

ALLERGY MANAGEMENT FORM

Ed. 6 - 02/2020
CONFIDENTIAL

Participant's name: _____

Name of doctor treating the participant for this condition: _____

Doctor's contact phone number: _____

The Outdoor Education Group (OEG) is aware of the challenges faced by those who suffer from allergies. However, we are unable to guarantee a completely allergen free environment on our programs. If you or your child are attending a program with catering that is not provided by OEG (e.g. an external caterer or camp facility), we cannot guarantee an allergen free environment and this extends to any self-catered programs. This information will be provided by your school/organisation if this is a component of your child's (or myself as a participant) planned program. For OEG to mitigate risks and provide appropriate allergen management, please thoroughly complete the questions below. Ensuring the safety of participants whilst on program is a primary task of The Outdoor Education Group, for some participants with medical conditions this may require further informed advice from a medical practitioner. This ensures that risk assessments for the planned program account for your or your child's needs in full, including appropriate response times and additional support in the field if required. If you have ticked yes to any of the 'Key Questions' below, we may request further medical advice. If this is the case the Program Co-ordinator will contact you to request a Medical Advisory Plan be completed. **IMPORTANT NOTE: If the allergy relates to food, you are also REQUIRED to complete the Dietary Management Form.**

1. ALLERGIES - Please specify: (e.g. Alex is allergic to penicillin and sulphur-based medications)

2. SIGNS AND SYMPTOMS OF THE PERSON'S REACTION - Please indicate the severity of any reaction:

- ☐ Low - a localised reaction (e.g. rash, itching, swelling at the site the trigger/irritant enters)
- ☐ Moderate- a systemic reaction (e.g. rash, itching, swelling away from the site that trigger/irritant enters)
- ☐ High/Severe* - an anaphylactic reaction (severe breathing problem, total body swell, emergency situation)

Please give details:

***Note:** By checking this box I acknowledge that the participant is required to bring two Epi-pens on program and provide a current ASCIA Anaphylaxis Action Plan if they have an Anaphylactic condition.

3. ALLERGY MEDICATION REQUIREMENTS (Including antihistamines, tablets, ointment, EpiPen)

Name of Medication	Method	When and how much?

A DOUBLE DOSE OF ALL REQUIRED MEDICATION FOR THE PARTICIPANT'S ALLERGIC REACTION MUST BE BROUGHT ON THE PROGRAM AND NOTED ON THE MEDICAL FORM (e.g. if Epi-Pens or any other type of Auto Injector is required two must be supplied and brought on program).

4. MEDICATION AND TREATMENT TO BE USED IN EMERGENCY SITUATIONS:

"KEY QUESTIONS"

- 5. Has the participant required hospitalisation due to allergies in the past 12 months?** ☐ NO ☐ YES
- 6. Does the person take, or has the person been prescribed adrenaline (Epi-pen or similar), when suffering an allergic reaction?** ☐ NO ☐ YES

I declare that the information which I have provided on this form is complete and correct and that I will update The Outdoor Education Group if any changes occur. I further declare that if my child (or I for adults) is/am unable to self-administer supplied medication, I give permission for school representative, or trained OEG staff to administer the supplied emergency medication. I authorise the school representative or any employee of The Outdoor Education Group who is with the participant, to give consent where it is impractical to communicate with me, and agree to the participant receiving such medical or surgical treatment as may be deemed necessary. I give permission for OEG to pass this information to a third party (e.g. doctor, hospital) to facilitate the medical treatment of the participant. I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per the Privacy Policy documented on the OEG website (www.oeg.edu.au/privacy/).

Name: _____ Signature: _____ Date: _____