

Edenhope College

Anaphylaxis Management Policy

Rationale: Ministerial Order 706 – Anaphylaxis Management in Schools

Aims:

Edenhope College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Implementation:

Individual Anaphylaxis Management Plans

1. The Principal will ensure that an Individual Anaphylaxis Management Plan (see appendix for sample) is developed, in consultation with the student's parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.
2. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.
3. The Individual Anaphylaxis Management Plan will set out the following:
 - information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
 - strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, 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 strategies;
 - information on where the student's medication will be stored;
 - the student's emergency contact details; and
 - an ASCIA Action Plan.
4. School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.
5. The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:
 - annually;
 - if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - as soon as practicable after the student has an anaphylactic reaction at School; and
 - when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).
6. It is the responsibility of the parents to:
 - provide the ASCIA Action Plan;
 - inform the School in writing if their child's medical condition, as it relates to allergy and the potential for anaphylactic reaction, changes.
 - notify the school of any changes to the plan immediately and to provide an updated ASCIA Action Plan;
 - provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and

- provide the School with an Adrenaline Autoinjector that is current and not expired for their child. If no Autoinjector is provided and a circumstance arises where the school administers the school-purchased Autoinjector, the parent/guardian will be invoiced for a replacement Autoinjector. Despite regular checks by school staff, responsibility for the currency of the Adrenaline Autoinjector remains that of the parent/carer.
- Provide the School a replacement Adrenaline Autoinjector that is current and not expired for their child immediately after an event that has required the use of the Adrenaline Autoinjector at school.
- Ensure their child has immediate access to an Adrenaline Autoinjector when in transit to and from school.
- Provide Work Experience Employers with an Adrenaline Autoinjector and the Anaphylaxis Management Plan for their child whilst the child is on work experience or placement.

Prevention Strategies

Edenhope College will put prevention strategies in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school in the supervised areas and at the supervised times; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.
- work experience and work placement coordinators will notify parent/guardian of the policy requirement to provide Work Experience Employers with an Adrenaline Autoinjector and the Anaphylaxis Management Plan for their child whilst the child is on work experience or placement.

School Management and Emergency Response

Procedures for emergency response to anaphylactic reactions:

- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located:
 - in the General Office for all students
 - in the primary staff area for primary students
- Information about the storage and accessibility of Adrenaline Autoinjectors;
 - These are kept in the General Office in the Filing Drawer marked 'ANAPHYLAXIS'
- how communication with School Staff, students and Parents is to occur in accordance with a communications plan:
 - the student wellbeing coordinator or First Aid Officer will oversee all communications

Adrenaline Autoinjectors for General Use

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

Communication Plan

All parents must complete the student enrolment forms upon first enrolment at Edenhope College. Any student at risk of anaphylaxis will be identified and the First Aid coordinator will contact the parent or guardian to confirm the ASCIA Action Plan and develop the Anaphylaxis Management Plan in conjunction with the Principal or Assistant Principal. The student will be added to the list of anaphylactic students and this will be communicated to all staff before the student starts school.

Individual student's Anaphylaxis Action Plans will be displayed on the Staff Room First Aid Information noticeboard. Parents will be informed that these plans are displayed in this manner. Individual Anaphylaxis Action Plans will also be stored with the child's Epipen/Anapen.

Parents/guardians and the school community will be informed of the College policy through its inclusion in the College newsletter and on the College website.

Strategies

The Principal will ensure that relevant School Staff are:

- trained; and
- briefed at least twice per calendar year.

Staff Training

The following School Staff will be appropriately trained:

- all school teaching and integration staff
- any further staff as deemed appropriate

The identified School Staff will undertake the following training:

- a First Aid Management of Anaphylaxis Certificate in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - the School's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - the School's general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.
- Ensure all school staff complete the ASCIA Anaphylaxis e-training for Victorian Schools
- Ensure an accurate record of all anaphylaxis training completed by staff is maintained.

The briefing will be conducted by a member of School Staff who has successfully completed a First Aid Management of Anaphylaxis Certificate in the last three years.

