

CLARKSVILLE MONTGOMERY COUNTY SCHOOL SYSTEM

Date:

Dear Parent or Guardian,

Under Tennessee law 49-6-1022, TN school systems are required to implement a Coordinated School Health Program this 2007-2008 school year. In order to be in compliance with the state Coordinated School Health program, we will begin collecting health-related data from CMCSS students.

Throughout the 2007-2008 school year, the Clarksville Montgomery County School System will be offering Body Mass Index (BMI) screening to middle school students in grades six and eight. In order to calculate BMI, height and weight will be measured. Trained personnel will complete all screenings with strict adherence to confidentiality of each child screened. This data will be provided anonymously to the state for the purposes of data collection. No identifying information will be provided to the state (e.g. names, social security number, etc).

Body Mass Index is used as a screening tool to identify possible weight problems for children. CDC and the American Academy of Pediatrics (AAP) recommend the use of BMI to screen for overweight in children beginning at 2 years old.

For children, BMI is used to screen for overweight, at risk of overweight, or underweight. However, BMI is not a diagnostic tool. For example, a child may have a high BMI for age and gender, but to determine if excess fat is a problem, a health care provider would need to perform further assessments. A referral will be made for those needing this evaluation.

If we screen your child and find any deviations from a normal screening, we will contact you concerning this matter. Due to prior protocols, vision and hearing screenings for 8th grade students *may* have already been completed. No BMI results will be sent home with your child. BMI or blood pressure results that are not in the "healthy" range will be mailed to your home. Please note there will be no charge for these services.

IF YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN ANY OF THE FOLLOWING SCREENINGS, PLEASE COMPLETE AND SIGN THE FORM BELOW AND RETURN TO YOUR CHILD'S TEACHER.

Please contact me if you have any questions or concerns.

Thank you.

Mesina Bullock
CMCSS Student Wellness Coordinator
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I Do Not want my child to participate in the following screening(s):

Height/Weight Hearing Vision Blood Pressure

Student Name (please print): _____ Grade: _____

Student School: _____

Parent or Guardian's signature: _____ Date: _____