

Notification of Allergies

Child's name: _____ Date of Birth: ____ / ____ / ____

GP's Name and Telephone Number: _____

Emergency Contact Information

Name: _____
Relation to child: _____
Address: _____ _____
Home/work telephone number: _____
Mobile telephone number: _____

Name: _____
Relation to child: _____
Address: _____ _____
Home/work telephone number: _____
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What is your child allergic to?

Please outline all known allergies, the severity of the reaction and whether the allergy is triggered by ingestion, contact or inhalation.

Is your child an EpiPen carrier? Yes No

If yes, what date does your child's current EpiPen expire? ____ / ____ / ____

Please note that it is the responsibility of the parent or carer to ensure an in-date EpiPen accompanies the child to school at all times.

Does your child require any medication for their allergies?

Please outline all prescribed medication, the dosage required and how often it should be administered, special precautions, storage requirements and any known side effects.

What constitutes an emergency for your child? What action should the school take if this occurs?

Is there any other information about your child's allergies that you would like the school to know?

I agree that the medical information contained in this form may be shared with individuals involved with the care and education of my child.

I understand that I must immediately notify the school, in writing, if there are any changes to the information provided on this form.

Form Completed By: _____

Relation to Child: _____

Date Completed: ____ / ____ / ____