



**Section C – Medication Instructions** (Note: Medication must be provided by parents/carers)

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From: To:		From: To:			
Route of administration						
Administration Tick appropriate box	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>
	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>
	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>
	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Section D - Emergency Response**

**As per ASCIA action plan attached (This must be completed by your child's medical practitioner).**

Go to the ASCIA website for Action Plans and further information: <https://www.allergy.org.au/health-professionals>

**Section E – Authority to Act**

This mild to moderate allergy management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

<b>Parent/Carer:</b>	<b>Medical practitioner's name (and Medical Practice if required):</b>	<b>Review Date:</b>
<b>Date:</b>	<b>Medical Practitioners Signature:</b>	
	<b>Provider Number:</b>	<b>Date:</b>

**When completed, please attach to the *Student Health Care Summary*.**

**OFFICE USE ONLY**

Date received:	Date uploaded on SIS:
Is specific staff training required? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	Type of training:
Training service provider:	
Name of person/s to be trained:	Date of training: