

LILYDALE HIGH SCHOOL
Outdoor Education/Duke of Edinburgh Award
Allergic Reaction Management Form - Confidential

NOTE: A DOUBLE DOSAGE OF ALL MEDICATION REQUIRED FOR THE PARTICIPANT'S ALLERGIC REACTION, MUST BE BROUGHT ON EACH PROGRAM AND NOTED ON THE MEDICAL FORM.

Participant's name: _____ **Form:** _____

Your Doctor's / Asthma specialist's name: _____ **Contact ☎:** _____

Please seek the advice of your Doctor when completing this form.

1. What is the participant allergic to? _____

2. What are the signs and symptoms of the person's reaction? _____

3. Historically, has the patient suffered from?

- a) a localised reaction (rash, itching, swelling at the site the poison/irritant enters);
- b) a systemic reaction (rash, itching, swelling away from the site that the poison/irritant enters);
- c) an anaphylactic reaction (severe breathing problem, total body swelling, emergency situation)

4. What medication does the participant take (if any) for their allergic reaction?

KEY QUESTIONS:

- | | |
|---|--|
| 5. Have allergies interfered with participation in normal physical activities within the past 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Has the participant been admitted to hospital due to allergies in the past 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Does the person suffer a systemic or an anaphylactic reaction (see question 3 for definition), to their allergy? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Is there a history of anaphylaxis in the person's family? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Does the person take adrenaline (Epi-pen), when suffering an allergic reaction? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

IMPORTANT NOTES:

If any of the KEY QUESTIONS 5, 6, 7, 8 or 9 above are answered "Yes", the decision for the participant to attend programs rests with their doctor in consultation with the school. A "FITNESS TO PARTICIPATE FORM" MUST BE completed by the Doctor (see attached). Please bring this form to the Doctor with you.

The "FITNESS TO PARTICIPATE FORM" should be attached to the medical and "ASTHMA MANAGEMENT FORM" and returned to the school. Please update the school immediately if your child's medical condition alters.

I declare that the information provided on this form is complete and correct. I give permission for the school and it's representatives to pass this information onto a third party (e.g. Doctor, Hospital) to facilitate the medical treatment of my child (or myself for adults).

Parent / Guardian's Name: _____ **Contact ☎:** _____

Parent's / Guardian's signature: _____ **Date:** ____/____/____