



Student Medical Information Booklet Cherrybrook Technology High School

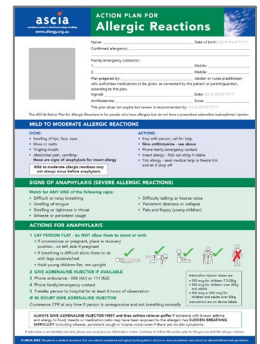
Please Complete this Booklet for Students with Health Conditions &/or Allergies

Students with any health conditions &/or allergies including, asthma, anaphylaxis, diabetes, epilepsy, learning disorders etc:

1. **Parent/Carer** to complete the **Authorisation to Contact Doctor** section (Appendix 3).

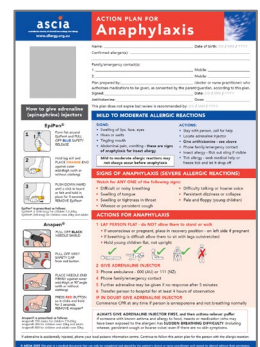
Students with a **Mild or Moderate Allergy**:

1. **Parent/Carer** to complete the **Students with Allergies** section (Appendix 1)
2. **Doctor** to complete the **green ASCIA Action Plan for Allergic Reactions** (included). **MUST BE COLOURED COPY!**



Students with **Anaphylaxis**:

1. **Doctor** to complete the **Students with Allergies** sections (Appendix 1 & 4)
2. **Doctor** to complete the **red ASCIA Action Plan for Anaphylaxis** (included). **MUST BE COLOURED COPY!**



Students with **Asthma**:

1. **Doctor** to complete the **Asthma** section of Appendix 4
2. **Doctor** to complete the **blue Asthma Action Plan** (included).



APPENDIX 3

Authorisation to contact doctor

This form is to be completed by the parent/carer.

My child (student's name)

is currently enrolled or applying for enrolment at _____.

I have been advised that:

1. the school may need to discuss the implications of _____ (child's name) medical condition(s) with their treating doctor so that the school can develop and implement an individual health care plan.
2. the information that can be sought by the school includes information about my child's allergy and risk of anaphylaxis and any other condition that might impact on the school providing support for my child during school hours and during activities conducted under the auspices of the school.

I am advised that information provided by the doctor to the school may be used or disclosed by school staff for the purposes of the development or implementation of the individual health care plan

I consent to the health care professional identified below to provide the Department of Education and Communities/school with information about my child's allergy, risk of anaphylaxis and any other condition, including a learning disorder, that might impact on the school providing support for my child during school hours and during school related activities.

Doctor's information:

Name: _____

Address: _____

Phone: _____

Mobile (if known): _____

Email (if known): _____

Fax (if known): _____

Signed: _____ Date: ____/____/____
(Parent/Carer)

Name of parent (please print): _____

APPENDIX 1

Students with allergies

This form is to be completed by the parent /carer of a student with an allergy and returned to the principal or delegated executive staff. The school will complete the first three fields. The purpose of collecting this information is to identify students who are at risk of a severe allergic reaction. Information provided on this form will be used to assist the school in determining what action needs to be taken in relation to a student with an allergy.

Dear _____

You have identified _____

as having an allergy/allergies to _____

Please complete the questions below and return to the principal or delegated executive staff.

1. A doctor has diagnosed my child with an allergy to:

Insect sting/bite _____ (specify)

Medication _____ (specify)

Food:

- Peanuts Y/N
- Nuts. Please specify: _____ Y/N
- Fish Y/N
- Shellfish Y/N
- Soy Y/N
- Sesame Y/N
- Wheat Y/N
- Milk Y/N
- Egg Y/N
- Other. Please specify: _____ Y/N

Latex _____

Other. Please specify: _____

2. My child has been hospitalised with a severe allergic reaction Y/N

3. My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®) Y/N

4. My child has an ASCIA Action Plan for Anaphylaxis⁶ (please attach this and return the form) Y/N

Completed by _____ / / _____
Parent/Carer (please print) date

Signature: _____

⁶ Each time your child is prescribed a new adrenaline autoinjector the doctor will issue an updated ASCIA Action Plan for Anaphylaxis. It is important that this is the plan provided to the school

APPENDIX 4 (Page 1 of 2)

Severe Allergies – Information from the doctor

This form is to be completed by the doctor. Information provided will be used for the development of the student's individual health care plan at school

Please provide, completed and signed, the appropriate ASCIA Action Plan for Anaphylaxis for this patient outlining the emergency response for anaphylaxis. The plans can be accessed from the ASCIA website at <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

Please complete all parts of the plan so they can bring it to school for use as the schools emergency response plan.

