



**Arlington**  
INDEPENDENT SCHOOL DISTRICT  
*More Than a Remarkable Education*

### Asthma 411 Permission

Arlington ISD participates in the Asthma 411 emergency albuterol program for children experiencing the symptoms of asthma who do not have personal rescue medication at school.

If you would like your child treated with this emergency medication while at school on the school campus, please complete the form and return it to the campus nurse.

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

My child named above has been diagnosed with Asthma by their healthcare provider. I give the campus nurse permission to give my child the Asthma 411 emergency medication if it is needed during the school day. I understand by signing and returning the form I give the nurse permission to give the emergency medication even if I cannot be reached at the time of the emergency. I understand that I may remove this permission at any time by giving the nurse written notice that I no longer want this medication available to my child.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date