| Day/Date | List Physical Activity Completed | | | | | | Initials |
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| | Energy Card Points Total | | | | | | |

## Daily Points Guidelines

**Physical Activity**
Write down any physical activity that you participated in for longer than 30 minutes

**Fruits & Vegetables**
Put an X in the box if you ate at least 4 servings

**Dairy**
Put an X in the box if you ate at least 3 servings

**Junk Food & Fast Food**
Put an X in the box if you ate 2 or less servings

**Soda**
Put and X in the box if you had no soda today

**Sedentary Activity**
Put and X in the box if you spent less than 2 hours watching TV

## KANSAS GET MOVING

### Energy Card

Student's Name

Buddy's Name

Grade/Class School/Organization

By signing this card, I agree that this student has completedthis card honestly, to the best of my knowledge.

Parent/Guardian Signature Date