The additional information requested below will further assist the school in the development of the student's individual health care plan.

Name of patient: _____

This patient has:

mild asthma

moderate asthma

severe asthma:

no history of asthma

Other relevant health

conditions: _____

Conditions known to you that may impact on the student's ability to understand the nature of their anaphylaxis and the risk that it poses to them:

This has been discussed by you with the patient/his or her parents

Yes

No

APPENDIX 4 (Page 2 of 2)

Other information or details you believe are important in managing the severe allergy at school and during activities conducted under the auspices of the school:

Please telephone the school on _____ and speak to the school principal if you require further information.

Doctor: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Signature (Doctor): _____

Date: ____/____/____

Signature (Principal) _____

Name of Principal _____

Date: ____/____/____

I _____ consent to this information being
(parent/carer)

provided for the school's use so they can develop an individual health care plan for my
child _____ at school.

Parent/carer signature: _____ Date ____/____/____

APPENDIX 2

Information for parents and carers of students at risk of anaphylaxis

You have identified your child as being at risk of a severe allergic reaction. Thank you for providing this information. While the main role of the school is to provide education, we want your child to be relaxed, safe and happy at school and for you to feel confident that your child is being well looked after.

The school principal and/ or delegated executive staff will work with you to prepare an individual health care plan for your child. In some circumstances the principal or their delegated executive staff may need additional support from relevant school authorities or your child's doctor to determine the best way for your child's needs to be met. If you are seeking enrolment for your child or if your child is already enrolled there may be a slight delay while arrangements are worked out.

In order to meet your child's needs the school will take the following steps.

STEP 1: Communicate with you and your child's doctor to collect all relevant health information

We will need to gather information that will assist in determining how best to support your child at school. This will help in putting together an individual health care plan. This will include obtaining a current *ASCIA Action Plan for Anaphylaxis* signed and dated by your child's doctor and getting additional information from your child's doctor about:

- known allergens
- medication prescribed
- when and how medication should be administered
- other conditions that may impact on your child's ability to
 - understand the nature of their anaphylaxis
 - understand the risk that it poses
 - participate in strategies to minimise the risk of their being exposed to known allergens
 - advise a teacher promptly of this exposure if it happens at school
- other known health conditions
- any other details your doctor believes are important in managing the severe allergy at school and during activities conducted under the auspices of the school.

The school would like your permission to contact your doctor if necessary. A consent form to obtain information from your doctor is attached (Appendix 3) as well as a form for your doctor requesting information that will help in putting together the individual health care plan (Appendix 4).

While it would be preferable to obtain your consent to this information being provided please note that if your doctor works in a public health organisation we are able to collect information that relates to the safety, welfare or wellbeing of your child under Chapter 16A of the Children and Young Persons (Care and Protection) Act.

STEP 2: Preparation of an individual health care plan

Your doctor will need to provide information about the nature of the allergy and appropriate emergency treatment, including an [ASCIA Action Plan for Anaphylaxis](#) so we can develop the individual health care plan.

