



**II. To Be Completed by Parent/Guardian**

\_\_\_\_ *I give my permission for my child to carry and self-administer inhaled asthma medication if needed before exercise or to alleviate asthma symptoms as directed by his/her physician.*

\_\_\_\_ *I request that my child be assisted by authorized school personnel in taking the medication described above while at school.*

*Authorization is also hereby granted to release this information to any appropriate school personnel who interact with my child.*

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Parent/Guardian Signature

Date