Additional Medical Conditions – allergies
(to accompany the Application to Enrol in a NSW Government School form)

Student name

ALLERGIES – THESE CAN INCLUDE ALLERGIES TO INSECT STINGS, DRUGS, LATEX, FOOD (EG NUTS, EGGS, PEANUTS) OR OTHER.

If your child has an allergy, please specify in the box below. For this allergy, answer the 11 questions that follow (where applicable).

Allergy to:

1. Has a doctor diagnosed this allergy? ☐ Yes ☐ No

Please provide the name, address and phone number of the doctor / specialist who may currently be treating your child for the condition.

<table>
<thead>
<tr>
<th>Doctor’s Name</th>
<th>Address</th>
<th>Telephone</th>
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2. Is this a severe allergy (anaphylaxis)? ☐ Yes ☐ No

Anaphylaxis is a severe, potentially life-threatening, allergic reaction.

3. Has your child been hospitalised with a severe allergic reaction (anaphylaxis) or any other allergy? ☐ Yes ☐ No

4. If yes, which hospital?

5. Does your child have an ASCIA Action Plan for Anaphylaxis? ☐ Yes ☐ No

6. If yes, is this plan attached? ☐ Yes ☐ No

7. Has your child been prescribed an adrenaline autoinjector (ie EpiPen®/Anapen®)? ☐ Yes ☐ No

If your child has been prescribed an adrenaline autoinjector, you will need to provide the school with one (and renew prior to expiry date).

8. What is the expiry date of the adrenaline autoinjector that will be provided to the school? / month year

If not known at the time of completing this form, the school will require this information on enrolment.

9. Does your child have an ASCIA Action Plan for Allergic Reactions? ☐ Yes ☐ No

10. If yes, is this plan attached? ☐ Yes ☐ No

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

11. Please list any other medication prescribed for this allergy.

The school will require further details in relation to prescribed medication on enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department’s website.
MEDICAL CONDITIONS OTHER THAN ALLERGIES AND ANAPHYLAXIS
(EG ASTHMA, SEVERE ASTHMA, DIABETES, EPILEPSY)

Please identify and provide details below of any other medical condition for which your child is being treated.

Medical condition:

1. Has a doctor diagnosed this condition?   Yes  No

2. Has your child been hospitalised with this condition?   Yes  No

3. If yes, which hospital?

4. Does your child have a documented action plan from a doctor (eg asthma action plan)?   Yes  No

5. If yes, is this plan attached?   Yes  No

6. Is your child taking prescribed medication for this condition?   Yes  No

7. If yes, what is the prescribed medication?

The school will require further details in relation to prescribed medication on enrolment.

Parents of children who require their child to be administered prescribed medication at school must complete a written request. The school can provide you with a copy of a request form. Information is also available on the Department’s website.