



School Holiday Program  
Anaphylaxis Management Plan  
Page 1 of 2

To be completed by the parent or guardian of a child diagnosed with anaphylaxis upon enrolment with the School Holiday Program or as soon as anaphylaxis is diagnosed.

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**What is the child allergic to?:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tick the signs your child experiences when having an anaphylactic reaction:**

- |   |  |
|---|--|
| <input type="checkbox"/> Loss of consciousness                | <input type="checkbox"/> Presence of known allergen        |
| <input type="checkbox"/> Generalised skin rash/welts          | <input type="checkbox"/> Swelling of lips, face or body    |
| <input type="checkbox"/> Difficulty swallowing and/or talking | <input type="checkbox"/> Cough                             |
| <input type="checkbox"/> Difficulty breathing                 | <input type="checkbox"/> Other symptoms, (please describe) |

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have an Epipen?**       Yes       No

**Epipen must be with your child during all School Holiday Program hours.**

**Emergency Treatment Plan**

**1. How to give Epipen:**

- Form fist around Epipen (black tip down)
- Remove grey safety cap
- Swing and jab firmly into outer thigh (at right angle to leg)
- Hold firmly in thigh and count slowly to ten, then remove
- Massage the injection site for 10 – 20 seconds
- On the container, record the time Epipen was given
- Dispose of needle in container, with lid on to avoid needle stick injuries.

**2. Get medical assistance immediately.**

- Dial 000 and ask for a MICA Ambulance. Tell the operator that the child has had an anaphylactic shock or severe allergic reaction and describe the symptoms. Tell the attending ambulance officers or medical staff if and when you administered Epipen.
- Advise the ambulance:  
***Jets Gymnastics***  
***12 Brisbane Street, Eltham***  
***Off Silver Street off Bridge Street***  
***Eltham***  
***Behind KFC***  
***Melways reference Map 21 G6***



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Page 2 of 2

**Contact the child's parent or guardian**

Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**CHILD'S EMERGENCY TREATMENT APPROVED BY YOUR DOCTOR** (if different from plan on pg 1)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***If the child's condition suddenly deteriorates or if at any time you are concerned – Call an ambulance immediately***

**Authorisation**

- In the event of an anaphylactic reaction, I agree to my child receiving the treatment described above.
- I authorise the School Holiday Program Staff to administer the EpiPen.
- I will notify you in writing if there are any changes to these instructions.
- Please notify me if my child has received anaphylactic first aid.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- I agree to provide an EpiPen kit.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_