

Extracurricular and Athletic Activities

Code of Conduct

Bloomfield Central School District
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Dear Parent/Guardian:

Your son/daughter has indicated a desire to participate in our interscholastic athletic program and/or one of our many other extracurricular activities which include attending events sponsored by the Bloomfield Central School District. We hope that he/she will soon be a member of one of our teams/clubs and participate in or attend many of the activities Bloomfield sponsors. We believe that extracurricular and athletic activities provide a wealth of opportunities and experiences and are an integral part of student development.

We are pleased to offer a variety of extracurricular and athletic activities. Participation in these activities is a privilege, not a right, that carries with it responsibilities to the school, the team/club, the student body and the community. Any student who wishes to participate in extracurricular activities, including but not limited to clubs, productions, events sponsored by Bloomfield or Bloomfield Central School District organizations, spectatorship at an event, and/or athletic activity should consider such participation to be a privilege and must be willing to adhere to certain standards and rules in order to earn and maintain that privilege.

When your son or daughter accepts the privilege of participating in one of our extracurricular or athletic activities he or she will assume responsibility as an ambassador for the Bloomfield Central School District. Students have a responsibility to represent themselves, their families, their school and their community in a manner that is reflective of the standards and expectations of the Bloomfield Central School District. The Extracurricular and Athletic Activities Code of Conduct was developed with input from parents, students, coaches, school administration and the Board of Education. The Extracurricular and Athletic Activities Code of Conduct does not replace, but is in addition to all other District policies and procedures including the Bloomfield Central School District Code of Conduct.

Often a coach, advisor, or supervisor develops standards for a specific team/club or event. These standards may come in the form of responsibilities, requirements, expectations and behavioral consequences. These standards are not substitutes for the Bloomfield Central School District Code of Conduct or the Extracurricular and Athletic Activities Code of Conduct. They are supplements and students and parents should become familiar with the standards and expectations for each specific team/club or extracurricular activity.

All parents and students are required to read the Extracurricular and Athletic Activities Code of Conduct before completing the Extracurricular Code of Conduct Acknowledge Form in order to participate. We need your help in reinforcing the essential school practices and policies regarding extracurricular and athletic activities found in the enclosed document. Any questions regarding these rules should be directed to the supervisors, coaches, athletic director or the principal.

Thank you for your cooperation. Please join us in supporting your child, your team/club, and your District's extracurricular and athletic activities.

Sincerely,

A handwritten signature in cursive script, appearing to read "Daniel McAlpin".

Daniel McAlpin

Secondary Principal

Philosophy:

At Bloomfield Central School extracurricular and athletic activities are an integral part of the educational experience. Programs are designed to promote a greater desire in our student body and community to take an active role in our extracurricular and athletic activities as participants or spectators. Participation in extracurricular and athletic activities is a privilege that carries with it responsibilities to the school, the club or team, the student body and the Bloomfield community. Because participation is voluntary and is considered a privilege, students are expected to conduct themselves in a manner that represents the school, the club/team, and the community in a positive and productive manner on and off school property, during and outside of participation times, during the season and the offseason.

This code outlines the conduct expectations for students who participate in extracurricular and athletic activities in addition to the Bloomfield Student Code of Conduct. This Extracurricular and Athletic Activities Code of Conduct shall supplement, not supplant or replace, the Bloomfield Student Code of Conduct. Discipline imposed as a result of a violation of this Extracurricular and Athletic Activities Code of Conduct shall not preclude discipline or consequences under the Bloomfield Code of Conduct.

Definitions:

Student: This means any student enrolled in grades 6-12 at Bloomfield Middle/High School who participates in an extracurricular or athletic activity sponsored by the Bloomfield Central School District. During the course of a normal school year it is assumed that all students will be participants in an extracurricular activity and/or athletic.

Extracurricular or Athletic Activity: This means any Bloomfield Central School District sponsored activity or sport that occurs beyond the scope of the school day for which a grade is not given. This includes, but is not limited to, clubs, performances, plays, practices, dances, class trips, games and contests whether as a spectator or participant. Extracurricular activities include, but are not limited to all sports, clubs, school plays, Student Council, National Honor Society and Class Officers, events such as school dances, school trips, Field Day, school spirit week activities and graduation. This also includes all practices and meetings as well as on school transportation to and from practices, games or school sponsored events.

Code Coverage and Effective Dates: The provisions set forth by this code are in effect throughout the entire school year, including weekends and holidays from the first day of fall sports practice to graduation. Code violations are cumulative and remain with the student from the 6th grade until graduation.

Concussion: A concussion is a mild traumatic brain injury that changes the way the brain normally works. It is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow occurring anywhere on the body and causes the head and brain to move rapidly back and forth.

Concussion Management:

The Board of Education recognizes that concussions and head injuries are the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The physical and mental well-being of our students is a primary concern. Avoiding re-injury and over-exertion until fully recovered are the cornerstones of proper concussion management.

Signs and Symptoms: Look for the following signs and symptoms of concussion for any student who suffered a bump, blow, or jolt to their head or body:

- Headache or head “pressure”
- Nausea and/or vomiting
- Dizzy and/or problems with balance
- Blurry Vision or double vision
- Light and/or noise sensitivity
- Feels “foggy”
- Hard time concentrating
- Hard time remembering
- Confused
- Just “doesn’t feel right”
- Unable to remember events before or after injury
- Loss of consciousness
- Appears dazed or out of it

Prevention: Below are ways to help reduce the risk of sustaining a concussion:

- Wear a seatbelt every time you are driving or in a motor vehicle.
- Never drive or ride in a vehicle with someone who is under the influence of drugs or alcohol.
- Wear appropriate safety equipment, including properly fitted helmets, such as, but not limited to, when:
 - Riding a bike, motorcycle, snow mobile, or ATV;
 - Playing contact sports (examples include football, soccer, hockey, and lacrosse.);
 - Skiing, snowboarding, and sledding;
 - Horseback riding ; or
 - Batting during baseball or softball
- During any athletic participation including practices and games;
 - Always use the recommended protective equipment for that sport (all equipment should be fitted appropriately and maintained according to manufacturer’s recommendations);
 - Safety rules need to be followed by all participants as well as proper techniques for safe playing;
 - Learn and follow the rules of the sport being played and promptly and honestly report injuries to an adult; and
 - Any student with a head injury must be removed from participation, will be referred to their healthcare provider for follow-up, and will remain out of play until proper medical documentation is submitted.

Returning to Sports/Athletics: The District follows the International Consensus Conference Guidelines for Return to Play (RTP) to team sports in a monitored and graduated progression of activity over six phases once the athlete is symptom free for at least 24 hours and medically cleared by their physician*along with final clearance from the District's Medical Director. The process is detailed below.

International Consensus Conference Guidelines for Return to Play Following Head Injury/Concussion

Phase 1 low impact non-strenuous light aerobic activity for short intervals, such as easy walking, biking, swimming in three ten minute intervals with rest in between; no resistance training

Phase 2 higher impact, higher exertion activity in two 15 minute intervals, with rest in between, such as running/jumping rope, skating, or other cardio exercise; may be sports specific if available (e.g. skating without collision meaning suited up, but skating when the team is not doing drills; running without impact in soccer or football, suited up), no resistance training

Phase 3 repeat phase 2 progressing with shorter breaks, and add additional 10 to 15 min. stationary skill work, such as dribbling, serving, tossing a ball (balls should not be thrown or kicked in the direction of the student); low resistance training if available with spotting

Phase 4 repeat of phase 3 without breaks in cardio, but add skill work with movement (allowing balls to be thrown/kicked in the direction of student) and add additional 10-15 minutes; non-contact training drills.

Collaboration between the ATC, RN, District Physician and/or NP, and private medical provider, as needed, will determine plan to either advance to Phase 5, hold at Phase 4, or regress to a previous phase of exertion.

Phase 5 repeat phase 4 as a warm up; weight lifting with spotting; full contact training drills for full practice session

Phase 6 warm up followed by full participation as tolerated

**For purposes of the head injury RTP protocol, an appropriate physician evaluation is completed by a practicing MD or DO within the following specialties: family medicine, pediatrics, sports medicine, neurology, or neurosurgery, with preference given to the individual's primary care physician. Family members and friends of the family who are medical providers may not serve as an appropriate physician. The physician completing the physician's evaluation form should document name, degree, specialty, practice name (if applicable), address, and phone number.*

For additional information on traumatic brain injuries (TBIs), please visit the following websites:

- <http://www.cdc.gov/concussion/HeadsUp/>
- <http://www.cdc.gov/TraumaticBrainInjury/>
- http://www.health.ny.gov/prevention/injury_prevention/concussion.htm

General Provisions:

Extracurricular Code of Conduct Acknowledgement Form: All students participating in extracurricular and/or athletic activities must have an Extracurricular Code of Conduct Acknowledgement Form signed by both the student and the parent/guardian on file in the Secondary School office prior to participation in any extracurricular or athletic activity. Failure to provide a signed acknowledgement will preclude the student from participating in their chosen activity(ies). Also, failure to provide a signed acknowledgement does not negate a student's responsibility to follow this Extracurricular and Athletic Activities Code of Conduct.

Student Eligibility for Participation: All students participating in extracurricular or athletic activities will follow the academic and physical eligibility requirements as stipulated by the school board policies and building procedures.

Code of Conduct Provisions:

Good Citizenship and Sportsmanship: Students will live by the laws of the country, state, county and town. Students will also follow the rules and policies of the Bloomfield Central School District as stated in the Bloomfield Central School District Code of Conduct.

Conduct Unbecoming a Student or a Representative of the District: "Conduct unbecoming" shall include, but is not limited to, the use of profanity, disrespectful comments, foul language, physical aggression or insubordination by a student, that is directed towards any other person, including but not limited to, game officials, coaches, advisors, chaperones, teammates, athletes, students or team members from opposing teams, schools or fans and spectators.

Consequences for Breaking the Good Citizenship and Sportsmanship Code of Conduct Sportsmanship, Conduct Unbecoming a Student or Representative sections of this Extracurricular and Athletic Activities: Consequences, based on the nature, level of severity and the frequency of misconduct, can range from a warning, voluntary community service, one meeting or one game suspension to a year suspension as well as a suspension from attendance.

Tobacco, Alcohol and Drug Provisions:

Students participating in extracurricular and/or athletic activities are not allowed to use, be in the presence of and/or engage in the use of tobacco (including devices used to mimic the inhalation/ingestion of tobacco such as, but not limited to e-cigarettes/vaporizers), alcohol and/or other drug activities, including the use of performance enhancing and synthetic/designer drugs or the use of legal (over the counter) drugs above the recommended/prescribed dosage. ("**Alcohol and other drug activities**" refers to the sale, purchase, possession, consumption, being under the influence or in the presence of alcohol, **Illegal/Inappropriate/Prohibited Substances** (as defined in the District's Code of Conduct) and/or other drugs on school grounds, at school functions or at activities off of school grounds). ("In the presence of" is defined as going to and/or being at an activity or function where illegal alcohol or drug activity occurs and not leaving in a reasonable amount of time.) ("A reasonable amount of time" is defined as 15 minutes.) (This does not refer to family or religious events where alcohol is being served legally).

Students are expected to contact an advisor, coach or administrator to establish their role in connection with the event. The student should contact the MS/HS Principal at (657-6121 ext.1005). If he/she is not available, the student should leave a message on his/her voicemail. The purpose of this call is to protect students who have made the right choice from future allegations regarding the specific event.

