

STUDENT HEALTHY WEIGHT PROGRAM

Referral Prescription and Consent Form Notification

Date: _____

Healthcare Provider: _____

Phone: _____

Email: _____

Fax Number: _____

Student Name or Student Initials: _____

Student Elementary School: _____

Student Grade: _____ Student Age: _____

Patient Referral Prescription Form completed by Healthcare Provider provided to the student's school nurse by parent and/or school systems' nurse coordinator

Yes _____ Parent _____ Nurse Coordinator _____ Both _____
 No _____

Signed Consent Form by parent provided to student's school nurse by parent and/or school systems' nurse coordinator

Yes _____ Parent _____ Nurse Coordinator _____ Both _____
 No _____

Email or Fax this Patient Referral Prescription and Consent Form Notification to School Systems' Nurse Coordinator

School System	Nurse Coordinators	Email Contact	Fax#
Baltimore County	Deb Somerville	dsomerville@bcps.org	410-296-0148
Frederick County	Jenifer Waters	jenifer.waters@fcps.org	301-644-5020
Harford County	Mary Nasuta	mary.nasuta@hcps.org	410-638-4313