



## PARENT/GUARDIAN CONSENT

### STEPS for Kids Program

I understand that the STEPS for Kids program requires that my child:

- Have medical consent to participate
- Have body measurements, exercise and physical ability testing
- Participate in exercise sessions, discussion groups, and nutrition classes
- Be referred to his/her primary care provider for any severe emotional or medical issues.

I acknowledge that program attendance and a willingness to adopt the suggested lifestyle changes are voluntary and that will determine my child's success. I understand that information may be shared with my child's doctor or school nurse who referred them to this program. I acknowledge that this is a physical program and take full responsibility for the health and wellbeing of my child. I acknowledge that Inspira Health Network and the STEPS for Kids program are not responsible for any injury that may occur to my child.

I hereby give my consent for (child's name) \_\_\_\_\_  
( DOB) \_\_\_\_\_ to participate in the STEPS for Kids program.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of parent/guardian \_\_\_\_\_

Home phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Address \_\_\_\_\_

#### Emergency contact person (please print)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_