

TO: Students and Parents
FROM: High School and Middle School Nurses
RE: Participation in Sports Program

Interval Health History Form:

Parents must complete this form. Parents must sign this form no earlier than thirty days prior to the first day of practice. This form must be completed prior to each sport season. Interval health history forms do not have to be completed if a physician physical was performed on the student thirty days prior to the first day of practice. This form must be handed into the nurse on sports clearance day only.

Physician Physicals:

The school physicians give physicals during the month of August each year at the High School Health office. The physicals can be used as sports physicals, 7th & 10th grade physicals, new student entrance physical and for the issue of working papers. Please see the sports information dates for the August physicals. Dates can be obtained from the nurse, athletic director's office, main office, guidance office and the internet: www.schalmon.org (go to HS Sports). Your own family doctor can also give physicals. A copy of the physical needs to be completed and sent to the schools nurse to be reviewed and placed in your child's health file. Your doctor will not send this without your request. Physicals are valid through the last day of the month in which the examination was conducted rather than 365 days from the last examination. If the 12 month period for the physical exam expires at the start or during a sport season, participants may conclude that until the next sport season – as long as an Interval health history was completed prior to the sport season.

Sports Clearance:

Students are required to attend the sports informational meeting with their coach. The sports dates and information packet will be handed out to each athlete. Students will be required to show up at the health office with their coaches on a specific date/time. The nurse will review the latest physical date or the interval health form. If the student is approved, a sports participation form will be issued to that student to give to the coach on the first day of practice.

Permission Forms:

To be completed with all emergency names and numbers, handed into the coaches who will keep the forms on them to refer to in case of an accident.

Injuries:

All injuries should be reported to the coach and athletic trainer. An accident report will be completed by the coach who will submit it to the school nurse. The nurse will send insurance forms to those requiring them. All questions concerning insurance matters should be directed to Donna Siska in the District Office.

****Reminder****

Coaches cannot approve or accept physician physical forms. They must be given directly to the nurse. These are legal documents, which are kept on file.

— When a physician has written an excuse for a student not to participate in a sport/gym due to physical injury, the school legally must abide by the physicians order. A parent/s written or verbal request disregarding the physician order will not be honored.

**Schalmont Central School District
Interval Health History Form for Sports Participation**

Prior to the start of tryout sessions or practice at the beginning of each season, a health history review for each student must be completed.

Part A TO BE COMPLETED BY THE STUDENT

Student Name _____ DOB _____
 Grade _____ Age _____ Grade level (check one) Var JV Frosh Jr. High
 Sport _____

Part B TO BE COMPLETED BY THE PARENT OR GUARDIAN

NOTE: "Yes" to any of these questions does not mean automatic disqualification from participation in sports. However, it will require a review and approval by the school physician before the student can report to practice or tryouts.

HISTORY SINCE LAST HEALTH APPRAISAL

If the answer to any of the following questions is "YES", please describe the condition or situation that prompted your answer, giving the date and doctor clearance in Part C.

****NOTE: Injuries within the last year only.**

- | | | | | |
|-----|---|-----|----|------------|
| 1. | Any injuries requiring medical attention including concussion or loss of consciousness? | YES | NO | DATE _____ |
| 2. | Any illness lasting more than 5 days? | YES | NO | DATE _____ |
| 3. | Currently taking medication or under the care of a physician? | YES | NO | DATE _____ |
| 4. | Any feelings of faintness, dizziness, fatigue, or chest pain after exercise or exertion? | YES | NO | DATE _____ |
| 5. | Change in wearing glasses or contact lenses? | YES | NO | DATE _____ |
| 6. | Any fractures or surgical procedures? | YES | NO | DATE _____ |
| 7. | Any treatment in a hospital or emergency room? | YES | NO | DATE _____ |
| 8. | Developed any allergies, asthma, exercise induced asthma or reactions to medication? | YES | NO | DATE _____ |
| 9. | Any chronic disease? (Diabetes, bleeding disorder, seizures) | YES | NO | DATE _____ |
| 10. | Problems with heat exhaustion/heat fatigue? | YES | NO | DATE _____ |
| 11. | Absence of or the significant impairment of one of a pair of organs? (kidney, eye, ear, testicle) | YES | NO | DATE _____ |
| 12. | Any history of sudden death in a family member under the age of 50? | YES | NO | DATE _____ |

PART C - TO BE COMPLETED BY PARENT OR GUARDIAN

Describe the condition or situation that caused you to answer "YES" to any question in PART B.

PART D - PARENTAL PERMISSION

I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the athletic team named in Part A of this form. The answers are correct as of this date and he/she has my permission to participate.

SIGNED _____ DATE _____

Student Name _____

TO BE COMPLETED BY THE SCHOOL HEALTH OFFICE:

Sports Participation (check)

____ Approved

____ Referred to School Physician

Signed _____
 School Health Office

Date ____/____/____

If referred to the School Physician (check):

____ Requalified

____ Disqualified

Signed _____
 School Physician

Date ____/____/____

PLEASE RETURN TO THE HEALTH OFFICE

Schalmont High School
One Sabre Drive
Schenectady, NY 12306

PHYSICAL EDUCATION DEPARTMENT

Dear Parents,

Your child has expressed a desire to participate in athletic competition with other schools during the coming season. The activity and level of competition is indicated below.

