

Rx For Healthy Active Living

Name _____ Date _____

Recommendations for Living a Healthy, Active Life:

- 5 servings of fruits and vegetables a day
- 4 servings of water a day
- 3 servings of low-fat dairy a day
- 2 hours or less of screen time a day
- 1 or more hours of physical activity a day



**See resources on reverse side*

My Goal: I agree to _____
Do this action *This often*

and will follow up with _____ on _____
Provider Name *Date*

Provider Signature *Parent Signature* *Patient Signature*

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