



MEDICAL MANAGEMENT PLAN: ANAPHYLAXIS

CHILD'S
PHOTO

Name: _____

Age: _____ DOB: _____

Allergy: _____

POSSIBLE SIGNS & SYMPTOMS:

| |
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| |
|--|

WHAT TO DO IF A REACTION OCCURS:

1. Ask someone to call an ambulance **000**
2. Administer an Epi-Pen according to written instructions
3. Notify parent/guardian

CONTACT NAMES:

| | Mother | Father | Doctor | Other Contact |
|-----------|--------|--------|--------|---------------|
| Name | | | | |
| Phone (H) | | | | |
| Phone (W) | | | | |
| Mobile | | | | |
| Address | | | | |

AUTHORISATION FOR MANAGEMENT PLAN TO BE FOLLOWED:

I/We _____, being the mother/father/guardian of _____ hereby authorise any Staff Member of Camp Australia OSHC Service, to administer allergy medication/injection to my child, if necessary. Medication provided by me, the parent will be kept at the OSHC Service at all times.

BEGINNING OF EACH TERM:

A meeting between the parent/s and staff must be scheduled to ensure that this Management Plan and medication provided are still applicable to the child's condition.
Medication must be correctly labelled with name of medication, child's name, dosage, circumstances for administration of it to child and within "use by" dates.
Each party is required to sign the Plan in the table below to confirm the above information is still current.

| Term/ Date | Term 1: | Term 2: | Term 3: | Term 4: |
|-----------------------------|---------|---------|---------|---------|
| Parent | | | | |
| OSHC Coordinator | | | | |
| Medication still valid: Y/N | | | | |



PARENTAL AUTHORISATION TO
ADMINISTER EPI-PEN:

I/We _____, being the mother/father/guardian

of _____ do hereby authorise Camp Australia OSHC staff
(Child's name)

to administer the EPI-PEN Jr. – auto-injector, should my child come into contact

with any _____ and/or display the symptoms
(please specify allergen/s)

as specified in _____ Medical Management Plan.
(Child's name)

This is in accordance with the Camp Australia Policy Document and
Registration Form.

Parent/Guardian Name: _____
(BLOCK LETTERS)

Parent/Guardian Signature: _____

Date: _____