

## **UPMC St. Margaret**

## 2019-2020 Parent-Guardian Release Form – Family Health Center

Dear Parent-Guardian,

**Breathe Pennsylvania and the UPMC St. Margaret School Health Partnership** will offer a program to provide a FREE school asthma control inhaler. This inhaler will stay at school and be separate from the home control inhaler.

The goal of this program is to help reduce asthma symptoms, so your child misses less school, and spends less time in the emergency room or hospital for their asthma.

Your child must be in grades K-8. (Ages 6-14)

**Your child will need** to be on a daily asthma control inhaler and a rescue albuterol inhaler, and be a patient of UPMC St. Margaret Family Health Centers in: Lawrenceville, Bloomfield-Garfield, or New Kensington.

Parent-Guardian (please check all that apply):			
My child has an albuterol inhaler atsch	oolhome.		
My child has an asthma control inhaler at ho	ome.		
I DO give permission for my child to take one	e dose of their asthma cor	ntrol	
inhaler medication at school, ordered by the	eir doctor and provided <i>fre</i>	e.	
I DO give permission for my child to attend 2	<i>free</i> school asthma session	ons.	
(Child must attend these 2 sessions in order	to receive the free inhale	r.)	
Photo Release: I allow Breathe Pennsylvania	and UPMC St. Margaret to	o take photos	
of my child at this program.	Ç	•	
Parent-Guardian: Please complete this form, and	return it to your Family I	lealth Center.	
Child's Name			Age
Parent's-Guardian's Name			
Parent's-Guardian's Signature		Date	
Home Address			
Phone Number			
My child goes to: School	District		
Check YOUR UPMC St. Margaret Family Health Cent	ers:		
☐ Lawrenceville ☐ Bloomfield-Garfiel Child's Doctor's Name		on	