

**Ventilator Assisted Children's Home Program
100 North 20th Street, Suite 201
Philadelphia, Pennsylvania 19103**

Bioterrorism Preparedness

I/We _____ have received a copy of
(Name of Responsible Party)

**the Bioterrorism Preparedness policy of the Ventilator Assisted
Children's Home Program.**

Name: _____
Signature Print Name

Date: _____