



AN INDEPENDENT HEALTH FOUNDATION PROGRAM

Healthy Policy/Change Tracker

School Name: _____

Teacher Name: _____

Note: If you do a full school healthy policy/change please write "all teachers" in the teacher name section

Tell us what healthy change you implemented in your school or classroom:

Effective date of policy change: _____

Number of students who participated/reached: _____

Please complete this form and mail to the address below or email to Foundation@IndependentHealth.com

Independent Health Foundation
511 Farber Lakes Drive
Buffalo, NY 14221

Please email or mail your completed form by February 3rd, 2017 in order to be eligible for all prizes.

