



**AMERICAN LUNG ASSOCIATION®**  
*of Michigan*

Dear Parent: Please complete and deliver this form to your child's school.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_

Name	Relationship	Phone
_____	_____	_____

Name	Relationship	Phone
_____	_____	_____

Physician Student Sees for Asthma: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

- Exercise
  - Respiratory infections
  - Strong odors or fumes
  - Pollens
  - Food (please specify) \_\_\_\_\_
  - Other (please specify) \_\_\_\_\_
- Tobacco Smoke
  - Carpeting
  - Dust
  - Molds
- Cold Air
  - Perfumes
  - Changes in Weather
  - Animals

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal Best Flow Number: \_\_\_\_\_ Monitoring Times: \_\_\_\_\_

**For additional information, call (800) LUNG-USA**