

Dear Kickin' Asthma Certified Facilitator,

The Kickin' Asthma program is a small group asthma education program for children ages 11-16. Schools and organizations implementing Kickin' Asthma may require parent/guardian permission for children to participate in the program. The American Lung Association has two parent/guardian permission form options depending on the needs of the school or organization.

The two options to obtain parent/guardian permission for a child participant in the Kickin' Asthma program include active or passive permission.

### **Option 1: Passive Permission**

The passive permission option provides facilitators with more flexibility to enroll children in the program. The form informs the parent/guardian about the program and requires a parent/guardian to sign and return only if they **do not** want their child to participate.

### **Option 2: Active Permission**

The active parent/guardian permission form is a traditional permission form that requires parents to return the signed form for the child to participate in the program. This adds an extra step to enroll children into the program but may be required based on the policies in the school or organization.

You can find template Active and Passive Kickin' Asthma Permission Forms below.



## Template Passive Parent/Guardian Permission

Dear Parent or Guardian:

Our school is offering students with asthma a chance to be a part of the American Lung Association's *Kickin' Asthma* program, an asthma self-management education program for teens. Kickin' Asthma helps children with asthma in middle school to high school-aged learn to control their asthma daily. The program has seven objectives:

- Describe asthma and how it affects breathing.
- Identify asthma triggers and strategies to avoid them or reduce their impact.
- Name asthma medicines and demonstrate correct use.
- Recognize and track asthma symptoms.
- Demonstrate what to do during an asthma episode.
- Modify lifestyle to prevent asthma problems.
- Recognize importance of self-advocacy.

The program consists of four, 45-minute sessions taught in-person or virtually. Our school or organization Name will offer Kickin' Asthma beginning on Click or tap to enter a date. and will be provided select in-person or virtually. You will receive instructions about how to register through your child's school-issued email.

Parents are an important part of the program. After each lesson, we hope your child will share what they have learned with you. Even if your child is not having trouble with their asthma now, they will learn ways to stay healthy. Kickin' Asthma does not replace regular visits to your family doctor. Families, schools, doctors, and nurses should all work together to make sure that your child can learn, be active and healthy.

We're excited about this opportunity to help you and your child learn more to control asthma. If you **do not** want your child to be a part of this program at our school or organization, please fill out the rest of this document and return it to the school nurse's office no later than Click or tap to enter a date. Signing and returning this form will release your child from participating in this program. If you want your child to participate in this program, you do not have to return this form.

Sincerely,

[Insert Contact Name]

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

I have read this form and understand the opportunity to enroll my child in **Kickin' Asthma**, the American Lung Association's asthma education program for teens with asthma, at Enter school or organization name.

**My child may not participate in this program.**

Signature: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date: \_\_\_\_\_  
Email: \_\_\_\_\_



## Template Active Parent/Guardian Permission

Dear Parent or Guardian:

Our school is offering students with asthma a chance to be a part of the American Lung Association's *Kickin' Asthma* education program. Kickin' Asthma helps elementary-aged children with asthma learn to control their asthma on a daily basis. The program has seven objectives:

- Describe asthma and how it affects breathing.
- Identify asthma triggers and strategies to avoid them or reduce their impact.
- Name asthma medicines and demonstrate correct use.
- Recognize and track asthma symptoms.
- Demonstrate what to do during an asthma episode.
- Modify lifestyle to prevent asthma problems.
- Recognize importance of self-advocacy.

The program consists of four, 45-minute sessions taught in-person or virtually. Our school or organization Name will offer Kickin' Asthma beginning on Click or tap to enter a date. and will be provided select in-person or virtually. You will receive instructions about how to register through your child's school-issued email.

Parents are an important part of the program. After each lesson, we hope your child will share what they have learned with you. Even if your child is not having trouble with their asthma now, they will learn ways to stay healthy. Kickin' Asthma does not replace regular visits to your family doctor. Families, schools, doctors, and nurses should all work together to make sure that your child can learn, be active and healthy.

We're excited about this opportunity to help you and your child learn more to control asthma. If you want your child to be a part of this program at our school, please fill out the rest of this document and return it to the school nurse's office no later than Click or tap to enter a date.

Sincerely,

[Insert Contact Name]

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I give permission for my child \_\_\_\_\_ to be a part of Kickin' Asthma, the American Lung Association's asthma education program for teens with asthma.

Please send instructions on how to register my child to:

\_\_\_\_\_ (please print your child's school issued email)

Your Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

