

Day/Date	List Physical Activity Completed							Initials
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 an X in the box if you had no soda today.

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

KANSAS GET MOVING

Energy Card

Student's Name _____

Grade/Class _____ School/Organization _____

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

Parent/Guardian Signature _____ Date _____