



COOLUM STATE SCHOOL P & C ASSOCIATION:  
**COOLUM OUTSIDE SCHOOL HOURS CARE**  
**Allergy Management Plan**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My child has an Allergy to

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Usual signs of my Child is experiencing an Allergic Reaction are:

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The severity:       Mild                       Moderate                       Severe                       **Anaphylactic**

Does the child tell the Carer when they need medication?       Yes       No

Does the child need assistance in taking their medication?       Yes       No

**ALL MEDICATIONS ARE ADMINISTERED UNDER ADULT SUPERVISION**

ALL MEDICATION MUST BE IN THE ORIGINAL PACKAGING WITH PHARMACISTS LABEL  
(CHILD'S NAME, DOSAGE, FREQUENCY OF ADMINISTRATION, DATE OF DISPENSING AND EXPIRY DATE)

Prescribed Medication – To be kept in OSHC Office

Name of Medication: \_\_\_\_\_

Special instructions (method, when and how much?):

# Allergy Management Plan

Please tick your preferred Allergy Management Plan

Coolum Outside School Hours Care Allergy Management Plan

*If a Child has an Allergic Reaction:*

1. Sit the Child down and remain calm to reassure them. Do not leave the child alone.

2. Determine the symptoms:

Swelling of lips, face, eyes

Hives or welts

Tingling mouth

Abdominal pain

Vomiting

3. For insect allergy, flick out sting if visible, but do not remove ticks.

4. Stay with the child and give medication (if prescribed)

5. Contact emergency contact

6. Watch for any one of the following signs of Anaphylaxis

Difficult/noisy breathing

Swelling of tongue

Swelling/tightness in throat

Difficulty talking and/or hoarse voice

Wheeze or persistent cough

Persistent dizziness or collapse

Pale and floppy

7. Lay person flat, if breathing is difficult allow the child to sit

8. Phone ambulance

*If at any time the child's condition suddenly worsens, or if Staff are concerned,  
an Ambulance will be called immediately.*

Child's Allergy Management Plan

*Please supply a copy of your child's Allergy Management Plan*

- Please notify me if my child has had an Allergic Reaction and received First Aid.
- In the event of an Allergic Reaction, I authorize Coolum OSHC staff to follow the Allergy Management Plan indicated above or supplied by myself.
- I authorise Coolum OSHC staff to assist my child with taking Allergy Medication should they require help.
- I will notify you if there are any changes to these instructions.
- I agree to follow the Allergy and Medication Policy of Coolum OSHC.

Parent/Carer Name: \_\_\_\_\_

Parent/Carer: Signature: \_\_\_\_\_

Date: \_\_\_\_\_