

PARENT NOTIFICATION AND AUTHORIZATION

As part of your child's program at school, it will be necessary for him/her to wear a respirator during his/her participation in \_\_\_\_\_\*.

It has been determined that using a respirator places substantial strain on the cardiopulmonary system which could affect lung or heart problems. In order to be sure that your child is in proper physical condition to withstand the stress, it will be necessary for you to authorize your child to use a respirator and to have a physician sign the attached form. If you do not have a physician, the school's physician has agreed to examine your child for this purpose at a cost of \$\_\_\_\_\_.

Thank you for your cooperation.

\_\_\_\_\_  
(Principal or Director)

\* This information must be very specific as to the work being performed: i.e. sandblasting, spray painting, etc.

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I give my permission for my child to wear a respirator as part of their vocational training at the school.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date