



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

HEALTH CARE PROVIDER CLEARANCE FORM

Date:

Dear Health Care Provider:

_____ is eligible for enrollment in YMCA's Healthy Weight and Your Child (HWYC).

Healthy Weight and Your Child is an evidence-based lifestyle change intervention to address childhood obesity for children ages 7–13 with a body mass index in the 95th percentile or higher and their families. This weight-management program focuses on nutrition education and physical activity to encourage healthier eating habits and an active lifestyle to achieve a healthy weight.

By completing the form below, you are not assuming any responsibility for our administration of the moderate-to-vigorous intensity physical activity components of the program. If you know of any medical or other reasons why participation in the YMCA Healthy Weight and Your Child program by the child would be ill-advised, please indicate so on this form.

If you have any questions about the YMCA Healthy Weight and Your Child program, please email Jennifer Allen at Jennifer.Allen@hrymca.org.

Please complete the information below and fax to Jennifer.allen@hrymca.org at 413-586-1912

Report of Health Care Provider

- I know of no reason why the child may not participate
- I know the child can participate, but I urge caution because _____
- The child should not engage in _____
- I recommend the child NOT participate

Health Care Provider signature _____ Date _____

Name (printed) _____

Address _____ Telephone _____

City and State _____ Zip _____