

Health and Wellness Fair 2 Go



Healthy Family

“THE FIRST WEALTH IS HEALTH” – Ralph Waldo Emerson

Sponsoring a Health Fair will enable your PTA to....

- Share practical and valuable health information.
- Increase awareness about health, wellness, and safety issues that involve children.
- Identify health problems and promote prevention, maintenance and good health.
- Inform, educate and teach.
- Provide health screenings and services.
- Motivate participants to make positive changes and emphasize the practice of good health habits.
- Offer at ONE TIME and at ONE PLACE health services for the community

.....and will enable your parents and students to begin building that “wealth”.



This program could be a once a year event or you could choose to do an event every 3 months, each with a different focus or theme---the potential is ENDLESS!

PRELIMINARY PLANNING/HEALTH FAIR DEVELOPMENT (3-6 months in advance)

1. Discuss and obtain approval to hold a Health Fair from the PTA executive committee and board, principal or school representative.
2. Obtain a vote of approval for the Health Fair at a meeting of the association. Include a motion to disburse monies to cover the estimated cost involved;
3. Develop a budget.
4. If being held off school grounds, obtain permission for facility use from appropriate individuals (some people may be more comfortable coming if NOT at school).
5. Select a Health Fair chairman and appoint at least seven members to the Planning Committee; include the school nurse if available. Schedule at least 3 committee meetings prior to event. Communication is of utmost importance.
6. Consider a theme for your health/wellness fair—
some suggestions:

- **Medical for Students**
provide school required services such as physicals, dental checkups, vision checkups
- **Health for Adults**
provide blood pressure checks, diabetes and cholesterol checks
- **Safety First**
accident awareness with local police department, Fire Safety/Railroad safety with local fire department, First Aid Mini-Course with Community Education of your local hospital
- **Get Up! Get Moving! Get Healthy!**
provide different fitness break out sessions, Healthy Snack Stop, dietician/nutritionist round table, Open Gym time
- **OR DO A COMBINATION OF THE ABOVE!**

DON'T FORGET TO DEVELOP A PROCEDURE BOOK

Include information from idea conception to day of Fair, participants and their contact information, time lines, sample letters and publicity, and lessons learned to help with future Fairs.

Some focus areas to consider:

- Nutrition
- Dental Health
- Physical Fitness with demos—Zumba, Jazzercise, Martial Arts
- Skin Protection
- Flu Prevention/Flu shot station
- Hand Washing
- Fire Safety/Railroad Safety
- First Aid
- Eye screenings
- Visual dental check up
- Chiropractor check up
- CPR
- Weight Management
- Smoking Cessation
- Car Seat Installation

6. As early as possible, check school calendar and decide on a date and time.
7. Line up an interpreter for the day of the fair – you want to be able to service EVERY ONE of your parents regardless of their language.
8. Notify parents and community to “Save the Date” for the Health Fair. Provide this information in several languages if applicable.
9. Notify staff explaining Health Fair goals and requesting their support.
10. Involve your Hospitality Chair in the planning. Have healthy foods and drinks available at the event. Remember to provide refreshments for your vendors/participants and Fair volunteers. Get as many donations as you can to reduce out of pocket costs.

Start contacting potential vendors/organizations to ask for their participation, give them a response deadline and all pertinent information; order free materials and resources from them as early as possible; request translated materials also. (If they cannot participate in person, try to get information to pass out). Consider making EVENT BAGS to be handed out to all attendees.

If vendors will be handing out product- they will need to supply a copy of liability insurance to include product liability coverage.

PRE-CRUNCH (Two months in advance)

1. Send follow-up letter or call to confirm service provider/vendor participation, reiterating date, time, where to park, and asking what (if any) special equipment or services (e.g., access to electricity) they may need that your PTA will have to provide.
2. Publicity Campaign—get the word out!
 - Develop a standard press release (see SAMPLE) and promote your fair through newspaper releases (find out deadlines)
 - PTA newsletter articles,
 - posters for placement at local business locations
 - public access channels on TV
 - handouts flyers in the community
 - flyers to parents in Friday Folders or Digital Backpacks
 - school website
 - e-mail blasts to your membership
 - announce at your PTA meetings

Remember to have translated materials available for your flyers, email blasts (see SAMPLE), and website information.

