



I am referring:

<i>Student's Name</i>	<i>Gender</i>	<i>Student's Date of Birth</i>	<i>Age</i>
<i>Street Address</i>		<i>Parent/Guardian's Name</i>	
<i>City, State</i>	<i>Zip Code</i>	<i>Parent/Guardian's Daytime Phone</i>	
<i>Student's primary language spoken</i>		<i>Parent/Guardian's primary language spoken</i>	

for nutrition assessment, medical nutrition therapy, nutrition education, group counseling focusing on behavior modification, and physical activity delivered through the Fit Families program for a BMI-for-age >85th percentile.

Date taken: _____ **Weight:** _____ **Height:** _____ **BMI:** _____

 *School Nurse's Name Printed *School Nurse's Name Signed

 *Street Address *City, State, Zip Code

 *Date *Phone Number *Fax Number E-mail Address

*** Information must be provided for us to process this request**

****Parental/Guardian Consent:** I understand that my child is being referred to Fit Families. I also understand that the above information may be viewed by, used and released to any and all parties relevant to the healthcare of my child and I give permission to have this information released.

****Consentimiento del Padre o Guardian:** Yo entiendo que mi hijo/a esta siendo referido/a a Fit Families. Tambien entiendo que la información en esta forma puede ser examinado por, usada y circulada a todo y cualquier partido que sea relativo al cuidado medico de mi hijo/a y doy permiso de que esta información sea puesta en circulación.

 Parent/Guardian Signature/Firma del Padre o Guardian

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