ALLERGENIC REACTION MANAGEMENT FORM

Student name: ___________________________  House: _____________  Year/Class: _____
Camp name (e.g. Year 9 Endeavour Camp): _______________________________________________

List your son/daughter's allergies | List your son/daughter's usual reaction
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Historically, has your son/daughter suffered from any of the descriptions below? (Please circle the appropriate category).
(A) A localised reaction (rash, itching, swelling, redness, heat at the site at which they have come into contact with the substance they are allergic to.
(B) A systemic reaction (rash, itching, swelling at another site on the body away from the site at which they have had contact with the substance they are allergic to, e.g. an all over body rash).
(C) An anaphylactic reaction (an inability to swallow, severe breathing problems, total body swelling and an emergency situation).

Does your son/daughter take any medication for her allergy? Yes/No

What medication do they usually take for the allergy?

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<th>Medication</th>
<th>Dosage</th>
<th>Method</th>
<th>How often</th>
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If your son/daughter does not require medication for her allergy, what is the usual treatment?

___________________________________________________________________________________
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___________________________________________________________________________________

KEY QUESTIONS: Please circle the appropriate answer. If circling ‘Yes’ to any of the following four Key Questions PLEASE have consult your Doctor and provide further written advice. You or your Doctor may contact the Head of Outdoor Education for further guidance.
1. Does your son/daughter suffer from a systemic or anaphylactic reaction to the allergy? Yes/No.
2. Is there a known family history of anaphylactic reaction? Yes/No.
3. Has your son/daughter ever been admitted to hospital due to an allergic reaction? Yes/No.
4. Does your son/daughter require adrenaline (Adrenaline injection, Epi Pen or Mini Jet) when suffering from an allergic reaction? Yes/No.