTION MANAGEMENT FORM

To help ensure the safety of your son / daughter it is essential that if they have any known allergies that this form is completed accurately and with as much detail as possible.

*All information will remain confidential to teachers and any relevant care and response personnel.*

**PLEASE PRINT ALL DETAILS**

STUDENT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_

DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOCTOR’S PHONE No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What may trigger an allergic reaction?** (Food, Pollen, Insect bites, Drugs, Antibiotics, etc.)

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1. **What are the signs and symptoms if you do have an allergic reaction? (Rash, Swelling, Pain)**

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1. **What do you take to relieve the allergic reaction? During the allergic reaction:**

|  |  |
| --- | --- |
| **Medication** | **Dosage** |
|  |  |
|  |  |

**After the allergic reaction:**

|  |  |
| --- | --- |
| **Medication** | **Dosage** |
|  |  |
|  |  |

1. **Is the reaction local (affecting an area less than 50 cm) or general (affecting different parts of the body)?**

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1. **If it is general, is the reaction life threatening (i.e. Obstructs airway) or requires administration of Adrenaline?**

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1. **Do you carry an Adrenaline Injector (Epi-pen / Mini-jet syringe)? Please circle Yes No**

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1. **Have you ever experienced an anaphylactic reaction or required an injection of Adrenaline? For what reason?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **If you have ticked YES to any of the questions in 5, 6 or 7 above, please indicate preferred action plan below:**

**❏ Standard Allergic Reaction First Aid Plan (Please tick the steps required)**

❏ Step 1 Monitor site for swelling.

❏ Step 2 Apply ice.

❏ Step 3 Administer anti-histamine.

❏ Step 4 Monitor vital signs.

❏ Step 5 Arrange for evacuation.

❏ Step 6 If anaphylaxis administer epi-pen and claratyne.

**OR**

**❏ My Child’s Allergic Reaction First Aid Plan (Attached)**

**Is there anything else we should know about the participant’s condition?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IMPORTANT NOTES**

**If any of the Key Questions 5, 6, or 7 are responded to:**

* + It is advised that you consult your doctor before attending camp.
  + Your doctor may contact the teacher in charge of the camp at your school and the principal at Walloon State School (5461 8333).
  + A letter from this person’s doctor outlining the participant’s allergic reaction management may accompany this form when it is returned. Included in the allergic reaction management plan could be the following:
    - Preventative steps to avoid allergic reaction.
    - Warning signs for the onset of a severe or anaphylactic allergic reaction.
    - Best strategies for obtaining relief.

**NOTES FOR DOCTORS:**

* + Programs conducted at Moreton Island involve a medium level of physical activity and are conducted predominantly out of doors.
  + Moreton is a 20 minute helicopter flight from the nearest ambulance, doctor or hospital and, in some instances, the response time for medical attention may exceed 1 hour.
  + **When advised** Walloon State School staff will carry anti-histamine tablets (brand/strength) and epi-pens in their first aid kits and are trained to an intermediate first aid level.

I declare that the information provided on this form is complete and correct.

**PARENT / GUARDIAN'S SIGNATURE: ……………………………..** **DATE:** **………………..**