



**SOMERSET PUBLIC SCHOOLS  
SOMERSET-BERKLEY REGIONAL SCHOOL DISTRICT**

**SCHOOL HEALTH SERVICES**



Dear Parent/Guardian,

This letter is to inform you about the **Body Mass Index (BMI) Screening Program** that will be happening at your child's school.

A BMI is a measurement that is used to show a person's "weight for height for age." It is calculated using an individual's height and weight. A BMI result can be a useful tool in identifying possible health risks. The purpose of the BMI Screening Program is to give you information about your child's weight status and ideas for living a healthy life.

Massachusetts schools have taken heights and weights of students each year since the 1950s. According to the state's new BMI screening regulation which passed in April 2009, schools must now collect the heights and weights of students in grades 1, 4, 7 and 10. That data will then be used to calculate their BMI. Results will not be released unless specifically requested by a parent/guardian.

The school nurse will supervise your child's screening and will make sure your child's privacy is respected at all times. The results of your child's height, weight and BMI measurements are strictly confidential; the results will be kept in your child's school health record.

A BMI does not tell the whole story about your child's health status. BMI does not distinguish between fat and muscle. For example, if a child is very athletic and has a lot of muscle, his or her BMI may be high even though he/she is not overweight. Your child's doctor or nurse is in the best position to evaluate his/her overall health as well as explain the BMI screening significance. They can also talk with you about whether there are steps you can take to encourage healthy eating and physical activity.

If you have any questions regarding this program, please contact the school nurse. Thank you for your anticipated cooperation.

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**PLEASE RETURN THIS SECTION IF YOU DO NOT WANT YOUR CHILD TO BE SCREENED.**

If a form is not returned, the screening will be performed as required by law.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

**I do not give permission for my child to participate in the BMI Screening Program.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_