CRUNCH TIME (One month in advance)

1. Be sure you have sufficient tables and chairs as needed and asked for by your participating vendors/providers.
2. Provide custodian/school contact with a detailed drawing of the layout for tables and chairs. Request equipment from school district or school principal to meet participating service provider/vendor needs (if any).
3. Recruit and schedule volunteers and an interpreter; consider calling local nursing schools, dental schools, and other public health agencies as well as local Community Health Education departments from local hospitals.
4. Distribute Health Fair flyers to parents and community.
5. Prepare service provider station signs.



ONE WEEK BEFORE

1. Send out reminder flyers to parents and community.
2. Send out friendly reminder to your participants via email if possible.
3. Prepare signage for each participant area as well as signage for entrance area and leading to Fair location(s) within the building. Prepare name tags for participants.
4. Prepare a layout of your Fair with table placements/assignments.
5. Invite local dignitaries to attend your Fair; consider a ribbon cutting ceremony.
6. Invite Illinois PTA to your event! Contact your district or region director.
7. Confirm your volunteers; assemble event bags (if applicable).
8. Gather materials and resources for a take-one table. Include information on that table for PTA membership.
9. Check with hospitality—do they have enough healthy snacks and drinks?

DAY OF THE HEALTH FAIR

1. Arrive at least 2 hours prior to start of Fair to place signage and confirm that the setup is correct; adjust as necessary.
2. Greet volunteers and have them sign in and put on name tags.
3. Check to make sure hospitality area is in order and refreshments are prepared.
4. Have at least two designated troubleshooters for the event and make sure that the participants and volunteers know who they are.
5. Welcome all participants. Have name tags ready for them as well as layout of the Fair and point out key important areas (washrooms, garbage areas, hospitality area, etc.)
6. Have an emergency supply kit available for you and your vendors with rubber bands, paper, tape, batteries, lots of pens/pencils, extension cords, power strips, paper clips, stapler/staples, scissors, etc.
7. Take pictures to document your success and to submit to the Illinois PTA Bulletin (contact your district or region director).
8. Distribute evaluation forms (see SAMPLE).

STAY CALM AND DEAL WITH ISSUES AS THEY COME UP.

9. Check in with participants throughout the day to see if they need anything; check on hospitality if in need of replenishments.
10. THANK EVERYONE INVOLVED FOR THEIR TIME AND COMMITMENT TO THE HEALTH AND WELLNESS OF YOUR COMMUNITY.
11. Clean up the facility and leave it in as good or better condition than you found it.
12. Settle any payments and/or reimbursements using the proper voucher system; remember only pay out for what you have receipts/invoices for.

AFTER THE HEALTH FAIR

1. Send thank you notes to all participating service providers and volunteers.
2. Gather information from evaluation forms and write an event report and place in your procedure book. Be sure to include ideas for changes or areas that could be improved for future Fairs, and comments from participants and volunteers.



**TAKE A DEEP BREATH....
YOUR FAIR WAS A SUCCESS!**

Focus Ideas and Vendor/Association Suggestion List

Ala-Teen (Alcohol Prevention)
Alcoholics Anonymous (Alcohol Prevention)
American Cancer Society (Smoking Cessation)
Skin Cancer Information (Sun Safety)
American Diabetes Association (Nutrition Information, Glucose Checks)
American Heart Association (Nutrition Information, Cholesterol Screening)
American Lung Association (Lung Power Testing)
Asthma Education
Tobacco Free Youth
Fitness
American Medical Association
Attention Deficit Disorder
American Red Cross Basic First Aid
Blood Pressure Testing
CPR Instruction
Water Safety
Arthritis Foundation (Arthritis Information)
Bicycle Safety
Blood Banks (Blood Donations)
Burn Institute (Burn Prevention)
Bicycle Safety
Health Screenings (Height/Weight)
Chiropractor Screenings
Fire Department (dress up and mascot visit)
Police Department (traffic safety)
Paramedics (Ambulance "open house")
Local Hospitals Education Department (teddy bear "check- ups" w/donated small teddy bears)
Department of Public Health (Immunizations)

