

## Open Airways For Schools Program Consent Form for Parents of Children with Asthma

Dear Parent or Guardian:

Asthma is a lung disease that can be very serious. With good medical care and education for children and parents about how to take care of asthma, a child can better manage their asthma.

This year at our school we are offering at **no cost**, ***Open Airways For Schools***, a nationally recognized asthma management program. ***Open Airways For Schools*** is a program for 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grade students who have asthma. The goal of this program is to help children understand what asthma is, as well as how to better control their asthma.

***Open Airways For Schools*** is a six session program that will be offered to students at our school during the month of \_\_\_\_\_. Each session lasts 40 minutes and will be offered during the school day. Volunteers specially trained by the American Lung Association will teach the sessions.

***Open Airways For Schools*** is a very important educational service for children with asthma. This program can help asthmatic children to effectively control their asthma so that they are better able to attend school, as well as live more active and healthy lives. Children who have the diagnosis of asthma or have symptoms of asthma are encouraged to participate in ***Open Airways For Schools***.

If you would like your child to participate in the ***Open Airways For Schools*** asthma management program, please complete the bottom portion of this page and return it to your child's classroom teacher by \_\_\_\_\_. If you have any questions about this program, please contact your school nurse or the American Lung Association of North Carolina at 537-5776.

### Open Airways Consent Form

I give permission for my child to participate in ***Open Airways For Schools***, the American Lung Association's asthma health education program for children with asthma in elementary school.

**Please Print**

Parent/Guardian's Name \_\_\_\_\_

(Last)

(First)

(MI)

Child's Name \_\_\_\_\_

(Last)

(First)

(MI)

Home Address \_\_\_\_\_

(Street)

(City/State)

(Zip)

Name of School \_\_\_\_\_

Classroom Teacher \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_