

# Request for student to carry their own adrenaline device or asthma reliever

This form is not a substitute for the *ASCIA Action Plan for Anaphylaxis* or the *Asthma Action Plan* signed by the student's doctor.

For some medications and some students it can be appropriate for them to carry their own medication to school and at school, for example, adrenaline device for anaphylaxis and asthma reliever medication for asthma.

For asthma and anaphylaxis it is important for students to have immediate access to their medication.

Please consider whether your child should carry their own adrenaline device or asthma reliever medication to school and while they are at school. On receiving this completed request form, the school will confirm the arrangements for how and where your child will carry their own medication.

Parents must supply an asthma reliever or at least one prescribed adrenaline device to the school. This adrenaline device must be either carried by the student or held by the school.

**If you would like the school to consider your request for your child to carry their medication, please complete the following information and return to:**

Name of principal

Date

## Student details

First name

Last name

Date of birth

Class

**Q1. My child has been diagnosed with (please select):**

- Asthma
- Severe allergies (anaphylaxis)

**Q2. I am requesting my child carry the following medication with them to school and at school (please select):**

- Adrenalin device
- Asthma reliever medication

Write the name of the asthma reliever medication below

**Q3. Describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.**

*Note: The exact location of the medication should be easily identifiable by school staff. Hazards such as identical school bags should be avoided.*

*Note:*

- Your child's medication should be clearly labelled with their name.
- Where the adrenaline device is carried by your child they will need to carry with it a copy of their *ASCIA Action Plan for Anaphylaxis*.

For asthma reliever medication your child should carry with it a copy of *their Asthma Action Plan*.

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## Parent/carer details

First name

Last name

Relationship to student

Street number/street name

Suburb

Postcode

Home phone number

Work phone number

Mobile phone number

Email

Parent/carer signature

Date

DD / MM / YYYY

**Privacy notice:** *the information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.*