

# Anaphylaxis Policy

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## Help for non-English speakers

If you need help to understand the information in this policy please contact your child's House Admin Assistant or their Mentor Teacher.

## PURPOSE

To explain to Blackburn High School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Blackburn High School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

## SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction,
- and their parents and carers.

## POLICY

### School Statement

Blackburn High School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

### Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

#### *Symptoms*

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

### *Treatment*

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Blackburn High School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Blackburn High School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Blackburn High School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the schoolyard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

### *Review and updates to Individual Anaphylaxis Management Plans*

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student’s Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student’s potential risk of exposure to allergens at school.

### Location of plans and adrenaline autoinjectors

A copy of each student’s Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the following locations:

- First Aid Office
- House Administration Offices
- Staffroom

Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at the First Aid Office, together with adrenaline autoinjectors for general use.

### Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Blackburn High School, we have put in place the following strategies:

- School canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- A general use EpiPen will be stored at the school canteen, office and in the First Aid Office
- Planning for offsite activities will include risk minimisation strategies for students at risk of anaphylaxis, including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending

### Adrenaline autoinjectors for general use

Blackburn High School will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in the First Aid Office and labelled “general use”.

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Blackburn High School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

### Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the School Nurse and stored in the First Aid Office. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"><li>• Lay the person flat</li><li>• Do not allow them to stand or walk</li><li>• If breathing is difficult, allow them to sit</li></ul>

	<ul style="list-style-type: none"> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at First Aid Office</li> <li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> <li>• Pull off the black needle shield</li> <li>• Pull off grey safety cap (from the red button)</li> <li>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>• Press red button so it clicks and hold for 3 seconds</li> <li>• Remove Anapen®</li> <li>• Note the time the Anapen is administered</li> <li>• Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

### Communication Plan

This policy will be available on Blackburn High School's website so that parents and other members of the school community can easily access information about the school's anaphylaxis management procedures. The parents and carers of students who are enrolled at Blackburn High School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Blackburn High School's procedures for anaphylaxis management. Casual relief staff and

volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

### Staff training

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the Principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Blackburn High School uses the following training course ASCIA eTraining course (with 22579VIC, or 22578VIC or 10710 NAT).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the School Nurse. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Blackburn High School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained by the School Nurse in the First Aid Office.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the schoolyard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

## COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school's website
- Included in staff induction processes and staff training

## FURTHER INFORMATION AND RESOURCES

- The Department's Policy and Advisory Library (PAL):
  - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)

- Royal Children’s Hospital: [Allergy and immunology](#)

Date implemented	June 2021
Author	DET and BHS
Approval/Review Authority	
Principal: Joanna Alexander	Date: 22 August 2023
School Council President: Geoff Hugo	Date: 23 August 2023
Next Review Date	August 2024
References	

The Principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

# Examples of risk minimisation strategies for Blackburn High school

GENERAL POLICY ISSUES	
<b>School policy communication</b>	<ul style="list-style-type: none"> <li>Anaphylaxis policy available on School Website</li> </ul>
<b>Part-time educators, casual relief teachers</b>	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the anaphylaxis management plan at the school, preschool or childcare service. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</p> <ul style="list-style-type: none"> <li>Casual staff, who work at school regularly, should be included in anaphylaxis training sessions.</li> <li>Schools should have interim educational tools such as adrenaline autoinjector training devices and access to 'how to administer' videos available to all staff.</li> <li>A free online training course for school and childcare staff is available from the ASCIA website (<a href="http://www.allergy.org.au">www.allergy.org.au</a>). This course can also be undertaken as refresher training.</li> </ul>
<b>Fundraising events/special events/cultural days</b>	<ul style="list-style-type: none"> <li>Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc.</li> <li>Notices may need to be sent to parent community discouraging specific food products (e.g. nuts) where appropriate.</li> <li>Where food is for sale, a list of ingredients should be available for each food.</li> </ul>
INSECT ALLERGY	
<b>Bees, wasps, stinging ants</b>	<ul style="list-style-type: none"> <li>Have honey bee and wasp nests removed by a professional;</li> <li>Cover garbage receptacles that may attract stinging insects.</li> <li>When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps.</li> <li>Ensure students wear appropriate clothing and covered shoes when outdoors.</li> <li>Be aware of bees around water and in grassed or garden areas.</li> <li>Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects.</li> <li>Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction.</li> </ul>

