

Tamaiki ako 'oku 'i ai e ngaahi me'a 'oku kovi kiate kinautolu (allergies)

Students with allergies

Ko e foomu ko 'eni' ke fakafonu faka-Pilitānia 'e he mātu'a/tauhi 'o ha tokotaha ako 'oku 'i ai ha me'a 'oku kovi ki ai (allergy) pea fakafoki ki he pule akó pe tokotaha fakafongā mei he kau ngāue ma'olungá. 'E fakafonu 'e he 'api akó 'a e 'uluaki kongā 'e ua ki mu'á. Ko e taumu'a hono tānaki 'o e fakamatala ni ke fakapapau'i 'a e tamaiki ako 'oku nau ngali 'i ha tu'unga fakatu'utamaki 'o ha'anau puke lahi koe'uhi' ko ha me'a 'oku kovi. Ko e fakamatala 'oku 'oatu 'i he foomu ni 'e ngāue 'aki ia ke tokoni ki he 'api akó 'i hono fili 'a e ngāue 'oku fiema'u ke fai felāve'i mo ha tokotaha ako 'oku 'i ai ha me'a 'oku kovi ki ai.

Si'i mātu'a/tauhi

Hingoa 'o e tokotaha akó: _____
School to insert name of student

Kuo ke 'osi fakapapau'i ko ho'o tamá 'oku 'i ai e me'a 'oku kovi ki ai (allergy). Ko e me'a/ngaahi me'a 'oku kovi ki ai' ko e /ki he

_____ School to insert the allergy/allergies that have been identified by the parent/carer

Kātaki fakafonu 'a e ngaahi fehu'i ko ia 'i laló pea fakafoki ki he puleakó pe fakafongā mei he kau ngāue ma'olungá.

1. Kuo sivi 'e ha toketā 'eku tamá 'o 'ilo 'oku kovi (allergy) ki ai 'a e:

Huhu/ u'u 'e ha 'inisēkite (Insect sting/bite)
Kātaki fakahā mai: _____

Faito'o (Medication)
Kātaki fakahā mai: _____

Me'akai (Food):
Kātaki tiki 'a e puha ki he 'io pe 'ikai 'lo (Yes) 'Ikai (No)

	'lo (Yes)	'Ikai (No)
• Pinati (Peanuts)	<input type="checkbox"/>	<input type="checkbox"/>
• Fua'i'akau nge'esi fefeka (Nuts)	<input type="checkbox"/>	<input type="checkbox"/>

Kapau 'oku ke 'io ki he fua'i'akau nge'esi fefeká, kātaki fakahā mai 'a e fa'ahinga ko iá

Type/s of nut/s _____

	'lo (Yes)	'Ikai (No)
• Ika (Fish)	<input type="checkbox"/>	<input type="checkbox"/>
• Fingota (Shellfish)	<input type="checkbox"/>	<input type="checkbox"/>
• Soia (Soy)	<input type="checkbox"/>	<input type="checkbox"/>
• Sesamí' (Sesame)	<input type="checkbox"/>	<input type="checkbox"/>
• Uite (Wheat)	<input type="checkbox"/>	<input type="checkbox"/>
• Hu'akau (Milk)	<input type="checkbox"/>	<input type="checkbox"/>
• Fua'imoa (Egg)	<input type="checkbox"/>	<input type="checkbox"/>

Kātaki 'o fakahā mai ha toe fa'ahinga me'akai 'oku 'ikai ke 'i he lisi 'i 'olungá:

Other type of food _____

Hu'akau mei he 'akau' (Latex)

Ngaahi me'a kehe 'oku kovi', kātaki fakahā mai:
Other allergy _____

Anaphylaxis Procedures for Schools Appendix 1

- | | | 'Io (Yes) | 'Ikai (No) |
|----|---|--------------------------|--------------------------|
| 2. | <i>Kātaki tiki 'a e ngaahi puha ki he 'lo pe 'Ikai</i>
Ko 'eku tamá ne 'osi 'ave ki falemahaki ko e puke lahi ko e me'a na'e kovi ki ai
My child has been hospitalised with a severe allergic reaction | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Ko 'eku tamá ne 'osi faito'o'aki 'a e me'a huhu (adrenaline autoinjector) (EpiPen® pe Anapen®)
My child has been prescribed an adrenaline autoinjector (EpiPen® or Anapen®) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Ko 'eku tamá 'oku 'i ai 'ene ASCIA Action Plan ki he Anaphylaxis ¹
My child has an ASCIA Action Plan for Anaphylaxis ¹
(<i>Kapau 'oku 'io, kātaki 'o fakapipiki eni ki ai pea ke fakafoki mai mo e foomú</i>) | <input type="checkbox"/> | <input type="checkbox"/> |

Fakafonu 'e (*kātaki tohi mata lalahi ho hingoá heni*): _____
Name of parent/carer

Fakamo'oni hingoa 'a e mātu'á/tauhi': _____
Signature of parent/carer

'Aho: _____
Date

¹ Ko e taimi kotoa pe 'oku 'oatu ai ha faito'o fo'ou (adrenaline autoinjector) 'e 'oatu 'e he toketa ha ASCIA Action Plan for Anaphylaxis ke ngaue'aki he taimi. 'Oku mahu'inga he ko e plani 'eni 'oku 'oange ki he 'api ako