



Consent to Share Asthma Action Plan and Information about My Child's Asthma

Child's name: _____

School: _____ Grade: _____

1. I, the parent or guardian _____, agree that my child's Asthma Action Plan (AAP) and other information about my child's asthma may be shared among those noted below. I understand that this information will be used to help manage my child's asthma when I am not with my child.

Check the box and write in the name of those you want to include in this consent:

- Health Care Provider _____
- School Staff and School Health Office _____
- Day care provider _____
- Clinic or hospital _____
- Coach _____
- Other _____

2. How my child's privacy will be protected:

- My child's health care provider must follow health information privacy laws.
- My child's school and a coach who works for the school must follow school privacy laws.
- Some people are not covered by privacy laws and it is possible they will not keep this information private. This includes my child's day care provider, coach and others that I share my child's asthma information with.

3. I have been told these key points:

- I do not have to give my consent.
- If I do not sign this consent, the quality of asthma care may be affected because other school staff and the health care provider won't have all available information (since information is not allowed to be shared without my consent), but it will not affect the other care my child receives from school staff or their health care provider.
- I may cancel my consent at any time. To cancel my consent, I need to send or deliver a letter to the people listed above asking them to cancel my consent. I will provide my child's name and sign my name.
- This consent form expires in one year.

Signature of parent or guardian: _____ Date: _____

Note to health care provider: Please give this consent to the parent or guardian for them to sign and to take to their child's school.