Consequences for Breaking the Tobacco, Alcohol and Drug Provisions:

All disciplinary action will occur immediately. During the suspension period students will not be allowed to participate in or attend clubs, performances, plays, practices, games and contests, or any activity sponsored by Bloomfield CSD as participants or spectators.

First Offense:

- A. Self-Report*:** If a student violates this Extracurricular and Athletic Activities Code of Conduct and self-reports to the advisor or coach, building administrator or athletic director, the student will be suspended from participating in any extracurricular and/or athletic activity for 7 calendar days.

***Self-Report:** A student initiates a meeting with the advisor or coach, building administrator or athletic director for the purpose of acknowledging involvement in a violation of the Bloomfield Central School District Extracurricular and Athletic Activities Code of Conduct. **The said acknowledgment must take place prior to the advisor or coach, building administrator or athletic director having knowledge of the incident.**

- B. No Self-Report:** If a student violates this Extracurricular and Athletic Activities Code of Conduct, does not self-report and is found in violation, the student will be suspended from participating in any extracurricular and/or athletic activity for 14 calendar days. If the suspension is the result of a tobacco, alcohol, or drug related incident the student will need to go through an evaluation before they are able to participate again.

Second Offense: If a student violates this Extracurricular and Athletic Activities Code of Conduct a second time and is found in violation the student will be suspended from participating in any extracurricular and/or athletic activity for 30 calendar days. If the suspension is the result of a tobacco, alcohol, or drug related incident the student will need to go through an evaluation before they are able to participate again.

Third Offense: Permanent suspension from participation in extracurricular and athletic activities. Students are eligible to apply for reinstatement through a hearing conducted by the Extracurricular and Athletic Activities Board. This Board will be made up of the high school principal, athletic director, a classroom teacher, a coach, and an extracurricular advisor one calendar year from the date of suspension. The Extracurricular and Athletic Board may make alternative recommendations regarding discipline.

Disciplinary Communication:

1. A parent, student, teacher, administrator, member of a law enforcement agency, or other reliable reporter brings a concern to the coach, advisor, athletic director or the principal.
2. The advisor, coach or athletic director informs the principal.
3. The principal is then responsible for overseeing the investigation, substantiation and communication around policy infraction. The athletic director will be involved in any parent/student meetings that take place concerning athletes. The meeting for the purposes of disciplinary action will afford the student and the parent the opportunity to discuss the proposed discipline with the individual authorized to impose the discipline. The student, parent and/or advisor/coach may appeal the disciplinary penalty in writing to the Extracurricular and Athletic Activities Board within ten days. The Extracurricular and Athletic Activities Board will make a recommendation to the Superintendent and the Superintendent shall render a decision within five days. The appeal should state why they feel the student is innocent or why the penalty is incorrect.

Academic Eligibility:

Academic eligibility for students participating in extracurricular or athletic activities will be determined approximately every two weeks. A student will be deemed academically ineligible if he/she receives failing grades (64% or less) in two or more subjects. Once declared ineligible, students will not be permitted to participate in or attend any contests, competitions or performances until the Pass/Fail Sheet is signed and submitted to the appropriate supervisor which are listed below. The Pass/Fail Sheet will be available in the Attendance Office and will be the sole responsibility of the student. Each teacher must report Pass/Fail and initial the note prior to submittal.

The student will submit completed Pass/Fail Sheets to:

Jonathan Mastin – Athletics

Scott Hoffman – Instrumental Music

Matt Roesch – Vocal Music, Fall Drama, Spring Musical

School Counselor – All other activities not included above

The completed Pass/Fail Sheet will allow the supervisor to reinstate rights and privileges to that fully eligible student immediately upon receipt. Once the completed Pass/Fail Sheet is signed by the supervisor, the student will forward it to his/her coach/advisor. The advisor/coach will forward the completed Pass/Fail Sheet to the respective Guidance Office to be held in the student's academic folder for future reference. This plan will allow the student to be fully reinstated as quickly as possible, but maintains responsibility for that process with the student.