Staff who are absent from the scheduled whole-staff briefings will participate in an individual or small group briefing as soon as practicable after the scheduled event.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed a First Aid Management of Anaphylaxis Certificate in the three years prior.

Managing the Environment

The key to risk minimisation and prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations and Responsibility
School	<ul style="list-style-type: none"> • A copy of the child's management plan will be clearly displayed and accessible in the first aid room and the staff room. (First Aid Coordinator) • Medications including Epipen/Anapen, will be correctly stored in the Filing Drawer marked 'ANAPHYLAXIS' in the General Office (First Aid Coordinator) • The school community will be made aware of the schools anaphylaxis policy through newsletter articles, the schools internet site and parent information events. (Administration Officer, The Principal) • Casual/relief teachers (CRT) Staff and Volunteers will be provided with the College Anaphylaxis Policy, information on how to manage an Anaphylaxis incident and access to a list of students at risk of anaphylaxis. (First Aid Coordinator, The Principal). They are expected to respond to an anaphylactic reaction by a student in their care in accordance with the DEECD and College guidelines and policy.
Classroom	<ul style="list-style-type: none"> • Display a copy of the students ASCIA Action Plan in the classroom (Primary area only) in consultation with parent/guardian and student. (First Aid Officer, Classroom Teacher) • Liaise with parents/guardians about food related activities ahead of time. (Relevant Teacher, School Leader) • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies noted in the Managing the Environment section of this policy. (Classroom Teacher, Parent/Guardian) • Never give food from outside sources to a student who is at risk of anaphylaxis.(Relevant staff) • Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). (Relevant Staff) • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. (Newsletter, School Bulletins, Staff) • Casual/relief teachers should be provided with a copy of the student's ASCIA Action Plan.
Yard	<ul style="list-style-type: none"> • The student with anaphylactic responses to insects should wear shoes at all times.(Parent, Student, Staff) • Keep outdoor bins covered. (School) • Future planting of pollen-creating plants to be monitored by ground staff. • The student should keep open drinks (e.g. drinks in cans) covered while outdoors.(Student, Parent) • The adrenaline auto injector should be easily accessible from the yard. (Staff, First Aid Coordinator) • Yard duty teacher carry a mobile phone at all times. Mobile phones are available from the front office.(Yard Duty Staff) It is the responsibility of the Yard Duty person to call the Front Office for information/assistance in an emergency. • Communication strategy for the yard involves: <ul style="list-style-type: none"> Yard duty person -identifying the incident -staying with the patient -sending two students to the front office to report the anaphylactic incident -call 000

	<p>Office staff</p> <ul style="list-style-type: none"> -collect medication and or Epipen/Anapen -attend the incident and administer medication as prescribed. -contact family
Canteen	<ul style="list-style-type: none"> • The Canteen Supervisor will be notified of any known and diagnosed food allergies of students or staff by the First Aid Officer. • The Canteen supervisor will inform volunteers and canteen employees of any known and diagnosed food allergies of students or staff and make them aware of food safety requirements regarding this. • The Canteen will adjust their menu and food ingredients to remove any that are known to cause an Anaphylactic reaction in those staff or students with a diagnosed allergy.
On-site events (e.g. sporting events, in school activities, class parties)	<p>Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies. (Newsletter, School Communications, Staff and event organisers)</p> <ul style="list-style-type: none"> • Party balloons should not be used if a student is allergic to latex. (Event Organiser) • A student who is allergic to latex should not use latex swimming caps.(Supervising staff) • Staff must know where the adrenaline auto injector is located and how to access it if required.(Event Organiser, Supervising staff) • Staff should consider individual student's medical conditions and requirements if using food in activities or games, including rewards, and avoid any risk of harm to the student.(Supervising staff)
Off-site school settings – field trips, excursions	<ul style="list-style-type: none"> • The student's adrenaline auto injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.(Staff member in charge of excursion, First Aid Coordinator, Supervising staff) • The Individual Plan will be completed for circumstances that pertain to the student and not specified in the School Plan for Managing the Environment. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.(Staff member in charge of excursion) • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. (Staff member in charge of excursion) • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). (Staff member in charge of excursion) • Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student. (Staff member in charge of excursion) • Consider the potential exposure to allergens when consuming food on buses. (Staff member in charge of excursion, Supervising staff)
Off-site school settings – camps and remote settings	<ul style="list-style-type: none"> • When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers. (Staff member in charge of excursion) • The Individual Plan will be completed for circumstances that pertain to the student and not specified in the School Plan for Managing the Environment. • Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. (Staff member in charge of excursion) • Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. (Staff member in charge of excursion) • Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.(Camp Providers, Staff member in charge of excursion) • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. (Staff member in charge of excursion, parent/guardian, student)

