

# Parent Notification

## Growth Screening

[School Letterhead]

[Date]

Dear Parent or Guardian,

This letter is to let you know about a Height/Weight/Body Mass Index (BMI) Screening Program that will be occurring in your child's school on [Insert dates]. The purpose of this program is to measure the health and growth of the students and to identify students who are at risk of underweight or overweight. To begin this program, we will measure your child's height and weight. We use the height and weight to obtain a BMI measure, which is one way to determine if your child may be at risk for underweight or overweight.

The school nurse will supervise the screening and your child's privacy will be respected and maintained at all times. The results are confidential and will be kept in your child's school health record. The results will be mailed home or directly communicated in writing to you. Your child's height, weight and BMI will not be given to the child or anyone else in the school. Please keep in mind that this is only a health screening. Please share the results with your child's healthcare provider, who is the best person to evaluate the health of your child and can further explain the results of the screening. The school nurse is available to assist with referrals to healthcare providers.

Additional information about BMI and children's wellness and fitness is available from the school nurse or you may access the Centers for Disease Control and Prevention resources at [http://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)

If you have any questions about the screening, please feel free to contact your school nurse.

Respectfully,

\_\_\_\_\_, School Nurse [may also consider having the principal co-sign the letter]

If you **DO NOT** want your child weighed and measured, please complete and sign below and send it back to school with your child by [Insert dates].

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I do not want my child to be measured in the Growth Screening.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ONLY Return this form to school IF YOU DO NOT WANT YOUR CHILD MEASURED.**

*(Adapted with permission from Sample letter to parents introducing BMI testing – National Association of School Nurses – School Nurse Childhood Obesity Prevention Education [S.C.O.P.E.], [2013]. Silver Spring, MD: NASN)*