

5. Authority to Act.

This asthma management and emergency response plan authorises staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my child's health care requirements.

Parent: _____ Medical Practitioner(if required): _____

Date: _____ Date: _____

Review date: _____ Correction Factor

OFFICE USE ONLY

Date received: _____ Date uploaded to SEQTA: _____

Is specific staff training required? YES NO Type of training

Training service provider: