

Dear Principal,

I want to thank you for considering partnering with HealthCorps for the commencement of this historic national program in your school. HealthCorps is unlike any other class in which your students will participate. In fact, it's not a class at all.

HealthCorps is a series of seminars, led by a mentor, on some of the most practical life skills a kid will ever learn – becoming an educated nutritional consumer, embracing everyday fitness, managing stress, becoming a community health activist and understanding the most precious item they'll ever inherit – their bodies

I have attached a summary of our HealthCorps flyer so that you may further understand what the program does and the crisis of obesity and diabetes out of which it was born. I have also attached our standard school agreement so that you can better understand both what you and HealthCorps may expect from one another as you move forward.

Perhaps one of the most important aspects of this program is the ease of implementation it presents to you, the school administrator:

- HealthCorps is self-funded, thus ensuring its continuation throughout the school year and preventing it from diverting monies from mandated academic programs. HealthCorps provides \$75,000 to run the program from the beginning of July (commencement of HealthCorps coordinator training) through the end of the school year the following June.
- HealthCorps provides staff to implement and teach the program. Thus, it does not drain valuable school administration and instructor time.
- HealthCorps seeks to supplement not supplant your current health and wellness curriculum. It is designed to fit your needs and fill voids. If you wish, our coordinators integrate into a Biology, Health, Home Economics or Wellness class or hold luncheon or elective period HealthCorps seminars. Prior to the commencement of the program, and after a school has filled out their school agreement, our Director of Curriculum meets with you to establish the particular schedule that best fits your school.

We hope, once you've weighed all the benefits, you'll join us in working to bring comprehensive health education programs into more American classrooms and your backyard!

Best wishes,



Mehmet Oz, M.D.



HEALTHCORPS/SCHOOL

AGREEMENT

(FOR HEALTHCORPS USE ONLY)

1

Agreement No. _____ State _____

2 **HealthCorps**, located at 30 Wall Street, 6th Floor, New York, NY 10005, is a program under the Foundation for the Advancement of Cardiac Therapies (**FACT**), a registered 501(c)3 organization.

3 HEREBY AGREES with:

Name of School:

Address:

ATTENTION:

4 TO PROVIDE the materials/services as described below (and in accordance with the terms set forth in this agreement):

1) A comprehensive health education and preventive program founded and designed by cardiac surgeon, Dr. Mehmet Oz, to educate American youth about the workings and wonders of their bodies through in/after school seminars on diet, nutrition and exercise. HealthCorps empowers children to become educated consumers and to make healthy choices that can be measured by changes in rates of obesity and physical fitness as well as mental resilience and self esteem.

2) An educational program intended to supplement and strengthen, not supplant, existing academic health, biology, home economics and wellness programs within schools. It strives to work collaboratively with academics and school administrators to ensure that each student receives a comprehensive health education. HealthCorps integrates as much as possible into current classes, through the permission of teachers and administrators, to fill voids which schools and existing curriculum are unable to fill due to budgetary and staffing constraints.

5 The above materials/services are to be provided on (month/year)_____through (month/year)_____



HEALTHCORPS/SCHOOL

AGREEMENT

<p>6 Any questions related to this Agreement may be referred to: Rob Roberts, Director, Training & Curriculum, HealthCorps, at 646-361-0495 or rob.roberts@healthcorps.org . More detailed information on the program may be obtained at www.healthcorps.org</p>	
<p>8 HealthCorps has assigned (name) _____ to serve as the program “Coordinator” for the period of this agreement.</p> <p>Phone #: _____</p> <p>Email: _____</p>	
<p>9 All costs relating to the program shall be paid by HealthCorps through public funding partnerships and/or private contributions.</p>	
<p>10 Schedule A through Schedule E and other schedules (if applicable) attached hereto are an integral part of this Agreement.</p>	
<p>11 If the proposed Agreement is acceptable, please execute all copies and return to HealthCorps, at the address listed above, for final approval. A copy of the fully executed Agreement will be forwarded to you, which will constitute your authorization to proceed with the work described herein.</p>	
<p>12 AGREED TO AND ACCEPTED BY:</p> <p>_____</p> <p>School</p> <p>By: _____</p> <p>Title: Principal</p> <p>Date: _____</p>	<p>13 AGREED TO AND ACCEPTED BY:</p> <p>HEALTHCORPS</p> <p>By: _____</p> <p>Title: Executive Director</p> <p>Date: _____</p>

HEALTHCORPS/SCHOOL

AGREEMENT

Schedule A - Contact & School Information Sheet

(Print or type the following information.)

School Name:

District:

Address:

City:

State:

Zip:

Phone:

Fax:

HealthCorps Coordinator :

Email :

Phone :

School Principal:

Email:

School Ass. Principal :

Email :

School Administration Contact:

Email:

Phone #

Room#:

Website Address:

Total Student Enrollment:

Grades Served:

Key School Contacts:

1. Child Nutrition Services Manager/Cafeteria Manager

Name:

Email:

Phone #:

Room#:

2. Physical Education Teacher



HEALTHCORPS/SCHOOL

AGREEMENT

Name:

Email:

Phone #:

Room#:

3. Health Education (if applicable)

Name:

Email:

Phone #:

Room#:

4. Science/Biology/Anatomy

Name:

Email:

Phone #:

Room#:

5. Home Economics (if applicable)

Name:

Email:

Phone #:

Room#:

6. Parent Coordinator/Liaison

Name:

Email:

Phone #:

Room#:

Does your school already have a Health and Wellness Program? Yes_____ No_____

If so, please provide a brief description:



HEALTHCORPS/SCHOOL

AGREEMENT

Does your district have a School Health Advisory Council?

Yes____ No____ Not Sure____

HealthCorps has a variety of approaches for conducting its seminars in order to meet your needs:

Please check one or all of the following forms for our curriculum:

Integration into the classroom

Elective Seminars

Luncheon Seminars

Other (please

specify)_____

HEALTHCORPS/SCHOOL

AGREEMENT

Schedule B - Good/Services & Requirements:

- a. HealthCorps Goods & Services: For the full term of the program during the academic year, HealthCorps agrees to provide the following goods and services for the Client:
 - i. A designated HealthCorps “Coordinator” to recruit students for participation in the program and to teach the HealthCorps Curriculum (see Section 3 for “Curriculum” details) on a pre-approved weekly schedule (see Section 4 for “Weekly Schedule”).
 - ii. Pre-service training (prior to the commencement of the school year) for each HealthCorps Coordinator assigned to a school. All appropriate local Board of Education background check and security reviews shall be performed on the HealthCorps Coordinator during the training period.
 - iii. All Printed and Visual materials related to the HealthCorps Curriculum
 - iv. All medical and fitness equipment related to the HealthCorps Curriculum
 - v. A HealthCorps “Director of Education” to ensure the local Coordinator’s performance, adherence to HealthCorps Curriculum standards and serve as a liaison between the HealthCorps Main Office and the School Principal; such Coordinator will make a monthly visit to the site, receive weekly reports from the Coordinator and communicate any issues or special request to the HealthCorps Main Office.
 - vi. Planning and Coordination and Execution for one after-school “Parent/ HealthCorps Workshop” per semester in order to ensure parental understanding of and opportunity for participation in the program.
 - vii. Planning, Coordination and Execution for one after or during school “Professional Development” per semester in order to ensure faculty and administration understanding of and opportunity for participation in the program.
 - viii. A HealthCorps Consent Form, to be signed by parents, for all students participating in the program (**See Section 5 for “Consent**

HEALTHCORPS/SCHOOL

AGREEMENT

Form”). These consent forms ensure that all parents are apprised of their child’s participation, are informed and encouraged to participate in the program themselves and allow HealthCorps to capture contact information in order to track participant numbers and information.

