3. Seizure Management			IEI	
Step 5	the use ofspecified medicat an emergency if indicated in	ions such as the bun Section 4)	nouth or between the teeth. (ccal midazolam which may not on to his/her side (recovery	eed to be administered
Step 6	Stay with the student will he/she regains consciousness and is able to communicate Advise parent/caregiver			
4. Emergency Management Call an ambulance if: x The seizure lasts more than 5 mir x Another seizure occurs immediate x The student sustains an injury x If there is concern regarding the s X In doubt/concerned ADMINISTRATION OF EMERG	ely after the last tudent's cardisspiratory status			
Name of medication	Medicatio	n 1	Medication	on 2
Dose/frequency				
Route of administration	Bucca☐ Nasa	R ect al	Bucca☐ Nasa☐	R @ct al
Expiry date Any other specific instructions?				
Storage instructions Tick appropriate box(es)	Stored at school Kept and managed by self Refrigerate Keep outof sunlight Other	00000	Stored at school Kept and managed by self	

5. Authority to Act.				
This asthma management and emerg	ency response pla	an authoriseshbel staff to follow my/our advice		
and/or that of our medical practitioner	. It is valid for one	e year or until I/we advise the school of a change in m		
child's health care requirements.				
Parent:	Medical Practitioner(if required):			
	_			
Date:	Di	ate:		
Review dte:		Correction		
Factor		actor		
OFFICE USE ONLY				
Date received: Da		Date uploaded to SEQTA:		
Is specific staff training required? YES	NO Ty	/pe of training		

Training service provider: