



West Pymble Out Of School Care

ALLERGY, ASTHMA & FOOD INTOLERANCE INFORMATION

PHOTO

In addition, for **anaphylaxis** the Centre requires a full **ASCIA ACTION PLAN** supplied and signed by your doctor

In addition, for **asthma** the Centre requires an **ACTION PLAN** and treatment procedure signed by your doctor.

CHILD NAME		D.O.B.	
KNOWN ALLERGENS / TRIGGERS			
•			
•			
•			
ACTION PLAN			
Please describe usual action taken if exposed to allergens	•		
	•		
	•		
ADDITIONAL PREPARED ACTION PLAN SUPPLIED	YES	NO	
MEDICATION SUPPLIED If yes the Centre will prepare a Medication chart	YES	NO	

SIGNATURE OF PARENT _____

NAME OF PARENT _____

WPOOSC STAFF MEMBER _____

DATE: _____

Apollo Avenue, WEST PYMBLE NSW 2073

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