Kingswood
Allergenic 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: ____________________________________________________________

What are You Allergic to?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What are the Signs and Symptoms of the Reaction?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Historically, have you Suffered from:
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:
Do you suffer a systemic or an anaphylactic reaction (see above for definition) to your allergy? YES / NO
Is there a history, in your family, of anaphylaxis? YES / NO
Have you been admitted to hospital due to an allergic reaction? YES / NO
Do you take adrenalin (eg. Adrenaline injection, Medi-Epihaler, Epi-Pen) when suffering from an allergic reaction? YES / NO