

Doc 1
February XX, 2006

Dear Parent or Guardian:

Winston Salem Forsyth County School System, in partnership with the Sara Lee Center for Women's Health at Forsyth Medical Center, is launching a health initiative to improve and protect your child's health. This health screening initiative will determine your child's Body Mass Index. Body Mass Index (BMI) is a number derived from your child's height, weight, age and gender that gives a general indication of whether your child's weight falls within a healthy range.

The incidence of childhood overweight is dramatically increasing in North Carolina and throughout the country. Being overweight has both long-term and short-term health consequences. Sixty five percent of obese five to ten year olds have at least one cardiovascular risk factor and 25% have two or more. The risks of overweight in children include early maturation, Type 2 diabetes, high blood pressure, high cholesterol, sleep apnea, and orthopedic complications. Overweight children are likely to miss four times more school than their normal weight peers. This screening is an attempt to raise awareness and help address the problem of childhood overweight.

During the month of March, your child will be weighed and measured by his/her physical education teacher. Height and weight will be entered into a database that will calculate BMI and BMI percentile for age and gender. The scales used will have a remote readout, using the standards of the American Pediatric Academy, to ensure that your child and his/her peers will not see their own or any other student's weight.

If your child's BMI falls in a high risk category, you will receive a confidential letter explaining the results and corresponding educational material.

If you do not wish your child to take part in this health screening, please sign below and return this form to your child's homeroom teacher on or before _____. By not returning this form, you consent to your child's participation in this screening process.

Healthy habits start early and we appreciate your dedication to your child's well being.

Sincerely

School Logo



I do not want my child to take part in this screening process.

Child's Name: _____

Parent/Guardian signature: _____