

## Maroon Outdoor Education Centre DIETARY MANAGEMENT FORM

To help ensure the safety of your son / daughter it is essential that that this form is completed accurately and with as much detail as possible. All information will remain confidential to staff and any relevant care and response personnel.

**PLEASE PRINT ALL DETAILS**

NAME: \_\_\_\_\_

Food	Cause			Cannot eat food			Effect	
	Ingested	Skin Contact	Inhaled	That "may contain"	That "may contain traces of"	"Manufactured on equipment that processes"	Anaphylaxis	Severe Reaction
Please provide specific details of food not to be eaten e.g. tree nuts, raw eggs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1. What substitute food do you usually replace the above items with? Please list product and brand name.**

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**2. Is the reaction life threatening or does it require administration of Adrenaline? Yes No**

**3. Does your son / daughter carry an Adrenaline Injector? Yes No**

**4. Has your son / daughter ever experienced an anaphylactic reaction or required an injection of Adrenaline? Yes No**

**For what reason?**

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**5. Is there anything else we should know about your son / daughter's condition?**

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**6. If you have ticked YES to any of the questions in 2, 3 or 4 above, please indicate preferred action plan below:**

**Standard Allergic Reaction First Aid Plan (Please tick the steps required)**

<input type="radio"/>	Step 1	Monitor site for swelling.
<input type="radio"/>	Step 2	Apply ice.
<input type="radio"/>	Step 3	Administer anti-histamine.
<input type="radio"/>	Step 4	Monitor vital signs.
<input type="radio"/>	Step 5	Arrange for evacuation.
<input type="radio"/>	Step 6	If anaphylaxis administer epi-pen and anti-histamine.

**OR**

**My Child's Allergic Reaction First Aid Plan (Attached)**

**IMPORTANT NOTES**

**If the reaction is life threatening or requires administration of Adrenaline:**

- It is advised that you consult your doctor before attending camp.
- Your doctor may contact the teacher in charge of the camp at your school and/or Maroon Outdoor Education Centre (5463 6333).
- A letter from this person's doctor outlining the participant's allergic reaction management may accompany this form when it is returned. Included in the allergic reaction management plan could be the following:
  - Preventative steps to avoid allergic reaction.
  - Warning signs for the onset of a severe or anaphylactic allergic reaction.
  - Best strategies for obtaining relief.

**NOTES FOR DOCTORS:**

- Programs conducted at Maroon OEC involve a high level of physical activity and are conducted predominantly out of doors.
- Maroon OEC is a 30 minute drive from the nearest ambulance, doctor or hospital and, in some instances, the response time for medical attention may exceed 3 hours.
- When advised Maroon Outdoor Education Centre staff will carry anti-histamine tablets (brand/strength) and epi-pens in their first aid kits and are trained to an intermediate first aid level.

I declare that the information provided on this form is complete and correct.

**PARENT / GUARDIAN'S SIGNATURE:** .....

**DATE:** .....