

Additional information

Please give as much information as possible, including details on relevant medication, medical history or any learning or behavioural difficulties

Name of person completing the form _____

*Relationship to child (ie mother/father/guardian) _____

* Completion of this form assumes the person making the referral has consent from the parent/guardian

Contact address (if different from previous page)

_____ Post code _____

Tel Number _____ Best time to contact on this number _____

Email Address _____

To the best of my knowledge the information given above is correct and I give my permission for the above named child to participate in the LAF programme. I will inform the LAF worker of any changes in the above named child's medication and the result of any relevant investigations and treatments and give consent for the LAF team to contact the child's GP. (Please note that the child's GP will be contacted prior to starting on the LAF programme to ensure that it is recommended for them to do so).

Signature _____ Date _____

Please return to: The LAF Team, City Services, Sunderland City Council, FREEPOST DU350, Sunderland SR4 0JL.

For further information contact the LAF Team on 0191 561 4691

For Office use only

Date Received _____ BMI Calculated _____ Tier 2 or 3 _____

Date GP letter sent _____

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If you require a copy of this leaflet in large text, Braille, audio format or an alternative language, please telephone the Communications Team on 0191 520 5555 or email: communications@sunderland.gov.uk



city16785



Improve your family's health and wellbeing with Sunderland's Lifestyle, Activity and Food (LAF) Programme

We all want the best for our children but 'modern life' can mean we don't move around as much or eat as well as we used to. With so many opportunities to watch TV or play computer games and the ever growing fast food industry a healthy lifestyle can sometimes seem difficult. Even small lifestyle changes to family life can help improve the way you feel about yourself and provide you and your family with a better quality of life.

Sunderland's LAF Programme consists of healthy lifestyle sessions aimed at encouraging and supporting families to eat well, move more and live longer.

Who is the programme for?

The LAF Programme is for families of children aged 5-15 who have been identified as overweight, live in Sunderland and registered with a Sunderland GP.

What does the LAF Programme involve?

Families attend a free 8 week programme to take part in fun, interactive weekly sessions. Each session lasts for approximately 2 hours and takes place in various venues across the City. The sessions are full of fun activities to encourage all the family to get involved in healthier lifestyles, from making fruit wraps to sticky citrus chicken. The sessions are designed to meet the needs of the age range in the group.

What do I do next?

If you have concerns about your child's weight or your child has concerns about their own weight, complete the form attached to this leaflet and return it to: The LAF Team, City Services, Sunderland City Council, FREEPOST DU350, Sunderland SR4 0JL.

On receipt of the form we will contact your child's GP to ask if they see any reason why your child should not participate in the programme.

For further information please contact the LAF Team on 0191 5614691.

The LAF programme is delivered in partnership between Sunderland City Council, City Hospitals Sunderland NHS Trust and Sunderland Teaching Primary Care Trust.

Sunderland Lifestyle, Activity and Food (LAF) Programme Parent / Guardian Referral Form

Does your child have concerns about their weight? Yes No
Do you have concerns about your child's weight? Yes No
Is your child being bullied about their weight? Yes No

If you have answered "yes" to any of the questions above, your child could benefit from the LAF programme. Therefore please continue to complete the form.

Child's Details

Name _____

Age _____ Date of Birth _____

Address _____

Postcode _____

Male Female (please tick) Ethnicity _____

Height _____ m _____ cm Weight _____ Kg

Name of GP _____

GP Practice _____

School attended _____

Does the child have any of the following? (Please tick appropriate box)

Physical disabilities Diabetes Psychological difficulties
Asthma Bullying Under active thyroid
Learning Disability

Other _____

Has the above named child ever seen any other health professional about their weight? (i.e. Psychologist, Dietitian) If yes, please complete the following if known:

Name of Health Professional _____

Department: _____

Contact Address _____

Contact Number _____

Approx dates of Health Professional involvement _____

Is there any reason why the child would not be able to participate in the physical activity sessions? (Please note: the physical activity sessions are no more demanding than school PE lessons) Yes No (please tick)

If yes, please give reason _____