

STUDENT HEALTHY WEIGHT PROGRAM



Referral Prescription and Consent Form

The Student Healthy Weight Program is designed to improve communication between children, families, health care providers and school staff to more effectively address the needs of school children with high BMI (defined as above the 97%ile for age). The Student Healthy Weight Program requires authorization and a referral prescription by the primary care provider by their request.

Parental authorization and consent to proceed is mandatory.

This referral prescription form must be taken to school nurse along with signed consent form for participation!

Date: ____/____/____ Provider: _____ Provider Contact Phone: _____

Provider Email: _____ Provider Fax# _____

Provider Signature _____ **Preferred Method of Contacting Provider** _____ Email _____ Fax _____

Student: _____ Date of Birth: ____/____/____

School: _____ Grade: ____ Age: _____

Parent/Guardian _____ Home Phone: _____ Cell: _____

Baseline Health Data:

Weight: _____ Height: _____ BMI %ile: _____ B/P: ____/____

Asthma: _____ Cardiac Conditions: _____ Other: _____

General Comments:

Goals for next Six Months:

____ Decrease BMI % ____ Increased Physical Activity/Education ____ Improved Food Choices/Nutrition Education
____ Other:

School Nurse: Check all that apply

____ Discuss Nutrition topics and Sleep Habits _____ Discuss and Review Nutrition Logs
____ Measure Weight, Height, and Blood Pressure ____ Quarterly ____ Other
____ Communicate student progress to Health Care Provider and parent using Quarterly Reports

Physical Education Staff: Check all that apply

____ Develop plan for increased physical activity before, during, or after school if appropriate
____ Discuss and review Physical Activity Logs
____ Discuss Physical Activity topics and Screen Time Habits
____ Communicate student progress to Health Care Provider and parent using Quarterly Reports

Authorization of Consent Form

This **Authorization of Consent** for the Student Healthy Weight Program is to **be returned to the school nurse** for coordination at the school with the Nurse and Physical Education staff so as to establish a personalized intervention plan. Continued involvement and cooperation of the family is anticipated and critical to the success of this program.

We hereby authorize and consent to the enrollment of my student, _____ in the Student Healthy Weight Program for an individualized intervention program at the school. I grant permission for the school nurse and physical education teacher to provide Student Healthy Weight Program services to my child. I understand that it may be necessary for the nurse and the referring health care provider to share school and health information verbally and in writing as part of this plan of care and grant them permission to do this.

PARENT/GUARDIAN: _____ **Date:** _____

REQUESTED BY HEALTHCARE PROVIDER: _____ **Date:** _____

REVIEWED BY SCHOOL NURSE: _____ **Date:** _____