Permission Slip for Student Participation  
In AAFA's "Teens: Taking Control of Your Asthma"

The Asthma and Allergy Foundation of America (AAFA) is working in partnership with the Division of Adolescent and School Health (DASH) of the Centers for Disease Control and Prevention (CDC) to provide quality asthma education to teens with asthma. Through the community wide project, "Teens: Taking Control of Your Asthma," activities will be held at school to teach teens, parents and school personnel ways to successfully prevent and manage asthma symptoms. As part of this project, adolescents with asthma can participate in the **Power Breathing** Program to learn how to successfully manage their asthma. Developed by AAFA in 1997, **Power Breathing** has multiple sessions designed to teach decision-making skills to adolescents about asthma management. Participation is free.

I, ____________________________________________________________________________, give my child

Name of Parent/Guardian

Name or Student ___________________________________________________________________

School __________________________________________________________________________

Grade ____________________________________________________________________________

Permission to: (check all activities below that your child can participate in)

____ Participate in the **Power Breathing** Program as well as future follow-up sessions.

____ Answer questions and talk about his/her experience with asthma and the need for medical attention.

____ Receive Newsletters and be contacted, if needed, by local AAFA chapter for follow up status.

____ Have his/her photograph taken as part of a group of participants in program activities, and to allow those anonymous photographs to be used in program reports and promotions.

________________________________________________________________________________

Signature of Parent or Guardian __________________________________________________________________________

Date ____________________________________________________________________________

________________________________________________________________________________

Address __________________________________________________________________________

PHONE: __________________________  

I prefer classes to be held:  ________________after school  

____________during regular school lunch period

The Anchorage School District Health Services Program approves this program with support from the Superintendent.

Please return completed form to the your School nurses office. To speak to the AAFA program coordinator about the Power Breathing program, please call Dale Knutsen at 349-0637 or see our web site at www.aafaalaska.com.

*This project is supported by a cooperative agreement (#U58/CCU32O 144) between the Centers For Disease Control and Prevention and the Asthma and Allergy Foundation of America.*

*Power Breathing is held at the following schools: Romig Middle School, Central Middle School, Wendler Middle School, Highland Tech and Mirror Lake Middle School.*