Surname:  Given Names:

What is your child allergic to:

The information that is collected through this form will allow us to provide the best possible care whilst you are on a Mater Dei College Year 12 Retreat. This information will only be disclosed to the necessary medical assistance provider should the need arise. If the information requested is not provided, we may not be able to appropriately respond to a non-routine situation should the need arise. All information Mater Dei College collects about you can be accessed and corrected at any time.

IMPORTANT INFORMATION FOR PARENTS
A severe allergic reaction is a potentially serious condition. You should have a good understanding of the severity of the allergic reaction and the trigger(s) of this reaction. It is essential that Mater Dei College also has a good understanding of your condition in order to be able to assess the risk associated with the different environments in which they will find themselves and also be able to offer the best possible assistance should a severe allergic reaction occur. For this reason, we require that all participants who suffer from Severe Allergic Reactions should have the following information filled out and completed.

PROGRAMME INFORMATION
In order to help you assess the risks involved in the patient’s participation and in developing any subsequent plan of management, a programme summary is included below:

TIME OF YEAR: March  DURATION: 3 days
ACCOMMODATION TYPE: Dorms
PROGRAMME ACTIVITIES:

FIVE KEY QUESTIONS - Please answer by ticking the appropriate box

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you suffer a systemic reaction to their allergy? (any rash, itchiness or swelling away from the site that poison enters)</td>
<td></td>
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<tr>
<td>Do you suffer an anaphylactic reaction to their allergy? (severe breathing difficulties, swelling of body, emergency situation)</td>
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<tr>
<td>Is there a family history of anaphylaxis?</td>
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<tr>
<td>Have you ever been hospitalised due to an allergic reaction?</td>
<td></td>
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<tr>
<td>Do you use adrenaline (eg-adrenaline injection, epi-pen, mediepihaler) when suffering an allergic reaction?</td>
<td></td>
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</tbody>
</table>

MANAGEMENT AND TREATMENT

1. What are the signs & symptoms of the your reaction?

2. What are the trigger factors for an allergic reaction?
   - Insect stings / bites
   - Food
   - Drugs
   - Physical Factors (eg, cold)
   - Other

3. What medication (if any) does the student take for prevention or treatment of an allergic reaction?

4. What treatment do you follow during and after an allergic reaction?

PLAN OF MANAGEMENT

Preventive Steps to avoid allergic reaction:

Warning Signs for the onset of a severe allergic reaction:

Best strategies for obtaining relief:

Please ensure you have double the supply of medication for the duration of the programme.