

Anaphylaxis Management Plan



Cover Sheet

This form is to be completed by the Principal (or Nominee) and the Parent/Guardian/Carer

School: Rowville Secondary College		Campus (circle): WEST EAST
Phone: 9755 4555		
Name:		
Date of Birth:	Year level:	
Severely allergic to:		
Other health conditions:		
Medication at school:		
Parent/Guardian/ Carer Contact details:	Parent/ Guardian/ Carer 1	Parent/ Guardian/ Carer 2
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
	Email:	Email:

EpiPen® storage: Health Office (Sick Bay)	
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on:	
Signature of Parent:	Date:
Signature of Principal (or nominee): College Nurse:	Date: