



Dear Parent,

Your school is participating in a five-year School Asthma Initiative (SAI) Program for students with asthma sponsored by Breathe Pennsylvania. **Your School Nurse has verified your child has a diagnosis of asthma and qualifies to participate in this program.**

Completed by School Nurse:

School Nurse _____ Email _____

School _____ District _____ Phone _____

Students attending this program will learn how to properly manage asthma. High School students will also utilize a “Strategize and be Asthma-Wize®” worksheet which will help the student prepare for independent living. All students participating 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. Each program year will offer reinforcement on learned skills as well an introduction to new skills. The school nurse will choose a date for the first session each school year. After the completion of this first session the nurse will then schedule the second session for elementary students one month later and the high school students three months later.

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 this year.

_____ 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.

Completed by Parent/Caregiver:

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 _____

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