Allergic Reaction Management Form

If necessary, seek the advice of a doctor when completing this form.

A double dose of all medication required for the sufferer’s allergic reaction must be kept at school or if participating in a camp then the medication must be brought by the participant and noted on their medical form.

Student Name: ____________________________________________

Allergic to: _______________________________________________

Reaction signs and symptoms:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

What is the usual severity of the reaction:

A) a localised reaction (rash, itching, swelling at the site the poison / irritant enters)? YES / NO

B) a system reaction (rash, itching, swelling away from the site that the poison / irritant enters)? YES / NO

C) an anaphylactic reaction (severe breathing problems, total body swell, emergency situation)? YES / NO

Key Questions:
Does your child suffer a systemic or an anaphylactic reaction (see above for definition) to their allergy? YES / NO

Is there a family history of anaphylaxis? YES / NO

Has your child ever been admitted to hospital due to an allergic reaction? YES / NO

Does your child need adrenalin (eg. Adrenaline injection, Medi-Epihaler, Epi-Pen) when suffering from an allergic reaction? YES / NO