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MM/DD/YYYY

**School Name**

**School Address**

**Phone:**

**Fax:**

Attn: School Nurse

Dear **School Nurse**:

I am writing on behalf of one of your students, **Youth's Name**. This child is currently enrolled in Bergen's Promise's Behavioral Health Home Program, and as part of their participation, the state requires regular monitoring of the youth's **height, weight, blood pressure and school attendance**. In order to obtain the most accurate and current measures possible (using calibrated equipment), Bergen's Promise would like an opportunity to collaborate with you to monitor and collect information on these benchmarks.

We are requesting, with permission of the youth's parent/guardian, that the height, weight, blood pressure of this child be measured in school **monthly**. These measurements are to be shared with our program nurse and/or health and wellness educator at Bergen's Promise Behavioral Health Home.

Please see the attached copy of the youth's signed HIPAA release, which grants permission for communication of protected health information between the youth's school and Bergen's Promise, Inc.

I will be contacting you to discuss the details of this collaboration. In the meantime, please feel free to contact me at the number listed below.

Thank you for your assistance in helping this youth realize his/her health and wellness goals.

Sincerely,

Jan Schlaier, Ed.D (c); FNP-BC  
Director of Health Services  
Bergen's Promise, Inc.  
Phone: (201)712-1170  
Fax: (201)712-0391

