*(PRINTED ON OFFICIAL SCHOOL LETTERHEAD)*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

This letter is to let you know about the Body Mass Index (BMI) Screening Program that will be taking place soon at our school.

BMI is a measure that is used to show a person’s weight for height for age. It is calculated using an individual’s height and weight. Just like a blood pressure reading or an eye screening test, BMI can be a useful tool in identifying possible health risks, but it does not provide a diagnosis.

Massachusetts schools have taken students’ heights and weights each year since the 1950s. According to the state’s new BMI screening regulations (approved in 2013), schools must now collect the heights and weights of students in grades 1, 4, 7 and 10. BMI data collected for all children in these grades will be gathered and reported to the Massachusetts Department of Public Health as a combined number. No individual student’s BMI results will be shared with anyone other than you.

The school nurse will supervise your child’s screening and will make sure your child’s privacy is respected at all times. Your child’s height, weight, and BMI measurements are strictly confidential – results will be kept in your child’s school health record and will not be shared with anyone without your written permission.

This year, the BMI screening will take place in \_\_\_\_*(insert month of screening)*\_\_\_\_. All children in grades 1, 4, 7 and 10 will have their height and weight measured and will have their BMI calculated at that time. Parents and/or legal guardians can request that their child not participate in this screening. This request must be submitted in writing to the school nurse.

Additional information about children’s wellness and fitness is available upon request, or you may access the state’s resources at www.mass.gov/massinmotion/.

If you have any questions, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 *(phone number)*

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, School Nurse
 *(Printed Name) (Name of School)*