

**ACTIVATE KIDS! COMMITMENT FORM**

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Complete above information or attach patient label to each page.**

Activate Kids! emphasizes three areas of wellness - exercise, nutrition, and emotional wellbeing. The classes focus on healthy choices that lead to better health and higher quality of life. The group sessions include children and adults to encourage a family approach to making healthy lifestyle choices.

Your commitment to practices discussed in the program will influence your results.

**Will you commit to the following success factors?** Please initial your commitments.

- \_\_\_\_\_ • **Attend all 8 sessions.** If you need to miss a session, please call 717-544-0600 or email Donna.Reinford@pennmedicine.upenn.edu.
- \_\_\_\_\_ • **Arrive at 5:50 pm** each week to check-in, submit weekly activity sheets, and be ready to start class at 6 pm.
- \_\_\_\_\_ • **Be prepared to exercise** – wear comfortable shoes and clothing, bring your inhaler (if applicable).
- \_\_\_\_\_ • **Practice the skills** learned in class with your entire household.

I read the Activate Kids! success factors and agree to make this commitment.

\_\_\_\_\_  
Parent or Legally Authorized Representative Signature Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
Patient or Legally Authorized Representative Printed Name

\_\_\_\_\_  
Child Signature Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
Child Printed Name

