

STUDENT HEALTHY WEIGHT PROGRAM

Referral Prescription and Consent Form Receipt Notification

Date: _____

Healthcare Provider: _____

Phone: _____

Email: _____

Fax #: _____

Student Name or Initials: _____

Student Elementary School: _____

Student Grade: _____ Student Age: _____

Prescription Referral Form completed by Healthcare Provider received by school nurse

Yes _____

No _____

Signed Consent Form received by school nurse:

Yes _____

No _____

Physical Education teacher informed of student in the program

Yes _____

No _____

Please Email or Fax Receipt Notification Form to Healthcare Provider and 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