



# Mercenfeld Primary School

## ANAPHYLAXIS CARE PLAN

Child's name:	Year group:	Photo
Parent name and address	Emergency contact number	

Allergic reaction triggers:

Describe medical needs and give details of child's symptoms:

Daily care requirements:

Describe what constitutes an emergency for the child, and the action to take if this occurs (include timings before/between medication administration)

Follow up care:

Who is responsible in an emergency, including if different for off-site activities

Designated First aider

Who has required specific training?

I confirm the above information to be correct and for the information to be displayed on this document and to be used for reference in the case of an emergency. I also agree to notify the Mercenfeld Office immediately of any changes.

Signed ..... date .....  
(by the person with legal responsibility for the child)

Signed ..... date .....  
Mercenfeld Staff