

LAND'S EDGE ALLERGIC REACTION MANAGEMENT FORM

This form MUST be completed if your child has any known allergies

This information will assist Land's Edge staff to take the appropriate precautions for your child. Seek the advice of your medical practitioner if necessary when completing this form.

Child's name: _____

Allergic to: _____

What are the signs and symptoms of the reaction? _____

What medications (if any) should be taken to prevent, or as a result of, an allergic reaction? _____

Please give details of medication doses _____

The medications listed above MUST be supplied while participating in Land's Edge Holiday Programs.

What treatment is followed if an allergic reaction occurs? _____

Is the reaction: (Please circle your answer)

- | | | |
|---|-----|----|
| ➤ A systematic reaction? (any rash, itching, swelling away from site) | Yes | No |
| ➤ An anaphylactic reaction? (severe breathing problems, swelling of the body, emergency situation) | Yes | No |
| ➤ Is there a family history of anaphylaxis? | Yes | No |
| ➤ Has an allergic reaction ever required hospitalisation? | Yes | No |
| ➤ Is adrenaline (ie adrenaline injection, epi-pen) administered if an allergic reaction is suffered? | Yes | No |

If 'Yes' has been answered to ANY of the above questions the following steps are required before participation in Land's Edge Holiday Programs:

- Child's Medical Practitioner must be consulted about participation in Land's Edge programming
- Child's participation in Land's Edge programming depends on full agreement by Medical Practitioner, child's parents/guardians and Land's Edge management.

The Medical Practitioner must be advised that:

- The child may be up to half an hour from medical or hospital attention during residential programming
- All Land's Edge staff hold first aid qualifications and will be with the group for the duration of programming