

Air Quality Sensitive Group Form

PLEASE PRINT

NAME OF STUDENT	NAME OF SCHOOL	
NAME OF PARENT/GUARDIAN	SCHOOL YEAR	GRADE
TELEPHONE NUMBERS where parent/guardians may be reached during the school day. Include also cellular and pager numbers.		

- Please limit my child's afternoon outside exertion due to his/her medically identified respiratory difficulty or disease. I understand that this medical information will be kept as confidential as possible, but it may be shared with my child's teachers, coaches, playground assistants, and anyone else supervising my child during school or any school-sponsored activity or event.
- I execute this form voluntarily and with full knowledge of its significance. I have discussed the above with my child, and my child is aware of and understands the importance of following all rules set out for the school's events, activities, or sports. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of any school event, activity, or sport. Data from this form may be reproduced by the school and confidentially shared with authorized school employees and volunteers.
- **I have read this form and understand and accept all of its terms.**

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PHYSICIAN'S STATEMENT REGARDING RESPIRATORY DIFFICULTY OR DISEASE

Check one:	
<input type="checkbox"/> This child is sensitive to "Moderately Unhealthy" air quality (AQI is 51-100).	
<input type="checkbox"/> This child is sensitive to "Unhealthy For Sensitive Groups" air quality (AQI is 101-150).	
List restrictions or precautions:	
PHYSICIAN NAME, ADDRESS, PHONE NUMBER	
DATE	SIGNATURE OF PHYSICIAN

FOR OFFICE USE ONLY

Date Form Received	Received By
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