

Children's
Asthma & Allergy
Services at Orland
Township



Help bring asthma and allergy services
to Orland Township!

**Mobile Care Chicago is a not-for-profit
organization that brings child medical services to
the community with their mobile medical clinics.**



Children can be screened for allergies and asthma by a specialist and then have a treatment plan set up, if needed. All appointments are **free** of charge. For more information on Mobile Care Chicago, visit their website, mobilecarechicago.org.

Orland Township would like to bring Mobile Care Chicago's Asthma Van to the Township, but must first show community interest and need for the service. You can help make this happen by filling out a short survey regarding your child's respiratory health.

The Respiratory Health and Allergy Survey is available at orlandtownship.org as well as at Orland Township 14807 S. Ravinia Ave., Orland Park. Please complete the survey and return to Orland Township by Wednesday, September 30.

Thank You!

This activity is not sponsored by Kirby School District 140 or any of its schools or groups officially associated with the District.



Comprehensive Care for Chicagoland's Children with Asthma

RESPIRATORY HEALTH & ALLERGY SURVEY

Please print

Child's name _____ Last First

School _____ Date of Birth _____ Today's Date _____

- 1. Has your child EVER been diagnosed by a doctor or other health care provider as having asthma? No Yes
2. Has your child had episodes of wheezing (whistling in the chest) in the last 12 months? No Yes
3. In the last 12 months, have you heard your child wheeze or cough during or after active play? No Yes
4. Other than a cold, in the last 12 months, has your child had a dry cough at night? No Yes
5. In the last 12 months, has your child been to a doctor, an emergency room or a hospital for wheezing? No Yes
6. Does your child have any symptoms of itchy, runny nose, itchy eyes, sneezing, or dry cough when the weather changes, or when they are around certain pets or places? No Yes
7. Does your child have a history of any food reaction? No Yes

If you answered "yes" to any of the above questions, your child may have asthma or allergy symptoms.

YES, I would like a call with more information about how to receive a medical evaluation and ongoing treatment for asthma at NO COST for my child.

Parent name _____ Last First

Home address _____ Street

City/State/Zip _____ Email Address

Please write at least two telephone numbers where you can be reached.

Home () _____ - _____

Cell () _____ - _____

Work () _____ - _____

No, I am not interested in this free mobile asthma service.

Please return completed Surveys to: Orland Township, 14807 S. Ravinia Ave. Orland Park, IL 60462 Surveys should be returned no later than Wednesday, Sept. 30, 2020.

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