Oxford Area School District

Oxford Area High School

David A. Woods, Ed.D.
Superintendent

Brian Cooney
Business Administrator

Margaret Billings-Jones, Ed.D.
Assistant Superintendent

Daniel Babiak, Assistant Principal

James A. Canaday, Principal

Vanessa Kephart, Assistant Principal

Kids First, Progress and Unity

OXFORD AREA SCHOOL DISTRICT
Request to Receive Student BMI Results

Student Information

Student Name: _____

Date of Birth: _____ School: _____

Grade: _____ Teacher/Homeroom: _____

Parent/Guardian Request

Pennsylvania law permits school health personnel to use height and weight measurements to calculate a student's Body Mass Index (BMI) and maintain those results as part of the student's health record. I request that the Oxford Area School District provide my child's annual height, weight, and BMI screening results to:

☐ Parent(s)/Guardian(s) ☐ Student ☐ Both Parent(s)/Guardian(s) and Student

Preferred method of delivery:
☐ Mailed Letter ☐ Parent Portal Notification ☐ Student Sealed Envelope

Acknowledgment

I understand that:

- BMI is a screening tool and does not diagnose a medical condition.
- Questions regarding my child's BMI results should be discussed with my child's healthcare provider.
- This authorization applies to the current school year's BMI screening results.

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Student: _____

Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

For School Use Only

Date Request Received: _____BMI Results Sent On: _____ Sent by _____

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OXFORD AREA SCHOOL DISTRICT
Solicitud para recibir los resultados del IMC del estudiante

Información del estudiante

Nombre de estudiante: _____

Fecha de nacimiento: _____ Escuela: _____

Grado: _____ Profesor / aula: _____

Parent/Guardian Request

Pennsylvania law permits school health personnel to use height and weight measurements to calculate a student's Body Mass Index (BMI) and maintain those results as part of the student's health record. I request that the Oxford Area School District provide my child's annual height, weight, and BMI screening results to:

☐ Padre(s)/tutor(es) ☐ Estudiante ☐ Tanto los padres / tutores como el estudiante

Preferred method of delivery:
☐ Carta enviada por correo ☐ Notificación del portal para padres ☐ Sobre sellado del estudiante

Reconocimiento

Entiendo que:
- El IMC es una herramienta de evaluación inicial y no diagnostica ninguna afección médica.
- Las preguntas sobre los resultados del IMC de mi hijo deben consultarse con su proveedor de atención médica.
- Esta autorización se aplica a los resultados de la evaluación del IMC del año escolar en curso.

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Student: _____

Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

For School Use Only

Date Request Received: _____BMI Results Sent On: _____ Sent by _____