Any ineligible student must attend practices/meetings but may not play in games or participate in performances. (Please note that currently, academically ineligible middle school students may not attend school social functions such as dances, sporting events, Battle of the Bands, school plays, etc.)

The ineligibility will continue until the student successfully completes the Pass/Fail Sheet process or becomes eligible with the next round of eligibility reporting.

Extracurricular and Athletic Study Hall for Middle School Students:

The extracurricular and athletic study hall is designed to support students academically and to aid them in their quest to not only remain eligible but to excel academically. It should be emphasized that this program is not punitive but rather a support program for our students. Our goal is to prevent the loss of eligibility by being proactive rather than reactive.

All middle school students involved with extracurricular or athletic activities are required to stay during 11th period for a study hall. Student's will report to a specified room or the small cafeteria. If a club/team is scheduled to leave school for an away contest/activity prior to the end of 11th period, each member of that club/team should report to study hall where they will be released for the bus trip.

Our goal is to provide a safe, supervised area for our modified student's to complete their school work.

Transportation:

When possible, each student should be transported to and from all away activities/contests by school authorized vehicles. Travel time is an integral part of being a part of a club/team. It affords time for the advisors/coaches and students to prepare prior to the activity/contest and to reflect upon the activity/contest afterward. The only exception to this policy would be a written request on the Transportation Authorization Slip that is signed by the parent/guardian and turned into the advisor/coach. In this case, it is understood that the athlete must be transported after the contest by their parent/guardian or other designated adult.

Pass/Fail Sheet

Student: Take this sheet to each teacher to get an update on your eligibility status. If, after your teachers have signed the sheet and given you a grade, you are failing one class or less your eligibility will be reinstated. However, if you are remain failing two or more classes you will remain ineligible and must repeat the process above.

Submit the completed Pass/Fail Sheet to:

Jonathan Mastin – Athletics

Scott Hoffman – Instrumental Music

Matt Roesch – Vocal Music, Fall Drama, Spring Musical

School Counselor – All other activities not included above

<u>Period</u>	<u>Grade</u>	<u>Signature</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____

_____ is now academically eligible and may return to full participation in all activities.

(Student Name)

(Supervisor Signature)

Date

Transportation Authorization Slip

This document, when signed by you will allow you to take your child home from any away game for the entire season. Please list your own name and any other person who is authorized to pick your child up from an away game. The coach will keep this document on file. When taking your athlete you must ALSO sign out with your coach.

Student Name: _____ Activity: _____

Coach Name: _____

My child, _____, is allowed to ride home from away games with:

1. _____

2. _____

3. _____

4. _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Extracurricular Code of Conduct Acknowledgement Form

I have read and fully understand my/our students and my/our responsibility regarding the Bloomfield Central School District Extracurricular and Athletic Activities Code of Conduct. I understand that he/she has a responsibility to abide by these rules and if he/she does not, disciplinary action will result. I agree to support the school in this effort.

Signed: _____
Parent or Guardian Signature

Date: _____

I have read the Bloomfield Central School District Extracurricular and Athletic Activities Code of Conduct. I promise to live by the Extracurricular and Athletic Activities Code of Conduct and understand that if I violate this contract, the result will be disciplinary actions as outlined.

Signed: _____
Student's Signature

Print Name

Date: _____

Signed: _____
Advisor's/Coach's Signature

Print Name

Date: _____

Note: A copy of this contract will be filed in the Secondary School Office for twelve months from the day it is signed. The Extracurricular and Athletic Activities Code of Conduct is in effect during the entire school year from the start of the fall season until graduation. Students who do not have a contract on file will not be eligible to participate until this signed document is filed in the Secondary School Office.

Please note the above is a district policy and the signature notes acknowledgement of the policy. The policy itself is uniformly applied for all students.

