



Dear Elementary School Parent,

Your school is participating in a program sponsored by Breathe Pennsylvania which provides education to students with asthma. **Your School Nurse has verified your child has a diagnosis of asthma and qualifies to participate in this program.**

School Nurse _____ Email _____

School _____ District _____ Phone _____

Students attending this program will learn about asthma, identify triggers, and early warning signs. They will receive a free Student Asthma Kit which includes an Asthma Action Profile, a peak flow meter, and a spacer for school. Your child will receive instruction on how to properly use these management tools. The second educational session will be one month later to see how students are doing.

Parent/Caregiver, please check all that apply and return this form to your School Nurse by _____ (date)

_____ I give permission for my child to attend 2 free school asthma educational sessions.

_____ I would be interested in a parent program to better understand my child’s asthma.

You can also visit www.breathepa.org and click on the YouTube button in the right hand margin to view videos.

_____ I would like information regarding Asthma Camp for children with asthma ages 8-13.

_____ Photo Release-I grant permission to Breathe Pennsylvania to take photos of my child on this day.

Student’s Name _____ Grade _____ Age _____

Parent/Guardian’s Name _____ Phone Number _____

Parent/Guardian’s Signature _____ Date _____

Email _____

Home Address _____ City _____ State _____ Zip _____

Physician Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

THIS SECTION IS FOR BREATHE PENNSYLVANIA OFFICE USE ONLY

RECEIVED: PFM-CIRCLE: SCHOOL/HOME SPACER-CIRCLE: SCHOOL/HOME PARENT PROGRAM ON _____ (DATE)

COMPLETED: EDUCATIONAL SESSION 1 1 MONTH PROGRAM YEAR: Year 1 Year 2 Year 3 Year 4 Year 5

© July 2015