



**HEALTHY KIDS EXPRESS ASTHMA PROGRAM
COMMUNITY EDUCATION EVENT REQUEST**

Services requested from our program:

- Asthma education Asthma information
 Asthma action plans Other:

ORANIZATION INFORMATION			
Name of organization:		Today's Date:	
Street address:		City, state, zip:	
Name/Title of person requesting service:			
Phone #:	Fax #:	E-mail:	
EVENT INFORMATION			
Date(s):	Time(s):	Set-up time:	# of attendees:
Location of event:		Age range of children:	
Has this event been held before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this an INDOOR or OUTDOOR event? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors			
Information about your organization:			
Additional comments:			
How did you hear about us?			

*Completed forms may be **FAXED** to 314-286-2904 Attn: Asthma Community Event Request
Or **EMAIL** to ali2108@bjc.org*

FOR OFFICE USE ONLY

		Lead Person:					
Date request received:		<input type="checkbox"/> Assigned <input type="checkbox"/> Not Assigned					
Date agency contacted:		Spoke to:					
Status of event:							
# Staff needed:	Any	Driver	Edu	AC	RN	SW	PNP
POST -EVENT REVIEW							
Staff involved:				Actual hours worked:			
Do you recommend participating in this event again? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Reason:							
Estimated number of people who stopped by booth:				Adults		Children	
Additional comments:							