



Asthma

Child's Name: _____ **Class:** _____

Parent's/Guardian's Name: _____

Telephone Number: _____

I give permission for my child to use the School's Ventolin and/or Volumatic if necessary. This will only be used when a child does not have his/her own Ventolin with him/her, or in case of an emergency.

Parent's/Guardian's Signature: _____ **Date:** _____

