

DECLARATION OF A KNOWN ALLERGY

This declaration is to be completed for persons who have a known allergy or conditions for which assistance may be required. This includes staff, students, volunteers and visitors who perform tasks or activities at the University. It also includes participants in UWA or related activities including users of facilities. Medication must be marked with the individual's name and should be self-administered unless they verbally request assistance or their condition makes them unable to do so. For a person under 18 years of age, if their condition could quickly become life-threatening, the guardian must remain present throughout. Staff will not normally administer medicine unless in an obviously life-threatening emergency during which emergency assistance/ambulance may be called at the expense of the guardian. This form and any action plan must be retained by the University and a copy kept by the participant.

AREA / WORKPLACE

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NAME OF PERSON <i>(print)</i>	STAFF / STUDENT NUMBER <i>(if applicable)</i>	DATE OF BIRTH

Does the person have a known allergy or medical condition which may impact tasks or is potentially life-threatening? YES NO

Does the person suffer from asthma? *(higher risk for severe allergic reaction)* YES NO

CONFIRMED ALLERGENS <i>(e.g. Peanuts, Peanut oil, Aspirin)</i>	SYMPTOMS <i>(describe and specify SEVERE or MILD)</i>	REQUIRED MEDICAL RESPONSE <i>(e.g. EpiPen, Anapen, Antihistamine)</i>

MEDICATIONS	BRAND AND DOSE	PLEASE SPECIFY: <i>Normally SELF-ADMINISTERED or ASSISTANCE REQUESTED</i>
Epinephrine		
Antihistamine		
Other <i>(e.g. inhaler if asthmatic)</i>		

An action plan for anaphylaxis or a potential allergic reaction is attached to this form. YES NO

SIGNATURE <i>(If person is under 18, signature of guardian)</i>	PLANNED REVIEW DATE
<i>I give permission for this information to be confided to associates where consistent with the nature of my UWA tasks and activities.</i> <div style="text-align: right;">Date: _____</div>	<i>To be revised if previously unknown allergies are subsequently declared</i>
RECEIVED BY UNIVERSITY <i>(Supervisor)</i> <div style="text-align: right;">Date: _____</div>	