# Allergies

Childs Name ………………………………………………. Year ……………..

## Does your child have an allergy? Yes No

## What is he/she allergic to? ………………………….…………………………..

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Does she/he have an allergy plan? Yes No

**A copy of an allergy plan must be lodged at school.**

What action should be taken in event of an allergic reaction?

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Childs Name ………………………………………………. Year ……………..

## Does your child have an allergy? Yes No

## What is he/she allergic to? ………………………….…………………………..

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Does she/he have an allergy plan? Yes No

**A copy of an allergy plan must be lodged at school.**

What action should be taken in event of an allergic reaction?

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Parent/ Guardian Signature …………………………………… Date ……………………

# Asthma

Childs Name ………………………………………………………… Year ……….

## Does your child suffer from asthma? Yes No

Does she/he have an asthma plan? Yes No

**A copy of an asthma plan must be lodged at school.**

Does he/she require medication at school? Yes No

What action should be taken in event of an asthma attack?

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Childs Name ………………………………………………………… Year ……….

## Does your child suffer from asthma? Yes No

Does she/he have an asthma plan? Yes No

**A copy of an asthma plan must be lodged at school.**

Does he/she require medication at school? Yes No

What action should be taken in event of an asthma attack?

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Parent/ Guardian Signature …………………………………… Date ……………………