This plan will include:

- details of your child's severe allergy/allergies.
- a passport sized photograph of your child.
- an ASCIA Action Plan for Anaphylaxis, signed and dated by your child's treating doctor. This sets out the emergency response to be followed if your child has an anaphylactic reaction at school or during a school related activity.
- instructions to your child about what they need to do if they come into contact with an allergen or appear to be experiencing the signs of anaphylaxis.
- changes, modification or support needed to allow your child to participate in school related activities.
- actions the school will take to minimise the risk of contact with known allergens.
- arrangements for school staff to support your child, for example, training in the management of severe allergic reactions.
- arrangements for the supply, storage and replacement of medication, including the adrenaline autoinjector.
- your contact details in case of an emergency and those of another person in the event you are unavailable.
- an arrangement for copies of the ASCIA Action Plan for Anaphylaxis, that includes your child's photograph, to be placed in appropriate places around the school. You will be consulted in relation to this.
- your signature together with that of the principal, to indicate details have been read and that you and your child have been consulted in the development of the plan. If you do not sign the plan it will still be implemented at school.

STEP 3: Documentation and supply of prescribed medication

Any medication required by your child will require a written request to the principal or delegated executive staff, including instructions for administration. You will need to provide the appropriately labelled medication(s) to the school (e.g. EpiPen®, Anapen®, antihistamine). Advise the school also if your child wears a medical alert bracelet or necklace.

STEP 4: Participate in annual review of the individual health care plan

The school will review your child's individual health care plan annually or at any other time where there are changes in your child's health needs, for example if they have had a severe allergic reaction, they have new medication or medical conditions, or a new ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector is provided. Please let us know if there is ever a change in your child's health needs.

School Principal _____

Phone Number

_____/_____/_____
Date

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner)
who authorises medications to be given, as consented by the patient or parent/guardian,
according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting -
these are signs of anaphylaxis for insect allergy

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- **Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR IF AVAILABLE

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

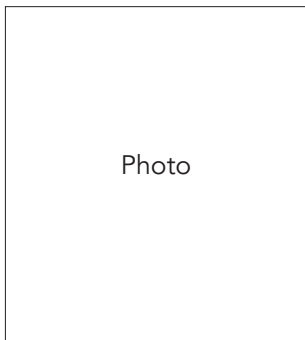
Commence CPR at any time if person is unresponsive and not breathing normally

Adrenaline injector doses are:

- 150 mcg for children 7.5-20kg
 - 300 mcg for children over 20kg and adults
 - 300 mcg or 500 mcg for children and adults over 50kg
- Instructions are on device labels.

ALWAYS GIVE ADRENALINE INJECTOR FIRST and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.



Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

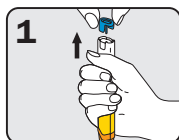
Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

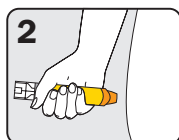
This plan does not expire but review is recommended by: DD / MM / YYYY

How to give adrenaline (epinephrine) injectors

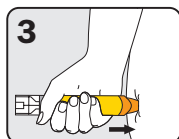
EpiPen®



1 Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



2 Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



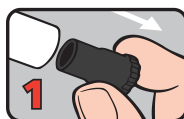
3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed as follows:

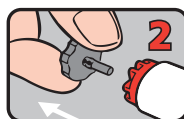
EpiPen® Jr (150 mcg) for children 7.5-20kg

EpiPen® (300 mcg) for children over 20kg and adults

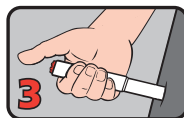
Anapen®



1 PULL OFF **BLACK** NEEDLE SHIELD



2 PULL OFF **GREY** SAFETY CAP from red button



3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



4 PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:

Anapen® 150 Junior for children 7.5-20kg

Anapen® 300 for children over 20kg and adults

Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Locate adrenaline injector
- **Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

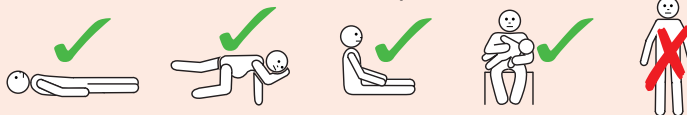
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- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

ASTHMA ACTION PLAN

Take this ASTHMA ACTION PLAN with you when you visit your doctor

NAME

DATE

NEXT ASTHMA CHECK-UP DUE

DOCTOR'S CONTACT DETAILS

EMERGENCY CONTACT DETAILS

Name

Phone

Relationship



WHEN WELL *Asthma under control (almost no symptoms)*

ALWAYS CARRY YOUR RELIEVER WITH YOU

Your preventer is:
[NAME & STRENGTH]

