

To whom this may concern:

My name is _____ and I am _____.

Please let this letter serve as my request that my child be exempt from being weighed at school. If additional steps need to be taken, please let me know the process for this exemption.

I am deeply concerned that our school is weighing students on campus. Weighing children in schools has not been shown to be “effective” in improving children’s weight (the presumed reason to conduct weigh-ins), and more importantly have the serious potential to cause harm.

A single weight and height measurement of a child does not provide information on how a child is growing over time. Heights and weights of children are best used in the context of that child’s growth history and, thus, best taken at the pediatrician’s office. Research shows that conducting public weigh-ins or having “BMI Report Cards” are not only ineffective in their presumed goal of changing children’s weight status, but they also cause harm by increasing weight talk among peers, increased diet talk among families, and increased body dissatisfaction.¹

Weight and height measurements are sensitive health information and should be treated as such. No measurements should be taken by a school unless it is in compliance with the law. If measurement by the school is mandated by law, it is imperative that the measurements be obtained in a private setting, with no peers present. Measurements should be recorded without comment of the recorder and the children should be weighed blindly.

When measurements are collected at school, children compare their “numbers” to others. Also, hearing their measurements may be confused or cause them to be scared by what they mean. The interpretation of growth and weight gain are abstract concepts and confusing. It’s not appropriate to give this information to children, out of context and where comparison can occur.

¹ Madsen KA, Thompson HR, Linchey J, et al. Effect of School-Based Body Mass Index Reporting in California Public Schools: A Randomized Clinical Trial. *JAMA Pediatr.* 2021;175(3):251–259.

Dieting is a risk factor in the development of an eating disorder. How we talk about food and bodies in school can have an impact on how our children view their bodies and how they approach food throughout their lifetime.

Eating disorders have the second highest mortality rate of any mental illness, with one person dying every 52-minutes.² **At some hospitals, medical admissions for eating disorders for adolescents have doubled during the COVID-19 pandemic.**³ In addition to that frightening statistic, this is also the reality our children live in:

- 81% of ten year olds are afraid of being fat.⁴
- 35% of 5 year old girls are already on a diet.⁵
- Awareness of dieting as strategies for weight loss emerges as young as 3-years-old, and significantly increases from 3- to 5-years-old.⁶

I would like to make you aware of several resources that may be helpful in bringing information about body positivity and inclusivity to our school.

The National Alliance for Eating Disorders (The Alliance) is the leading national eating disorder nonprofit organization providing education, referrals and support for all eating disorders. Sunny Side Up Nutrition is a free resource and podcast for parents and educators about developmentally appropriate nutrition education, family feeding and raising children to be competent eaters.

The Alliance and Sunny Side Up Nutrition would be wonderful allies in building a body positive culture and curriculum for our school that would support students' physical and mental growth. Both organizations are also available to present training to your staff and faculty, as well as referral and support services.

I look forward to the school year and I'd love the opportunity to speak to you more about this. Thank you!

Warmly,

Resources



National Alliance for Eating Disorders
www.allianceforeatingdisorders.com
www.findEDHelp.com



www.sunnysideupnutrition.com
www.sunnysideupnutrition.com/podcast

2 Deloitte Access Economics. The Social and Economic Cost of Eating Disorders in the United States of America: A Report for the Strategic Training Initiative for the Prevention of Eating Disorders and the Academy for Eating Disorders. June 2020. Available at: <https://www.hsph.harvard.edu/stripped/report-economic-costs-of-eating-disorders/>.

3 Otto AK, Jary JM, Sturza J, et al. Medical Admissions Among Adolescents With Eating Disorders During the COVID-19 Pandemic. *Pediatrics*. 2021;148(4):e2021052201. doi:10.1542/peds.2021-052201

4 Collins, M.E. Body figure perceptions and preferences among pre-adolescent children. *International Journal of Eating Disorders*, 1991 March; 10(2):199-208.

5 Damiano SR, et al. Dietary restraint of 5-year-old girls: Associations with internalization of the thin ideal and maternal, media, and peer influences: 5-YEAR-OLD GIRLS' DIETARY RESTRAINT. *Int J Eat Disord*. 2015;48(8):1166-1169. doi:10.1002/eat.22432

6 Rodgers RF, et al. "Stop eating lollies and do lots of sports": a prospective qualitative study of the development of children's awareness of dietary restraint and exercise to lose weight. *Int J Behav Nutr Phys Act*. 2015;12(1):155. doi:10.1186/s12966-015-0318-x