<p><b>Ticks</b></p>	<p>Strategies to reduce the risk of tick exposure have been recently published. When walking or working in areas where ticks are endemic:</p> <ul style="list-style-type: none"> <li>• Wear long sleeved shirts and long pants.</li> <li>• Tuck pants into long socks and wear a wide brimmed hat.</li> <li>• Wear light coloured clothing, which makes it easier to see ticks.</li> <li>• Use insect repellent to skin and clothing when walking in areas where ticks are found, particularly ones containing DEET such as Tropical RID®, Tropical Aerogard®, Bushmans® or Picaridin (OFF!®).</li> <li>• Brush clothes to remove ticks before coming inside.</li> <li>• Undress and check for ticks daily, checking carefully on the neck and scalp.</li> </ul> <p>Anaphylaxis to tick bites usually occurs when the tick is disturbed, such as with scratching the bite, with attempts at deliberate removal or after application of irritant chemicals such as kerosene. If a tick bite is suspected, <b>the tick should not be removed</b>, but rather killed by use of an ether-containing spray to freeze dry the tick to prevent it from injecting more allergen-containing saliva. Ether-containing aerosol sprays are currently recommended for killing the tick. Aerostart® or other ether-containing sprays such as Wart-Off Freeze® and similar such as Elastoplast Cold Spray® and WartSTOP®. It should be noted that Aerostart® is not registered for use in humans and that all these products are flammable but there is long-term experience with these products, which have been shown to be very effective in treating those with serious tick allergies.</p> <p>Further information is available from: <a href="http://www.allergy.org.au/patients/insect-allergy-bites-and-stings/tick-allergy">www.allergy.org.au/patients/insect-allergy-bites-and-stings/tick-allergy</a> and <a href="http://www.tiara.org.au">www.tiara.org.au</a></p>
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**LATEX ALLERGY**

	<ul style="list-style-type: none"> <li>• Latex allergy is relatively rare in children, but where such individuals are identified non-latex gloves (e.g. sick bay, first aid kits, canteens, kitchens) should be made available.</li> <li>• Consideration may also need to be made for non-latex swimming caps if a school specific swimming cap must be worn (e.g. interschool sports carnivals).</li> <li>• Non-latex balloons should also be considered when there is a child enrolled with latex allergy.</li> </ul>
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**MEDICATION ALLERGY**

	<ul style="list-style-type: none"> <li>• Severe allergic reactions to medications are relatively rare in children outside of the hospital setting. Nonetheless, documentation regarding known or suspected medication allergy should be recorded by the school on enrolment.</li> <li>• Any medication administered in the school/childcare setting should be undertaken in accordance with school/childcare and education and children’s services department guidelines and with the written permission of parents or guardians.</li> <li>• Students should be reminded that they should not share medications (e.g. for period pain or headaches).</li> </ul>
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## FOOD ALLERGY

### In the classroom

#### Food rewards

- Food rewards should be discouraged and non-food rewards encouraged.

#### Cooking/food technology

- Remind all children to not share food they have cooked with others at school including during morning tea and lunch breaks.
- Food tech rooms/kitchens to have appropriate and separate storage for known allergens.
- Ingredients in kitchens to be clearly labelled.
- Food tech staff to have a list of students with known food allergies.

#### Science experiments

- Discussion prior to experiments containing foods/ potential allergens.

#### Music

- There should be no sharing of wind instruments (e.g. recorders).
- Teacher should discuss with the parent or guardian about providing the child's own instrument where appropriate.

#### Art and craft classes

- Ensure materials used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton).

<b>Canteen food service</b>	<p>Strategies to reduce the risk of an allergic reaction can include:</p> <ul style="list-style-type: none"> <li>• Consideration of whether the canteen offers foods containing nuts (as a listed ingredient).</li> <li>• Clearly labelled food</li> <li>• Photos of the students with food allergy being placed in the canteen.</li> </ul>
<b>In the playground</b>	<p><b>Litter duty</b></p> <ul style="list-style-type: none"> <li>• Non rubbish collecting duties are encouraged.</li> <li>• Students at risk of insect sting anaphylaxis should be excused from this duty due to increased risk of allergen contact.</li> <li>• Students at risk of food allergy anaphylaxis should either be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens.</li> </ul> <p><b>Sunscreen</b></p> <ul style="list-style-type: none"> <li>• Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own as some sunscreens may contain nut oils.</li> </ul>
<b>School gardens</b>	<ul style="list-style-type: none"> <li>• The cultivation of nut bearing crops and trees is a potential source of exposure to nut allergens.</li> <li>• As school gardens are considered part of the educational program, peanuts and tree nuts should be excluded from future garden plantings in future.</li> <li>• The presence and removal of existing nut trees should be considered as part of a risk assessment.</li> </ul>
<b>Incursions (on-site activities)</b>	<ul style="list-style-type: none"> <li>• Discussion if incursions/on-site activities include any food activities.</li> </ul>
<b>Excursions</b>	<ul style="list-style-type: none"> <li>• Teachers organising/attending excursions or sporting events should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs.</li> </ul> <p>Staff should also:</p> <ul style="list-style-type: none"> <li>• Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone).</li> <li>• Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival).</li> <li>• Discourage eating on buses.</li> <li>• Check if excursion includes a food related activity, if so discuss with the parent or guardian.</li> <li>• Ensure that all staff are aware of the location of the First Aid bag and that the Student specific adrenaline autoinjector has been collected from sickbay prior to the excursion.</li> <li>• Ensure the student at risk of anaphylaxis is travelling with the person carrying the adrenaline autoinjector.</li> </ul>

