



PE4ME JR. STUDENT CONSENT FORM

Dear Parents and Guardians,

_____ School is proud to offer a new physical education class entitled "PE4ME JR" The class will emphasize total health and wellness by promoting the benefits of regular fitness and nutrition as a part of a healthy lifestyle. Students will be participating in a regular fitness program and learn about healthy eating choices. Students will be encouraged to increase their physical fitness, activity and improve their nutritional habits that they can follow for a lifetime.

_____ School will be partnering with The American Academy of Pediatrics and its staff of pediatricians and nutritionists to provide thorough assistance. Each student will receive, at no charge, a physical exam, measurement of height, weight, body mass index, waist circumference and a nutritional assessment.

With your written consent we will attempt to place him/her in this class. As a parent of a program participant, we will ask you to attend two nutrition presentations with your family. For further information you may contact _____ (teacher name and number).

Sincerely,

I hereby authorize _____ Student ID# _____
To participate in the above mentioned PE4ME JR. program at _____ School.

___ My son/daughter does not have any pre existing medical conditions that would restrict involvement in this class

___ My son/daughter has the following known medical conditions that may prevent or restrict involvement:

May we contact you about having your child take part in other studies? In addition to the current study, there may be other similar studies offered to children in your child's school. (Note: You are free to choose to take part in another study or not. Being in the present study does not mean you agree to be in another study. You and your child must give permission for each study.)

Yes, I agree to be contacted about other studies. (your initials _____)

No, I do not agree to be contacted about other studies. (your initials _____)

Parent Signature _____ Date _____