- b. On-Site Requirements: For the full term of the program during the academic year, the client agrees to provide HealthCorps with the following:
- i. Before the start of the school year, a formal introduction of the Designated HealthCorps Coordinator to all pertinent School Administrators and Teachers with a detailed explanation and description of all important school rules, regulations and procedures.
 - ii. Permission to participate in all introductory and pre-year school functions, such as, school meetings and staff development to familiarize the school faculty and staff with both the assigned Coordinator/Mentor and with the HealthCorps program. Access to the school prior to the commencement of the semester in order to facilitate the delivery of HealthCorps medical equipment and fitness equipment.
 - iii. Access to a lockable storage space for HealthCorps medical equipment and teaching materials.
 - iv. A Physical Education facility location for fitness equipment (e.g. a weight room)
 - v. A designated on-site mailbox.
 - vi. A designated School Administration Contact with whom the Coordinator and HealthCorps Dir of Education can communicate.
 - vii. A designated PTA liaison with whom the Coordinator and HealthCorps Dir of Education can communicate and permission once a semester to make a short presentation at a PTA meeting to inform parents of the HealthCorps program and progress.
 - viii. A Teaching Venue through either:
 1. The integration of the program in existing classes of Biology, Health, Wellness, Math or Home Economics



HEALTHCORPS/SCHOOL

AGREEMENT

2. Or, if the client prefers, a dedicated space for the program
- ix. An opportunity and venue for the HealthCorps Coordinator to recruit students such as but not limited to:
 1. A booth at Orientation Day
 2. The inclusion of HealthCorps flyers and permission slips in the pre-school student mailing
 3. A hallway recruitment table for the first week of school
- x. An on-site venue for one after-school “Parent/Student HealthCorps Workshop” per semester
- xi. A venue for one after or during school “Professional Development” seminar per semester



HEALTHCORPS/SCHOOL

AGREEMENT

Schedule C - Weekly Schedule

(TBD by each school; Insert Weekly Schedule here)

HEALTHCORPS/SCHOOL

AGREEMENT

Schedule D - HealthCorps Curriculum

HealthCorps shall provide the following Basic Curriculum to student participants over the Course of the Program:

Section 1: “Know Your Body to Change Your Body”

1. Introductory Workshop
 - Coordinator Info
 - Our Background, Our Founder, What You’ll Get
 - Handouts
2. Ice Breakers Workshop
 - How Much Do You Know – Health Myth or Fact
 - Intro DVD

Section 2: “How Your Body Thinks”

1. Evolution of an Eater: Eating Through the Ages
 - Our Ancestors/The Age of Agriculture
 - Food and Your Family
 - RMR testing sign up
2. “Metabolic Motors” Workshop
 - Metabolic Monopoly
 - Resting Metabolic Rate (“RMR”)
 - Pedometers
 - RMR Testing
3. “The Science of Appetite” Workshop
 - Fullness/Satiety
 - Eating Behavior Personality Assessment
4. “The Digestive Highway” Workshop
 - The Key Player
 - Healthy Organ Demonstration
 - Supertaster Test
5. “The Biology of Fat” Workshop
 - Waist over Weight
 - Poor Waist Management-“The Good, The Bad & the Ugly”- Cholesterol, Diabetes, Blood Pressure
 - Diseased Organ Demonstration
6. Field Trip to the Operating Room
7. “Body Image” Workshop
 - “What the Media & Mirror Feed Us”
 - Waist Management Gone Awry – Eating Disorders/Steroids
8. “Healthy Halloween” Community Activism Project

HEALTHCORPS/SCHOOL

AGREEMENT

Section 3: Nutrition- “You Are What You Eat”

1. “Macronutrients” Workshop: Water, Protein, Carbohydrates, Fats
 - Monthly eating Journal
2. “The Smart Consumer: Know What You Eat” Workshop
 - Reading Nutritional Labels
3. “Whole Grains, Raw Foods”: Field trip to the grocery store
4. Supplementing a Fast Food Nation: Vitamins, Minerals & Other Things
5. “Healthy Cooking” - Professional Chef Workshops
6. Portion Control
7. “Supersize Me” viewing and study
8. “Healthy Bodega, Healthy Snacks”: Community Activism Project

