

# Back in Whack for Teens Program Commitment Contract

## for Parent – Teen – School Nurse

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_, agree to the following conditions of parental participation in the *Back in Whack for Teens Program [BiW4Teens]*:

\_\_\_\_\_ I agree to visit with my teen about each program session and/or watch the videos and complete program activities with them.

\_\_\_\_\_ I agree to watch *BiW4Teens* video sessions 1, 5, 12, 13, 14, 15, and 22.

\_\_\_\_\_ I agree to provide support and encouragement to my teen for the duration of the *BiW4Teens* Program (working through program materials 2 months and maintenance phase 4 months).

\_\_\_\_\_ I agree to communicate with the school nurse, at least once a month, regarding my teen's progress with *BiW4Teens*.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, the teen, agree to the following conditions of participation in the *BiW4Teens* program:

\_\_\_\_\_ I agree to watch all 27 *BiW4Teens* videos and complete session activities and exercises to the best of my abilities.

\_\_\_\_\_ I agree to communicate with my parent(s) about which sessions I have completed, what I am learning, which healthy habit goals I am working on, and how I am following my nutrition plan.

\_\_\_\_\_ I agree to visit the school nurse every 2 weeks while I am working through program materials.

\_\_\_\_\_ I agree to visit the school nurse once a month during the maintenance phase of the program.

\_\_\_\_\_ I agree to follow maintenance phase of the program for a minimum of 4 months.

Teen Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, the school nurse, agree to provide respectful feedback, support, and encouragement. I agree to monitor teen's progress during the implementation phase (working through program materials) and maintenance phase (follow healthy lifestyle and eating plan which was developed during the implementation phase) of the *BiW4Teens* program.

School Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_

### Consent to Release Information to Teen's Doctor

I, the parent/guardian of \_\_\_\_\_, give the school nurse permission to release information to my teen's doctor concerning my teen's participation and progress in the *BiW4Teens* program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

