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| 1 | Child’s Name |  |
| 2 | Days and times of attendance at centre |  |
| 3 | Known allergies |  |
| 4 | Potential sources of exposure (ie. food/items to be avoided) |  |
| 5 | Strategies/precautions/procedures to be implemented (refer Attachment 3: Anaphylaxis Policy) |  |
| 6 | Other health conditions |  |
| 7 | Other Action Plans provided |  |
| 8 | Location of child’s Anaphylaxis / Allergy Medical Management Plan (ensure plan includes photo) |  |

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| 9 | Food/items to be excluded from the centre |  |
| 10 | Staff advised of child’s condition and agreed precautions  | Name: Date:Name: Date:Name: Date:Name: Date:Name: Date:Name: Date:Name: Date: |
| 11 | Parent/guardian provided with Ripponlea Kindergarten’s Anaphylaxis Policy | Signature: Date: |
| 12 | Unused, in-date and complete adrenaline auto-injector kit provided by parent/guardianAND/OR allergy relief medication provided by parent/guardian | Signature: Date:Signature: Date: |
| 13 | Expiry date of adrenaline auto-injector kit AND/OR allergy relief medication | Expiry date:Expiry date: |
| 14 | Parent/guardian advised that child is unable to attend the centre without adrenaline auto-injector kit or allergy relief medication | Signature: Date: |
| 15 | Parents/guardians agree to notify centre staff about changes to child’s diagnosis or Risk Minimisation Plan | Signature: Date: |
| 16 | Parent/guardian signed authorisation for staff to administer adrenaline auto-injector device if required | Name:Signature:Date: |
| 17 | Kinder families advised in writing of food/item exclusions | Date: |

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| 18 | Notice of food/item exclusions displayed at centre | Date: |
| 19 | Generic ASCIA poster displayed at centre | Date: |
| 20 | Ambulance Victoria “AV How To Call Card” displayed next to telephone at centre | Date: |
| 21 | Copy of Anaphylaxis Policy made available to all kinder families | Date: |
| 22 | Anaphylaxis Policy available at the centre | Date: |
| 23 | Staff and volunteer induction process includes information regarding anaphylaxis management at Ripponlea Kindergarten, including location of adrenaline auto-injector kits, anaphylaxis medical management action plans and risk minimisation plans for at risk children | Date: |
| 24 | Date staff completed last mandatory anaphylaxis management training (required every 3 years) | Date: |
| 25 | Review of this risk minimisation plan (ie. following an exposure incident or change to plan) | Date:Date: |
| 26 | Date this risk minimisation plan completed | Date: |
| 27 | Staff member completing plan | Name:Signature: |
| 28 | Parent/guardian completing plan | Name:Signature: |