



**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 and their families with a body mass index in the 95th percentile or higher. 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 program's moderate-to-vigorous intensity physical activity components. 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 **Erin Widener at erin@ymcaalaska.org** or **Andrea Arts at andrea@ymcaalaska.org**

Please complete the information below and bring this form with you to your Family Enrollment Session at the YMCA of Alaska.

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 _____