

# Healthy Hawks



Helping tennis shoes, fruits and veggies make new friends since 2006

Hello! Thank you for your interest in the Healthy Hawks group program at the University of Kansas Medical Center Department of Pediatrics. Healthy Hawks is a weight management program for children 2-18 years of age and their families. Please see our flyer or call us for more information. The group portion of this program is currently free of cost to you and your family as it is covered by a grant.

This packet includes lots of information for you to review to see if Healthy Hawks is the right program for your child and your family.

In this packet you will find:

1. A flyer that describes the Healthy Hawks program
2. A Patient Information Form
3. An Agreement Form
4. A Three Day Food Record (separate link)

Please read over this information. If you have any questions, please call the Healthy Hawks team at 913-588-2452. If you decide you want to be a part of the program, complete the forms and send them to following address:

Healthy Hawks  
KU Medical Center  
3901 Rainbow Blvd. MS 4004  
Kansas City, KS 66160

If you decide you don't want to participate, that is fine. Just throw away (or recycle) these papers, or pass them along to someone you know who might want to participate.

Thanks for your consideration!

The Healthy Hawks Team

## **What is Healthy Hawks?**

Healthy Hawks is dedicated to helping children and their families overcome issues they face concerning weight. A group of specialists come together to form the Healthy Hawks team in order to help families live healthier lives. We have both individual and group programs, and many of them may be free to you and your family.

### **More about the individual program:**

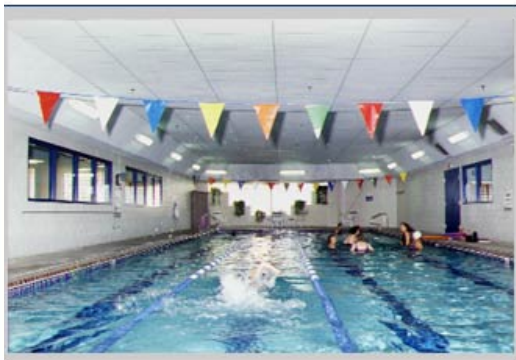
A dietitian, child psychologist, and a nurse practitioner will meet with your family to come up with an individualized plan to face issues specific to your family concerning weight and overall health. Clinic appointments are held in Prairie Village. To schedule an individual Healthy Hawks appointment, please call 913-588-6300.

### **More about the group program:**

The group program is a **free** program offered at KU Medical Center. The program is on Monday nights from 5:00 to 7:00 PM for 12 weeks in a row. Your family will meet with other families who also want to learn how to live healthier and more active lives.

From 5:00 to 6:00 PM, children will join a classroom with other children their age to discuss eating healthier, exercising more, and other health topics. During this time, parents will also be in their own classroom discussing and sharing ideas about how to help their children and the whole family stay healthy.

From 6:00 to 7:00 PM, all the families will go to the Kirmayer Fitness Center across the street from KU Medical Center. During this time, everyone in the family will participate in fun activities and games that engage everyone from small children, teen, and even parents!



Many activities are based in the gym, but we also use the swimming pool, aerobics room, and the field outside when the weather is nice!

### **What to expect in the group program:**

There are additional perks for signing up for the free group program. During the program, you will wear a high tech activity monitor and we will give you feedback on how your child's activity has changed throughout the program. We will also ask you record your child's diet so that we can tell you how many calories, protein, fat, vitamins, and minerals your child has in his or her diet.

After the first 12 weeks, we will continue to follow up with you for a year to make sure you are on the right track! We will meet with you every 3 months to monitor your progress. You are also welcome to continue to exercise with us at Kirmayer Fitness Center on Monday nights after you have graduated from the program.

If you successfully complete the 12 week program, you may be eligible to receive free passes to any YMCA in the KC Metropolitan area.

For more information about the free group program, contact us at 913-588-2452 and check out our website at <http://healthyhawks.kumc.edu/>. We are also on Facebook!

## Healthy Hawks Patient Information Form

**Today's date:** \_\_\_\_\_

Child's name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Gender:

Male       Female

Which of the following best describes your child's race (check all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Hispanic or Latino     Non Hispanic or Latino
- Other \_\_\_\_\_

Your name: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

Your Gender:

Male     Female      What is your relationship to the child? \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other children living in the home:**

Name of child	Date of Birth	Gender

**Other adults living in the home:**

Name of adult	Date of Birth	Gender

**Please put a star (\*) next to all children and adults listed above who you think may attend the Healthy Hawks program.** Remember, EVERYONE is invited and encouraged to participate in our fun program, and we can provide child care with advanced notice.

What is the name of your child's primary doctor? \_\_\_\_\_

How did you hear about Healthy Hawks? \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Agreement Form**

**Dear parents,**

Please read over each item. If you as the parent agree to an item, please initial on the line. If you initial all items, then you and your family is eligible for participation in Healthy Hawks! Please call us if you have any questions at 913-588-2452.

1. \_\_\_\_\_ I agree to come to group meetings for two hours at KUMed every Monday evening for 12 weeks. I understand that these meetings involve one hour of group and one hour of exercise and I will participate in both.
2. \_\_\_\_\_ I agree to be active in this program for one year and inform the Healthy Hawks team of any unavoidable absences prior to the missed meeting.
3. \_\_\_\_\_ I agree to change the health habits of my entire family in order to help us all improve our health.
4. \_\_\_\_\_ I agree to do all I can to keep all of my family's positive habits in place for a lifetime.
5. \_\_\_\_\_ I agree that at least one parent from our family can come with our child to every clinic visit and every group meeting, including the gym time. (We welcome all members of the family, but want to be sure at least one parent can come every time).
6. \_\_\_\_\_ I am confident that a program like Healthy Hawks can help my child to lose weight.