If your child becomes a member of a team, he/she will represent Schalmont High School in several communities, and we are anxious that there be understanding prior to participation.

Attendance at practice sessions and contests is compulsory, unless his/her coach excuses the student. School citizenship demonstrated by class conduct and conformance to school regulations, is as important as conduct at practice sessions and games. Sportsmanship will be emphasized, and conduct unbecoming a student will not be tolerated.

A physical examination by a physician must be submitted and reviewed by the school nurse prior to participation. With few exceptions, the law states that one physical examination will suffice for the entire year; however, your permission for participation will be requested prior to each sports season.

If your child is injured, it is his/her responsibility to report the injury to the coach, who will in turn notify the school nurse. Insurance forms are available from the nurse and must be requested by your child.

The school district carries a supplemental insurance plan to cover incidents that occur in school related activities. If an incident requires medical attention, the parent must submit his or her own insurance first. If the claim is not payable or in excess of the parent's coverage, the supplemental insurance forms are available in the health office. Please direct all questions regarding insurance to Donna Siska in the District Office.

It is important that all the information below is completed so that, in the event of an injury, the proper people can be contacted immediately.

Director of Athletics

I have read the above letter and agree to abide by the contents.

Players Signature

Age

I give my son/daughter permission to participate in _____

Extramural/Interscholar sport

Date _____ Parent Signature _____

Home Phone _____ Emergency Phone _____ Relationship _____

Cell Phone _____

Family Dentist and Phone _____

Family Physician and Phone _____



GRADE 7/10 PHYSICAL
NEW ENTERING STUDENTS
INTERSCHOLASTIC SPORTS
WORKING CERTIFICATE

High School
1 Sabre Drive
Schenectady, NY 12306
FAX: 1-518-355-7025

SPORT: _____

Name: _____ (M) (F) Grade: _____ Homeroom: _____

Middle School
2 Sabre Drive
Schenectady, NY 12306
FAX: 1-518-355-5329

Address: _____ Birthdate: _____

HEALTH HISTORY

Physicians please answer yes or no. Use reverse side to explain yes answers.

Heart Disease _____ Hernia _____ Fracture _____
Kidney Disease _____ Bleeder _____ Dislocation _____
Lung Disease _____ Allergy _____ Operation _____
Need for Medication _____ Congenital Defects _____

Body Mass Index _____
Weight Status Category (BMI Percentile)
[] Less than 5% [] 5th through 49th [] 50th through 84th
[] 85% through 94th [] 95th through 98th [] 99th & higher

PHYSICAL

Recent Immunizations: _____

Height _____ Normal Pulse _____
Weight _____ Pulse after 25 hops on one foot _____
Blood Pressure _____ Pulse after 2 minutes rest _____
Eyes: (R) _____ (L) _____ Ears: (R) _____ (L) _____ Nutrition: _____
Teeth: _____ Gums: _____ Tonsils: _____
Glands: _____ Orthopedic:
Cervical _____ Structural defect _____
Thyroid _____ Scoliosis _____
Other (Specify) _____ Posture _____
Feet _____
Heart: _____ Lungs: _____
Nervous System (specify if epilepsy): _____ Speech: _____
Skin: _____ Hernia: _____
Urine Testing:
Sugar _____
Protein _____

This certifies that _____ is physically qualified to participate in the following categories of competition during the school year.

This certification is void if the pupil is absent from school for 5 or more days because of a significant injury or illness. A new certificate must be issued before he/she is allowed to participate.

Check the boxes for the category in which an athlete may qualify:

Contact or collision [] Football/Baseball
Hockey (field/ice)/
Wrestling/Lacrosse
Softball/Basketball/Soccer
Endurance activities [] Gymnastics/Swimming/
Diving/Tennis
Cross Country/Volleyball/
Track & Field/Skiing
Others [] Bowling/
Golf/
Cheerleading

Reason for Disqualification: _____

Date of Physical _____ Physician's Signature _____

Physician's Stamp _____

Reviewed and Approved _____ School Physician _____ Date _____

SCHALMONT HIGH SCHOOL
Health Office fax 355-7025

I hereby give permission for you to administer medication as prescribed by _____
(physician)
for _____
(name of child)

It is understood that no medication can or will be administered by the school nurse until both this parental permission form and the doctor's signed directions are on the file in the nurse's office.

- Please check box if your child may carry and self administer an inhaler.
- Please check box if your child may carry and self administer an epipen.

(Parent/guardian signature)

To : Physician
From : Schalmont Central School
RE : Medication

The following information is required in order for school nurses to administer medication in the school to students during the school day:

Student _____

Diagnosis _____

Medication _____

Dosage _____

Frequency _____

Initiation and _____

Ending date for medication _____

Medication _____

Dosage _____

Frequency _____

Initiation and _____

Ending date for medication _____

- Please check if student may carry and self administer an inhaler.
- Please check if student may carry and self administer an epipen.

(Physician's signature)

(Date)