Take puffs/tablets times every day
 Use a spacer with your inhaler

Your reliever is:
[NAME]

Take puffs

When: You have symptoms like wheezing, coughing or shortness of breath
 Use a spacer with your inhaler

Peak flow* (if used) above:

OTHER INSTRUCTIONS

(e.g. other medicines, trigger avoidance, what to do before exercise)



WHEN NOT WELL *Asthma getting worse (needing more reliever than usual, having more symptoms than usual, waking up with asthma, asthma is interfering with usual activities)*

Keep taking preventer:
[NAME & STRENGTH]

Take puffs/tablets times every day

Use a spacer with your inhaler

Your reliever is:
[NAME]

Take puffs

Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor



IF SYMPTOMS GET WORSE *Severe asthma flare-up/attack (needing reliever again within 3 hours, increasing difficulty breathing, waking often at night with asthma symptoms)*

Keep taking preventer:
[NAME & STRENGTH]

Take puffs/tablets times every day

Use a spacer with your inhaler

Your reliever is:
[NAME]

Take puffs

Use a spacer with your inhaler

Peak flow* (if used) between and

OTHER INSTRUCTIONS

(e.g. other medicines, when to stop taking extra medicines)

Contact your doctor today

Prednisolone/prednisone:

Take each morning for days



DANGER SIGNS

Asthma emergency (severe breathing problems, symptoms get worse very quickly, reliever has little or no effect)

**DIAL 000 FOR
AMBULANCE**

Peak flow (if used) below:

Call an ambulance immediately
Say that this is an asthma emergency
Keep taking reliever as often as needed

Use your adrenaline autoinjector (EpiPen or Anapen)

National Asthma
Council Australia
leading the attack against asthma

nationalasthma.org.au

* Peak flow not recommended for children under 12 years.

ASTHMA ACTION PLAN

what to look out for

WHEN WELL



THIS MEANS:

- you have no night-time wheezing, coughing or chest tightness
- you only occasionally have wheezing, coughing or chest tightness during the day
- you need reliever medication only occasionally or before exercise
- you can do your usual activities without getting asthma symptoms

WHEN NOT WELL



THIS MEANS ANY ONE OF THESE:

- you have night-time wheezing, coughing or chest tightness
- you have morning asthma symptoms when you wake up
- you need to take your reliever more than usual
- your asthma is interfering with your usual activities

THIS IS AN ASTHMA FLARE-UP

IF SYMPTOMS GET WORSE



THIS MEANS:

- you have increasing wheezing, cough, chest tightness or shortness of breath
- you are waking often at night with asthma symptoms
- you need to use your reliever again within 3 hours

THIS IS A SEVERE ASTHMA ATTACK (SEVERE FLARE-UP)

DANGER SIGNS



THIS MEANS:

- your symptoms get worse very quickly
- you have severe shortness of breath, can't speak comfortably or lips look blue
- you get little or no relief from your reliever inhaler

**CALL AN AMBULANCE IMMEDIATELY: DIAL 000
SAY THIS IS AN ASTHMA EMERGENCY**

**DIAL 000 FOR
AMBULANCE**

ASTHMA MEDICINES

PREVENTERS

Your preventer medicine reduces inflammation, swelling and mucus in the airways of your lungs. Preventers need to be taken **every day**, even when you are well.

Some preventer inhalers contain 2 medicines to help control your asthma (combination inhalers).

RELIEVERS

Your reliever medicine works quickly to make breathing easier by making the airways wider.

Always carry your reliever with you – it is essential for first aid. Do not use your preventer inhaler for quick relief of asthma symptoms unless your doctor has told you to do this.

To order more Asthma Action Plans visit the National Asthma Council website.
A range of action plans are available on the website – please use the one that best suits your patient.

nationalasthma.org.au

Developed by the National Asthma Council Australia and supported by GSK Australia.

National Asthma Council Australia retained editorial control. © 2015

National Asthma
Council Australia
leading the attack against asthma