Dental Association/Dental Hygienist (Dental Screening)
Dermatologists (Skin Problems)
Mothers Against Drunk Driving/MADD (Alcohol Prevention)
March of Dimes Birth Defects Foundation
Substance Abuse
Child Abuse
Eating Disorders
Physical Abuse
Suicide Prevention
Narcotics Anonymous Drug Intervention
Vision Tests
Hearing Tests
Parks and Recreation Department
Water Safety
WIC Nutrition Program
Pharmacist- Drug Intervention
Focus Ideas and Vendor/Association Suggestion List (continued)

Illinois Children's Mental Health Partnership
Safe Routes to School
National Alliance on Mental Illness (NAMI)
Community College Nursing Programs
Physical Therapist- Injury Prevention
Poison Prevention Center/Poison Control

KSAMPLE THANK YOU LETTER TO PARTICIPANT/VENDOR

(Name of PTA)
(School Address)
(City, State, Zip)

(insert some graphics)

(Date)

(Name of Participant/Vendor)
(Address, City, State and Zip)

Dear (_____):

On behalf of the (your PTA name), thank you for participating in our Health & Wellness Fair on (date). It was a valuable health education event for our community, and we appreciate your willingness to offer your information, services, and time during the event.

We received many positive comments from the staff, parents, and community members about the meaningful experience the fair was for everyone who attended, especially the students. Our success was in no small part due to experts such as you who could answer questions, disseminate information, and administer informative screenings.

Thank you for your time and dedication you gave to this event. Through such programs as this Health & Wellness Fair, we can work together toward the goal of helping our little corner of the world become healthier.

(Name of PTA President)

(Name of PTA Health & Wellness Fair Chairperson)

SAMPLE THANK YOU LETTER TO VOLUNTEERS

(Date)

(INSERT COOL GRAPHICS)

(Volunteer's Name)

(Address, City, State and Zip)

Dear (_____):

On behalf of (your PTA name), I would like to thank you for volunteering your time and energy to the Health & Wellness Fair that was held on (date). The Fair was planned and implemented to raise health awareness and we believe it was a great success. This could not have been accomplished without volunteers like you working to make it all happen.

Once again, thank you for your efforts, and your willingness to make a difference in the lives of our children and our community.

(Name of PTA President)

(PTA position/title)

(Your PTA name)

SAMPLE PARTICIPANT/VENDOR EVALUATION FORM

Please rate the following on a scale of 1 to 4
(1=poor, 4=excellent)

Adequate notice	1	2	3	4	
Enough information prior to Event	1	2	3	4	
Set up as requested	1	2	3	4	
Flow of attendees	1	2	3	4	
Hospitality	1	2	3	4	
Worthwhile investment of your time		1	2	3	4
OVERALL EVALUATION	1	2	3	4	

Would you participate in this kind of event again? _____yes _____no

Please provide any comments or suggestions that could help us improve the next event:_____

Thank you for your input!

(Your PTA name)

SAMPLE PARTICIPANT PROFILE/CHECKLIST (to be kept by Event Chairperson)

Name

Daytime phone

Organization/Agency/Company

Contact Person

Email (optional)

Scheduled time commitment

- Initial invite sent (date)
- Response sheet received and attached
- Fee received (if applicable)

- Equipment/supplies needed: _____

- Space needed: _____

- Miscellaneous notes: _____

- Evaluation Form received
- Thank you note sent

SAMPLE SAVE THE DATE

SAVE THE DATE

(YOUR PTA NAME) IS PROUD TO PRESENT.....

