Individualised anaphylaxis care plan

SECTION A – Child details – This section is to be completed by parent/guardian

Name:	Gender:	Date of birth:
Address:	Room:	
	Nominated supervisor:	

Parent/guardian contact details	Medical contact details
Name: Relationship to child: Phone:	Doctor: Medical Centre/Practice name: Phone:
Name: Relationship to child: Phone:	

SECTION B – Child health care planning – This section is to be completed by parent/guardian

Please tick what your child is allergic to below:

☐ Milk (dairy)	Tree nuts (please specify specific nut/s) ☐ Almond ☐ Brazil nut ☐ Cashew ☐ Hazelnut ☐ Macadamia ☐ Pecan ☐ Pine nut ☐ Pistachio ☐ Walnut ☐ All tree nuts should be avoided while at the CEC service
☐ Peanut	
☐ Egg	
☐ Soy	
☐ Wheat	
☐ Crustaceans (Shellfish)	
☐ Molluscs	
☐ Fish	
☐ Sesame	
☐ Lupin	
☐ Other foods *(please specify):*	

☐ Insect stings or bites *(please specify if known):*

☐ Medication *(please specify if known):*

☐ Latex

☐ Other/Unknown *(please specify if known):*

Name:	CEC service:	DOB:

SECTION C – Daily management – This section is to be completed in consultation with parent/guardian

List strategies that would minimise the risk of exposure to known allergens

(expand section as required if not completed electronically)

SECTION D – Medication – This section is to be completed by parent/guardian

	Medication 1	Medication 2	Medication 3
Name of medication (include adrenaline injectors)			
Expiry date			
Where is the medication stored? Note: Adrenaline injectors must be stored in an unlocked location at room temperature (please tick all that are appropriate)	☐ Stored at CEC service Where: ☐ Kept and managed by self (if OSHC) Where: ☐ Other:	☐ Stored at CEC service Where: ☐ Kept and managed by self (if OSHC) Where: ☐ Other:	☐ Stored at CEC service Where: ☐ Kept and managed by self (if OSHC) Where: ☐ Other:

SECTION E – ASCIA Action Plan – This section is to be completed by parent/guardian

Date ASCIA Action Plan completed by doctor or nurse practitioner:

Date of next review:

A copy of the child's ASCIA Action Plan completed by the child's doctor or nurse practitioner must be attached to this document.

SECTION F – Agreement – This section is to be completed by the CEC nominated supervisor and parent/guardian

This agreement authorises CEC staff to follow the advice of the child's parent/guardian as set out in this child's individualised anaphylaxis care plan. It is valid for one year or until the parent/guardian advises the CEC service of a change in their child's health care requirements.

CEC nominated supervisor name: Signature: Date:	Parent/guardian name: Signature Date:
Review date:	