	<ul style="list-style-type: none"> <li>• Determine whether students who should be carrying their adrenaline autoinjector (as agreed in the Health Care Plan) have their adrenaline autoinjector with them.</li> </ul>
<p><b>School camps</b></p>	<ul style="list-style-type: none"> <li>• School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.</li> <li>• Staff should demonstrate correct administration of adrenaline autoinjectors using training devices prior to camp.</li> <li>• Consider contacting local emergency services and hospital prior to camp and advise that xx children are in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area (e.g. consider locked gates in remote areas).</li> <li>• Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.</li> <li>• Parents or guardians should be encouraged to provide a second adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp.</li> <li>• Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed.</li> <li>• Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp.</li> <li>• Communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for students with allergies.</li> <li>• Parents or guardians may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised.</li> </ul> <p>Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:</p> <ul style="list-style-type: none"> <li>• Possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp).</li> <li>• Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). A decision may be made to remove pavlova as an option for dessert if an egg allergic child is attending for example.</li> <li>• Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food).</li> <li>• Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers.</li> <li>• Games and activities should not involve the use of peanut or tree nut products or any other known allergens.</li> </ul>

	<ul style="list-style-type: none"> <li>• Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.</li> </ul>
<b>ANIMAL ALLERGY</b>	
<p><b>Pet visitors to school</b></p> <p>Animal contact on camp/ excursions</p>	<ul style="list-style-type: none"> <li>• Strategy to reduce risk of students with animal allergy into contact with visiting animals (eg therapy dogs) Specific rooms that are cleaned after use.</li> <li>• Prior discussion to minimise contact with animals and determine risk to student with animal allergy.</li> </ul>

This table was initially produced by Allergy & Anaphylaxis Australia (A&AA). To ensure consistency of information A&AA and ASCIA endorse these risk minimisation strategies.

**Disclaimer**

This document has been developed by A&AA and ASCIA and has been peer reviewed by ASCIA members. It is based on expert opinion and the available published literature at the time of review. Information contained in this document is not intended to replace medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

The development of this document is not funded by any commercial sources and is not influenced by commercial organisations.

**Content last updated May 2015**



## Individualised anaphylaxis care plan

### SECTION A – Student details – This section is to be completed by parent/guardian

Name:	Address:
Date of birth:	
School Year:	
Parent/guardian contact details	Medical contact details
Name: Relationship to student: Phone:	Doctor: Medical Centre: Phone:
Name: Relationship to student: Phone:	

### SECTION B – Student healthcare planning This section is to be completed by Parent/guardian

Please list what your child is allergic to below:

<input type="checkbox"/> Milk (dairy) <input type="checkbox"/> Peanut <input type="checkbox"/> Egg <input type="checkbox"/> Soy <input type="checkbox"/> Wheat <input type="checkbox"/> Crustaceans (Shellfish) <input type="checkbox"/> Molluscs <input type="checkbox"/> Fish <input type="checkbox"/> Sesame <input type="checkbox"/> Lupin <input type="checkbox"/> Other foods ( <i>please specify</i> ):	Tree nuts (please specify specific nut) <input type="checkbox"/> Almond <input type="checkbox"/> Brazil nut <input type="checkbox"/> Cashew <input type="checkbox"/> Hazelnut <input type="checkbox"/> Macadamia <input type="checkbox"/> Pecan <input type="checkbox"/> Pine nut <input type="checkbox"/> Pistachio <input type="checkbox"/> Walnu t OR <input type="checkbox"/> All tree nuts should be avoided while at school
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<input type="checkbox"/> Insect stings or bites ( <i>please specify if known</i> ):
<input type="checkbox"/> Medication ( <i>please specify if known</i> ):
<input type="checkbox"/> Latex
<input type="checkbox"/> Other/Unknown ( <i>please specify if known</i> ):