



Asthma and Allergy  
 Foundation of America®  
ST. LOUIS CHAPTER

1500 South Big Bend, Suite 1  
 South St. Louis, MO 63117  
 Phone: (314) 645-2422  
 Fax: (314) 645-2022  
 www.aafastl.org

**SCHOOL NURSE REQUEST APPLICATION FOR SCHOOL EQUIPMENT**

**DATE OF APPLICATION:** \_\_\_\_\_

**SCHOOL INFORMATION:**

School Name: \_\_\_\_\_

Grades: \_\_\_\_\_

School District: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School Nurse(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Fax: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**TYPE OF REQUEST:** AAFA will provide one (1) of each of the following to your school within a school year. If you require more than one of any item, please contact the AAFA office and we will gladly assist your request.

- Peak Flow Meters
- Spacer with Mask
- Spacer without Mask
- Nebulizer
- Tubing Kit
- Nebulizer Mask

**SCHOOL ASTHMA INFORMATION:**

School Total Enrollment: \_\_\_\_\_

Approximate number of students with a diagnosis of asthma: \_\_\_\_\_

Any special circumstances? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School Nurse Signature: \_\_\_\_\_

All information is collected for statistical and AAFA's funding purposes only. All information is kept confidential. HIPAA's Privacy Rule generally requires health care providers to require business associates to use appropriate safeguards to prevent the use or disclosure of PHI in a manner consistent with the Privacy Rule. AAFA safeguards your Protected Health Information (PHI).

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| <p><i>For office use only:</i><br/>         Application received on: _____ by _____ Durables sent on: _____ by _____</p> |
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