To be completed by the parent/guardian:

Bloomfield Central School

ATHLETIC PROGRAM PERMISSION SLIP and MEDICAL RECERTIFICATION

Student Name: _____ Grade: _____ Sport _____

Date: _____ Selective Classification: yes _____ no _____ (for 7th and 8th graders trying out for a High School Sport)

Parent Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ Cell Phone: _____

Emergency Contact (name and phone number): _____

Physician's Name _____ Address _____ Phone _____

Dentist's Name _____ Address _____ Phone _____

Health Insurance Carrier _____ I.D. # _____

Date of Physical Exam: _____ (A Physical Exam is valid for 12 months through to the last day of the month)

Prior to the start of practice for each season, a health history review for each athlete must be completed in the event of illness or injury requiring medical attention by a physician. Incomplete forms will be returned and may impact your child's ability to begin practice.

All "YES" answers MUST be explained below (Bottom Right)

	Yes	No		Yes	No
1. Has your child had a medical illness, injury or diagnosis since his/her last physical?	_____	_____	19. Has your child broken any bones, dislocated any joints, or been diagnosed with a stress fracture?	_____	_____
2. Has your child ever been hospitalized overnight or had surgery?	_____	_____	20. Has your child ever had a sprain, strain, pain or swelling after injury that has kept him/her from participating in sports?	_____	_____
3. Is your child currently taking any medication (prescription or over the counter) or using an inhaler?	_____	_____	21. Does your child experience frequent abdominal discomfort?	_____	_____
4. Has your child ever taken any supplements, vitamins or recreational drugs to improve his/her performance?	_____	_____	22. Does your child lose weight regularly to meet weight for his/her sport?	_____	_____
5. Does your child have any life threatening allergies?	_____	_____	23. Has your child had an unexplained weight loss or gain during the past six months?	_____	_____
6. Has your child ever had chest pain, dizziness or fainting during or after exercise?	_____	_____	24. Is your child currently following any diet or weight reduction plan?	_____	_____
7. Has a physician ever denied or restricted your child's participation in sports or PE for any heart problems?	_____	_____	25. Has your child ever tried to control their weight by vomiting, using laxatives, diuretics or diet pills?	_____	_____
8. Does your child have high blood pressure, irregular heartbeat or cardiomyopathy?	_____	_____	26. Does your child have a history of eating disorders?	_____	_____
9. Has any family member or relative died before age 50 of heart problems or sudden unexplained death?	_____	_____	27. Date of last tetanus vaccination: _____/_____/_____		
10. Has your child had a severe viral infection (e.g. myocarditis or mononucleosis) within the last month?	_____	_____	FEMALES ONLY		
11. Does your child have only one kidney, or a single testicle or monocular vision?	_____	_____	28. At what age did your child experience her first menstrual period? _____		
12. Does your child have any current contagious skin problems (e.g. staph, warts, impetigo)?	_____	_____	29. When was your child's most recent menstrual period? _____/_____/_____		
13. Has your child ever had a head injury or concussion?	_____	_____	30. Has your child had a recent change in menstrual patterns?	_____	_____
14. Has your child ever had heat cramps, heat exhaustion, or heat stroke?	_____	_____	31. Is your child's period less than 21 days or more than 36 days apart?	_____	_____
15. Does your child cough, wheeze, or have trouble breathing during or after exercising or have asthma or lung disease?	_____	_____			
16. Does your child use any special protective or corrective equipment (e.g. knee brace, foot orthotics, retainer on their teeth, hearing aid)?	_____	_____			
17. Has your child ever had a problem with his/her ears or hearing?	_____	_____			
18. Does your child wear glasses, contacts, or use protective eyewear?	_____	_____			

Explain **ALL** "Yes" answers here (identify each answer with the question number). Please use reverse for any additional information.

