



Chagrin Falls Exempted Village Schools

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To: Parents/Guardians
From: Pam Hoover, RN, District Nurse
Re: Body Mass Index (BMI) Screening
Date: November 2, 2011

Ohio Senate Bill 210, known as the Healthy Choices for Healthy Children Act, was signed into law on June, 18, 2010. This law is aimed at reducing childhood obesity by ensuring that students have access to healthy meals and beverages at school and by providing students and parents with information about student health.

One of the first requirements of the law is that districts and community schools must begin Body Mass Index (BMI) screenings for all students in Kindergarten, 3rd, 5th and 9th grades beginning in the 2010-2011 school year. BMI screenings must then take place in these grades every school year. As required by the Healthy Choices for Healthy Children Act, student information will be kept private, by making sure that no other students or school staff members are present when a child is screened.

Chagrin Falls School District has chosen to participate in the BMI screening requirement. The calculation of the BMI is straightforward and only requires two measurements, height and weight. The District anticipates that the height and weight measurements will be done early in the second semester, in PE class, privately behind a screen. The Chagrin Falls District Nurse will rescreen students who fall outside the 5th and 85th percentiles. We would like for all students to take part in the screening, but it is your choice whether or not to allow us to screen your child. No action will be taken against you, your child or the District if your child does not take part.

Please read the section below and check the box only if you **DO NOT** want your child to participate in the BMI screening. If you choose the 'no' box, please sign the form and return it to the school office by Tuesday, December 22nd, 2011. After reading it, if you have questions about the screening, please call Pam Hoover, RN, at 330-998-3350.

(Cut and return the bottom portion **only if you DO NOT** want your child to participate in the BMI screening)

Body Mass Index Screening - Parental Op-Out Form

Child's name: _____

Homeroom Teacher: _____ Grade: _____

I have read this form and know what the Body Mass Index screening is about.

No, my child may not take part in the BMI screening.

Parent/Guardian Signature: _____ Date: _____