



# NARRABRI HIGH SCHOOL

2 Gibbons Street  
Narrabri  
NSW 2390  
Phone

**(02) 6792 1180**  
(02) 6792 1633

Fax

(02) 6792 3934

Email [narrabri-h.school@det.nsw.edu.au](mailto:narrabri-h.school@det.nsw.edu.au)

12 June 2020

## Important information for parents of children who do not already carry their own medication for anaphylaxis or asthma

Dear Parent/Carer,

We are strongly committed to the health, safety and wellbeing of our students at this school. This is best achieved when we keep you informed and work in partnership with both you and your children.

For asthma and anaphylaxis, it is important for students to have immediate access to their medication.

As age and developmentally appropriate high school students should carry their own adrenaline autoinjector or asthma reliever medication on them while at school. This is in addition to the medication held by the school.

The school still needs you to provide at least one additional adrenaline autoinjector and/or asthma reliever medication for your child in case we need it in an emergency. This could happen, for example, if your child doesn't have theirs with them at school when it is needed. We will store it in a central location in the school and use it to help your child if needed.

For some students it may also be appropriate for them to carry their own medication to and at school.

Please seriously consider whether your son or daughter should carry their adrenaline autoinjectors or asthma reliever medication with them to school. I know that not every student will be ready to do this now. If you have any doubts or concerns about this, talk to your child's doctor.

The school needs to know that your child carries their own medication. This will be important in the event of an emergency.

If you would like to request your child to carry their own adrenaline autoinjector or asthma reliever medication to and at school **please complete the attached form and return it to the school.**

Students who carry their own adrenaline autoinjector or asthma reliever to school should be reminded regularly to:

- carry their adrenaline autoinjector or asthma reliever medication with them to and at school each day;
- keep a copy of their *ASCIA Action Plan for Anaphylaxis* with their adrenaline autoinjector; and/or keep their *Asthma Action plan* their reliever medication;
- know how and when this medication should be used;
- keep their medication with them in an easily accessible and identifiable spot and, as agreed with the school. For example, some parents have bought pouches so their children can carry around their adrenaline autoinjector wherever they go;

"EXCELLENCE IN A CARING COMMUNITY"



# NARRABRI HIGH SCHOOL

2 Gibbons Street  
Narrabri  
NSW 2390  
Phone

**(02) 6792 1180**  
(02) 6792 1633

Fax

(02) 6792 3934

Email [narrabri-h.school@det.nsw.edu.au](mailto:narrabri-h.school@det.nsw.edu.au)

- tell a teacher immediately if they start to feel unwell or sick at school. Please tell them this won't get them into trouble if they do this;
- tell you immediately if their medication is used, lost or misplaced or is nearing its expiration date; and
- carry their adrenaline autoinjector or asthma reliever medication with them on all school excursions, training at TAFE and any work experience or structured work place learning your child is involved in.

We in the school will tell your child the same things.

If you have any questions in relation to this letter please contact the school on (02) 67921633.

Yours Sincerely,

Dinos Charalambous  
Principal

# Request for student to carry his/her own EpiPen<sup>®</sup>, Anapen<sup>®</sup> or asthma reliever medication

**This form is not a substitute for the *ASCIA Action Plan for Anaphylaxis* or the *Asthma Action Plan* signed by the student's doctor.**

For some medications and some students it can be appropriate for them to carry their own medication to school and at school, for example, EpiPen<sup>®</sup> or Anapen<sup>®</sup> for anaphylaxis and asthma reliever medication for asthma.

For asthma and anaphylaxis it is important for students to have immediate access to their medication.

Please consider whether your child should carry their own EpiPen<sup>®</sup>, Anapen<sup>®</sup> or asthma reliever medication to school and while they are at school.

On receiving this completed request form, the school will confirm the arrangements for how and where your child will carry their own medication.

You will still need to provide the school with at least one other EpiPen<sup>®</sup>, Anapen<sup>®</sup> and/or asthma reliever medication for storage in a central location/s within the school and for access by staff in case of an emergency.

**If you would like the school to consider your request for your child to carry their medication, please complete the following information and return to:**

Name of contact person

Name of principal

Date

## Student details

First name

Last name

Date of birth

Class

### Q1. My child has been diagnosed with (please select):

- ☐ Asthma
- ☐ Severe allergies (anaphylaxis)

### Q2. I am requesting my child carry the following medication with them to school and at school (please select):

- ☐ EpiPen<sup>®</sup>
- ☐ Anapen<sup>®</sup>
- ☐ Asthma reliever medication

Write the name of the asthma reliever medication below

...continued overleaf

**Q3. Describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.**

*Note: The exact location of the medication should be easily identifiable by school staff. Hazards such as identical school bags should be avoided.*

*Note:*

- Your child's medication should be clearly labelled with their name.
- Where the EpiPen® or Anapen® is carried by your child they will need to carry with it a copy of their ASCIA Action Plan for Anaphylaxis: [www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis](http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis)
- For asthma reliever medication your child should carry with it a copy of their Asthma Action Plan: [www.health.gov.au/internet/main/publishing.nsf/Content/asthma-plan](http://www.health.gov.au/internet/main/publishing.nsf/Content/asthma-plan)

### Parent/carer details

First name

Last name

Relationship to student

Street number/street name

Suburb

Postcode

Home phone number

Work phone number

Mobile phone number

Email

Parent/carers signature

Date

DD / MM / YYYY

**Privacy notice:** the information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.