

**REQUEST FOR ASTHMA WORKSHOP**

**Fax this completed form to: (410) 244-1366**

**Attention: Magaly Burgess Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Baltimore City Community-Based Asthma Education:**

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Expected # of Attendees \_\_\_\_\_\_\_\_\_\_\_\_\_Target Audience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The workshop will be conducted in: English \_\_\_\_\_\_ Spanish\_\_\_\_\_\_\_

**The Baltimore City Health Department provides**

 **FREE workshops**

**in English or Spanish**

**for parents and caregivers of**

**children with asthma**

**Topics covered include:**

* Asthma symptoms and symptom prevention
* Identification and reduction of asthma triggers
* Talking with your provider
* Sharing concerns about caring for a child with asthma
* Or tailored to your audience