2019/2020 AY

Dear Parents/Guardian:

The LAHC is proud to announce its Healthy Living Program for the 2019/2020 school year! This initiative seeks to promote a healthy youth by motivating and educating children on proper nutrition and fitness. We hope to empower the children to take control of their own health at the earliest age possible.

The Program consists of monthly meetings with students throughout the course of the school year. Students will be taught about the connection between diet, fitness and school performance. Students will be provided with a light snack, a newsletter and handouts such as healthy menu options, recipe ideas and tips to stay active. Additionally, the program hosts various guest speakers such as doctors, nutrition specialists, pharmacists and professional staff who will discuss important topics such as diabetes and obesity prevention to name a few.

**Please note the following important information:** Snacks provided may contain potential allergens. If you believe your child is allergic to any kind of food or if you choose for your child not to receive any snacks, we kindly ask that you advise us ASAP by emailing: marci@lahc.org by calling the LAHC office at 313-254-2660, or the school office and ask to speak to your child’s teacher directly. We look forward to educating Miller Elementarystudentson the importance of making healthy choices. Please fill out the form below allowing for your child to participate and releasing the LAHC of any liabilities.

Sincerely,

Marci Mahssney

Healthy Living Program Manager

LAHC- Leaders Advancing & Helping Communities

**This section must be filled by the parent(s)/Legal Guardian only**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned Parent/Guardian (hereinafter, “I”) understands that Information received through the Healthy Living program is for informational purposes only and is not meant to be either a recommendation for medical treatment or a diagnosis of any medical condition. You should consult a health care provider for the advice and care appropriate for your child’s specific medical needs. By signing the form below, you give permission for your child named above to participate in this program. You also confirm that your child is not allergic to any food items. The LAHC makes effort to identify ingredients that may cause allergic reactions for those individuals with food allergies. Because of the number of different items/snacks served throughout the course of the program, as well as the number of ingredients used, it cannot be guaranteed that every allergen in the food served will be identified and/or labeled. Consumers that are concerned with food allergies need to be aware of this risk. LAHC cannot assume any liability for adverse reactions to food consumed, or items one may come in contact with while eating. You also consent to release the LAHC- Leaders Advancing and Helping Communities and its board of directors/ members, employees, volunteers and sponsors (collectively, the “Indemnities”) and to indemnify and hold the indemnities harmless from all actions, claims, liability, and expenses, whether known or unknown, present or future (and expressly including (1) actions brought or claims made by the student named above after reaching the age of majority, and (2) actions or claims for damages caused in whole or in part by the negligence or gross negligence of the indemnities) relating to or arising from or connected in any manner with the student’s participation in the Healthy Living Program.

**Parent/Legal Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**