	<ul style="list-style-type: none"> • The student's adrenaline auto injector and ASCIA Action Plan and a mobile phone must be taken on camp. (Staff member in charge of excursion, First Aid Coordinator) • A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis. (Staff member in charge of excursion) • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. (Staff member in charge of excursion) • Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. (Staff member in charge of excursion) • The adrenaline auto injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still has a duty of care towards the student even if they carry their own adrenaline auto injector. (Staff member in charge of excursion, Supervising staff) • Extra (personally held) Auto injector pens and medication should remain in a location as directed by the parent/carer. It is accepted that these pens/medication can still be accessed by staff in an emergency situation. • The student with allergies to insect venoms should always wear closed shoes when outdoors. (Staff member in charge of excursion, Parent/Guardian, Student) • Cooking and art and craft games should not involve the use of known allergens. (Staff staff) • Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins. (Staff member in charge of excursion, Supervising Staff)
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Evaluation

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

Edenhope College staff completed the DEECD approved 3 year First Aid Management of Anaphylaxis Certificate on 14th August 2013.

Ratified by School Council on: 17/03/2014

Review scheduled: July 2014

Ratified by School Council: 23/06/2014

Reviewed and updated: 22/08/2016

Reviewed and Updated: 4 September 2018

Reviewed and Updated: 3 August 2020

Individual Anaphylaxis Management Plan (sample)

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.

It is the parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			
Storage for Adrenaline Autoinjector (device			

specific) (EpiPen®/ Epipen/Anapen®)	
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ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc. The school Policy and Plan will apply as a general plan including the plan for Managing the Environment. The Individual Plan will be completed for circumstances that pertain to the student and not specified in the School Plan for Managing the Environment.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

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Name of environment/area:

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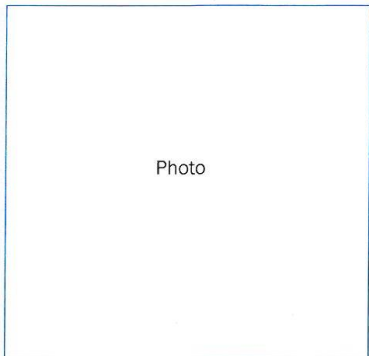
Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

(Continues on next page)

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
Date of birth: _____



Confirmed allergens: _____

Asthma Yes No

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr: _____

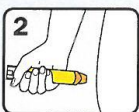
Signed: _____

Date: _____

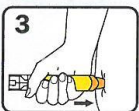
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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 (young children)

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

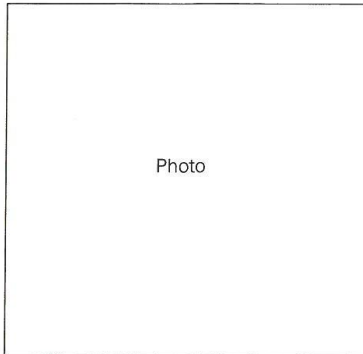
Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens: _____

Asthma Yes No

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr: _____

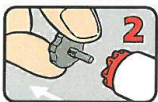
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Date: _____

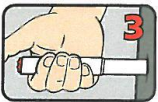
How to give Anapen®



PULL OFF BLACK NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP from red button.



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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 (young children)

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give Anapen® 300 or Anapen® 150**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	