Section 4: “Make the Move”

1. Intro Workshop: Make the Move: Fitness for Life
 - Creating your Everyday Workout Routine
 - DVD Handouts: “Dorm Room Diet” and “You on a Diet” Workouts
2. “Adore Your Core” Workshop
 - Alternative Exercises
 - Fantastic Four for Your Core
 - Yoga/Pilates (Guest Workshop): Desk Yoga DVD
3. Making Muscles: The Fire Inside
4. “Healthy Teeth, Healthy Hearts”- Dental Hygiene Workshop
 - Plaque test
5. “Million Step Walk”: School Activism Project

Section 5: “Mental Resilience”

1. Introduction
2. The Signs of Stress
 - Teen Inventory-Common Stresses & Stress Symptoms
 - Physical Manifestations of Stress
 - How Stress Affect Your Daily Life
 - Stress Journal
3. “You Are What YOU Think”- The Power of Optimism
4. “The Chemistry of Emotions: Food, Feelings & Fitness”
5. Meditation Workshop
6. Field Trip to Rubin Museum of Tibetan Art: The Mind/Body Connection
7. “You Are What YOU Say” – Communication
8. Problem Solving: Making a YOU Turn!
9. A Personal Action Plan

HEALTHCORPS/SCHOOL

AGREEMENT

Schedule E - Consent Forms

_____ Participating School

Congratulations!

(Student's name), _____ has volunteered to participate with **HealthCorps**, a new health education program offered at _____ (School Name). From time to time, we will also invite you to participate in some of the future activities involving parents and guardian and your community.

HealthCorps will offer workshops during students' regularly scheduled lunch periods and health/sciences classes. In order for your child to participate in our program, we need your consent for the following:

Program Evaluation: I hereby give my consent to the staff of **HealthCorps** to administer surveys and questionnaires to the student named above in order to evaluate how effectively **HealthCorps** is promoting wellness.

Resting Metabolic Rate ("RMR") Testing: As an integral part of **HealthCorps's** nutrition education program, students are being offered, free-of-charge, a test to determine resting metabolic rate ("RMR"). Students who volunteer for this painless, non-invasive procedure will learn in approximately 10 minutes their individual energy and nutrition needs. During the test, the student's breath is measured while he/she breathes normally into a disposable and sterile mouthpiece. The RMR test has been approved by the United States Food and Drug Administration (FDA). This test can not be administered without the consent of parents or guardians.

HealthCorps will offer numerous after school activities from workshops with real chefs to fitness clubs as well as field trips to observe surgery at operating rooms. I hereby give my consent for my child to participate in these activities.



HEALTHCORPS/SCHOOL

AGREEMENT

Please feel free to reach out to me with any questions you may have. I look forward to meeting you soon!

(HealthCorps Coordinator signature)

(HealthCorps Coordinator's name)

(phone) _____

(email) _____

Parent Consent Form

I, _____ the parent/guardian of the student named above, hereby give my permission for my child to participate in *all of the above mentioned HealthCorps* activities, as directed by the *HealthCorps* Coordinator. I understand that my child is responsible for her/his behavior at all time, and agree not to hold the *school or HealthCorps* or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I understand that all students participate in *HealthCorps* activities at their own risk and will inform the school whether my child's medical history precludes him/her from participating in the fitness instruction offered. I also understand that any violation of the school's code of discipline may result in exclusion from *HealthCorps* activities.

Signature of parent or guardian (or student if 18 or older)

Today's date

Please Print Name
Phone Number:
Parents email:
Students email:



HEALTHCORPS/SCHOOL

AGREEMENT

**HealthCorps Field Trip/Travel
CONSENT FORM**

NAME OF STUDENT: _____

I hereby give my consent for the student named to participate in a school trip outside the school building:

ON (day/date): _____

TO (destination): _____

I understand that the class/group will leave the school at _____ and
(time)
will return at _____, and will travel by _____.
(time) (School Bus, Train, MTA Bus, Walking)

X _____

Signature of parent or guardian (or student if 18 or older) (date)