PARENT – PLEASE READ CAREFULLY AND SIGN BELOW

I have carefully read and understand the questions on the form and have truthfully and completely answered them. To the best of my knowledge, there is no existing condition that poses a health or safety risk to my son/daughter or others participating in the above-named sport, or that would otherwise exclude my son/daughter from athletic participation. I understand that there are risks inherent to students participating in the above-named sport, including the risk of serious physical injury and I have discussed those risks with my son/daughter. I understand that the District does not assume responsibility for lost or broken corrective lenses, orthotics or orthodontic devices. By my signature below, I consent to participation of my child in the above-named sport. I hereby give permission for my child to receive emergency medical assessment and treatment as deemed necessary by my child's physician or another physician, emergency medical service provider or medical facility designated by a supervising Bloomfield Central School District staff member at his/her discretion. I give permission to the Bloomfield Central School District to release and share with any emergency medical provider providing treatment to my child necessary confidential health information maintained by the District. I also guarantee payment for any medical treatment provided for my child under this authorization.

This authorization may be revoked at any time by the subject of the information, or if the subject is a minor, the parent or legal guardian. The parent or legal guardian has a right to a copy of this authorization.

Parent Signature _____

Date: _____

FOR SCHOOL HEALTH OFFICE USE ONLY

Date of last physician exam _____ This certifies that _____ is physically qualified to participate in the sport indicated above.

Signature _____ Date _____ (This medical authorization expires twelve months from the date of execution)
(Signature of School Physician or School Nurse)

This certificate is void if student is absent for 5 or more consecutive days because of illness or has sustained significant injury. Health history review and physician clearance may be required before re-entry.

**Return completed and signed form to the Nurse's Office
at least one week before the start of practice.**

HEALTH APPRAISAL FORM

Name: _____ Date of Birth: _____

School: _____ Gender: ☐ M ☐ F Grade: _____

IMMUNIZATIONS / HEALTH HISTORY

☐ Immunization record attached
☐ No immunizations given today
☐ Immunizations given since last Health Appraisal:

Sickle Cell Screen: ☐ Positive ☐ Negative ☐ Not done Date: _____
PPD: ☐ Positive ☐ Negative ☐ Not done Date: _____
Elevated Lead: ☐ Yes ☐ No ☐ Not done Date: _____
Dental Referral ☐ Yes ☐ No ☐ Not done Date: _____

Significant Medical/Surgical History: ☐ See attached _____

Specify current diseases: ☐ Asthma Diabetes: ☐ Type 1 ☐ Type 2 ☐ Hyperlipidemia ☐ Hypertension
☐ Other: _____

Allergies: ☐ LIFE THREATENING ☐ Food: _____ ☐ Insect: _____ ☐ Other: _____
☐ Seasonal ☐ Medication: _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Date of Exam: _____

Body Mass Index: _____	Vision - without glasses/contact lenses	R	L	Referral
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
<input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th	Vision - Near Point	R	L	
<input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

☐ EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: ☐ Negative ☐ Positive: _____

Specify any abnormality (use reverse of form if needed): _____

MEDICATIONS

Medications (list all): ☐ None ☐ Additional medications listed on reverse of form

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

If AM dose is missed at home: _____

I assess this student to be self-directed ☐ Yes ☐ No Student may self carry and self administer medication ☐ Yes ☐ No

Note: Nurse will also assess self-direction for the school setting. Please advise parent to send in additional medication in the event that emergency sheltering is necessary at school or if the morning medication has not been given.

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

☐ Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

☐ Limited contact: cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball.

☐ Non-contact: badminton, bowl, golf, swim, table tennis, tennis, archery, riflery, weight train, crew, dance, track, run, walk, rope jump.

☐ Specify medical accommodations needed for school: _____ ☐ None

☐ Known or suspected disability: _____ ☐ Please monitor

☐ Restrictions: _____ ☐ Please monitor

☐ Protective equipment required: ☐ Athletic Cup ☐ Sport goggles/impact resistant eyewear ☐ Other: _____

(Stamp below)

Provider's Signature: _____ Phone: _____

Provider's Name/Address: _____ Fax: _____

Parent Signature: _____ Date: _____

This exam complies with NYSED requirements above and is valid for twelve months, with the exception of any illness or injury lasting more than five days that will require review by private healthcare provider and the school medical director. Rev. 10/3/07