

Nutrition and Physical Activity Policy Document Template

Policy Statement

Why this is important:

Nutrition Indicator(s) ____

Policy Text:

Physical Activity Indicator(s) ____

Policy Text:

OPTIONAL:

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child _____