

Asthma Equipment Recipient Release Form

After obtaining asthma equipment from the Dakota County Public Health Department (DCPH), you must follow all of the manufacturer's instructions. You must also mail the equipment registration card to the manufacturer.

Child's Name: _____ Child's DOB: _____
 Address: _____
 City: _____ State: MN Zip Code: _____
 Phone: _____

Data practices notice:

Dakota County Public Health uses the information you have provided on this form for purposes of providing you with asthma equipment, and to verify that the address provided above is within Dakota County. You may refuse to supply the information requested on these forms, but if you do so we will not be able to provide you with the asthma equipment. In such case, you would have the opportunity to purchase such equipment from a private vendor. Dakota County has no responsibility or control over the information you share with the manufacturer of the equipment.

You agree as follows:

I have received the following equipment:

- ☐ Vacuum (HEPA FILTER)
☐ Replacement Vacuum bags
☐ Air Purifier ☐ Large ☐ Small
☐ Dehumidifier
☐ Mattress Encasement ☐ Twin ☐ Full ☐ Queen ☐ King
☐ Pillow Encasement
☐ Other

Please initial each statement below:

<u>Recipient</u>	<u>Employee</u>	
_____	_____	I have been instructed and I understand how to use the equipment listed above correctly according to the manufacturer's instructions. I agree to use this equipment correctly, according to these instructions.
_____	_____	I have received all the equipment identified above and other items necessary for proper use of this equipment as described in the manufacturer's instructions. I have found the equipment to be in good condition.
_____	_____	I will fill out the equipment registration card and understand that it is my responsibility to mail it to the manufacturer so that I may be notified of any safety notices.
_____	_____	I understand that this equipment may not be used for resale.
_____	_____	I agree that I will not bring claim against Dakota County, its employees and agents, for any damages resulting from the use of this equipment. Further, I will indemnify Dakota County, its employees and agents in the event any claim is brought by or on behalf of any member of my family for any damages resulting from the use of this equipment. This agreement is binding upon my heirs, successors, or assigns.

Printed Name of Recipient: _____

Signature of Recipient: _____ Date: _____

Signature of DCPH Employee: _____ Date: _____