

FitnessGram®
ACTIVE PARENTAL PERMISSION FORM

Our school is taking part in the FitnessGram® program sponsored by the Oklahoma State Department of Health. This is a very important assessment tool that will help promote better health and well-being among our youth, improve the school learning environment, and combat problems such as obesity. ***Your child does not have to participate in the assessment. Participation is voluntary and requires your permission.***

FitnessGram® is a fitness assessment and reporting program for youth, first developed in 1982 by The Cooper Institute in response to the need for a comprehensive set of assessment procedures in physical education programs. The assessment includes a variety of health-related physical fitness tests that assess aerobic capacity; muscular strength, muscular endurance, and flexibility. Your child's height, weight, and physical fitness will be measured using the FitnessGram® assessment. Children in grades 3-8 will participate in these measurements. Your child's state assigned school testing ID will be recorded in the FitnessGram® with age, date of birth, gender, height, and weight. **However, no student will ever be mentioned by individual testing ID or name in a report of the results.** Your child's ID number and FitnessGram® results are all that will be provided to the state. The data will be housed in a secure office at the Oklahoma State Department of Health and all electronic data will be housed on a secure server.

It is Voluntary. Students who, with your permission, agree to participate do not have to complete the assessment, and may stop taking it at any time. No action will be taken against the school, you, or your child, if your child does not take part. Your child may stop participation in the evaluation components at any point without penalty.

It is Anonymous. No student names or testing ID will be mentioned in the report of the results. The results will be made available for analysis only under strict confidentiality controls.

Potential Risks. There is little or no risk to your child when participating in the FitnessGram® assessment.

Please check below whether you grant permission, sign, and return this form within three days to the teacher who distributed it.

I ***give permission*** for my child to participate in the FitnessGram® program.

I ***do not give permission*** for my child to participate in the FitnessGram® program.

Child's Name: _____

Grade: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

THANK YOU FOR COMPLETING AND RETURNING THIS CONSENT FORM.