A FREE HEALTH & WELLNESS FAIR COMING TO YOUR SCHOOL !!

(DATE)

Some of what you can expect to see, hear and experience:

(List activities, screenings, information that will be available, companies/agencies that will be there, etc.)

More Details to Follow!!

SAMPLE PARTICIPANT/VENDOR INVITE

(Date)

(Place PTA logo here)

(Contact Person)

(Participant/Vendor name)

(Address)

(City, State, Zip)

Dear (Contact Person):

On behalf of (your PTA name), I would like to invite your (organization / business / practice / company) to participate in our Health & Wellness Fair on (date). The event will be held from (start time) to (end time) at (location). The objectives of our Fair include: (*change below per your theme/focus)

- To increase health awareness and disease prevention by providing health screenings and educational information
- To educate individuals on safety issues.
- To increase awareness of local, state and national health services and resources.
- To motivate attendees to take positive steps towards healthy behaviors.

This FREE event will provide a valuable service to our community and is expected to draw a large number of children, parents, and seniors from the community to participate and learn about health and safety issues. We want to provide (fill in your requested activities/screenings, etc.) as well as a variety of informative booths. We are asking each participant to provide some form of educational material to be handed out, to demonstrate a service or product, or to provide a health screening of some sort. There is no cost to participate. (If you have chosen to charge a fee for participation, include that here. Sample text: A participation fee of (\$fee) is being charged to help offset Fair expenses.) Each participant will have a table and 3 chairs to display materials, business cards, and necessary equipment. Due to our large Spanish/ Polish/etc demographic, we expect some attendees may need information translated. This is a wonderful opportunity to interact with families in our neighborhood and we look forward to having you participate.

Please complete the attached response form and return to (contact person from your PTA name) by (date). If you have any questions, please contact (contact person's name and phone number or email). With your participation, we can connect the families of (community name/city name/town name) to the services, information, and resources available and necessary to make positive strides toward healthier lives.

Thank you for your consideration.

Sincerely,

(Name of PTA President)

(Your PTA name)

SAMPLE PARTICIPANT/VENDOR RESPONSE FORM

(Name of PTA) Health & Wellness Fair Participant Response Form

- No, unfortunately, I will be unable to participate in the (Name of PTA) Health & Wellness Fair in person; however, I would be interested in providing health-related materials. A list materials which will be provided is below (please include translated materials if possible). Please mail this completed response form to (Contact person of Name of PTA), (address) no later than (date requested back).

Thank you for agreeing to participate in the (Name of PTA) Health & Wellness Fair. Please mail this completed form to (Contact person of Name of your PTA), (address) no later than (date requested back).

- YES I WILL PARTICIPATE in the (Name of PTA) Health & Wellness Fair on (date).

Organization/Agency/Company Name _____
Address _____
Daytime phone _____ Cell phone _____
Email address _____

Service and information you will be providing: Please include detailed description of the services you will provide. If possible, please have translated information available to hand out the day of the event. _____

Please list any equipment, audio-visual, space or special requirements you may have/need.

SAMPLE FAMILY INVITE

SAMPLE FAMILY INVITE

ATTENTION ALL PARENTS OF (your school name here)!

(your PTA name here) is sponsoring a Health & Wellness Fair at (location) from (start time) to (end time) to increase health awareness and disease prevention by providing health screenings and educational information, to educate individuals on safety issues, and to increase awareness of local, state, and national health services and resources. We also hope to motivate all attendees to take positive steps towards healthy behaviors.

You'll find answers to many of your health questions, gather useful take-away information, possibly get a health screening done, get a flu shot, and maybe have a little fun at the same time! Take a more active role in your health and your family's health!

Stop by the Health & Wellness Fair—a great time will be had by all!!

If you have any questions, contact the Health Fair Chairperson (*contact name and phone number/email).

Illinois
PTA[®]

everychild.one voice.[®]

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