

## PENFIELD CENTRAL SCHOOL DISTRICT ATHLETIC INFORMATION FOR SCHOOL YEAR 2011 - 2012

**\*\* PLEASE NOTE-- PERMISSION NEEDED--SEE BELOW \*\***

Call the PHS Health Office at **249-6780, 249-6721 or 249-6808** with any questions.

A current Physical Examination and permission from parents are needed to play sports. A Physical Exam with your own health care provider is preferred, as they generally are more familiar with your child. **However, if that is not possible:**

**\*\*\* FREE SCHOOL PHYSICALS for School Year 2011 – 2012 \*\*\***

**will be given ONE DAY ONLY (none during the summer) on Thursday, June 2, 2011 (4 – 6 PM) in the Health Office at Penfield High School (C-2)**

**NOTE:** If you elect to have your child's health appraisal done at school on June 2<sup>nd</sup>, please review the attached Consent Letter and Health History Review Form with your child.

**Following your review, please complete, sign and return the Health History Review / Consent Form to the PHS Health Office, Attn.: PHS School Nurse. Physical Exams administered during June 2011 are good for any sport during the 2011 - 2012 school year.**

Please refer to the Checklist for Student-Athletes below for complete instructions on how to meet the requirements for participation in our athletic program. **Please read carefully.**

### A CHECKLIST FOR STUDENT-ATHLETES

1. \_\_\_ Student-Athletes must have a valid physical examination **on file in the Health Office**. New York State regulations specify that physical exams are only valid for a period of one year (twelve continuous months to the last day of the month it was given). If you are unsure of when your physical expires, check with your school nurse **as soon as possible**. We suggest that you staple a copy of your current physical to your paperwork if you have it.

#### ATTENTION All 7<sup>th</sup> and 8<sup>th</sup> Graders Playing on a High School Team:

- A copy of your physical exam **MUST** be attached to your sport form.
- For **FALL sports ONLY**, please send your paperwork to THE CHARLES FINNEY SCHOOL NURSE, 2070 Five Mile Line Rd., Penfield, NY 14526 or FAX to 387-3771.
- For **WINTER and SPRING sports**, all paperwork should be given to THE CHARLES FINNEY SCHOOL NURSE.

2. \_\_\_ The **Athletic Program Permission Slip/Medical Recertification Form** is available online on the Athletic Department website. Hard copies are also available in the Health Office. **Please Note:**
- A **NEW** permission slip is needed before **EACH** sports season.
  - Forms must be **completely filled out** and signed by a parent **AND** the student **NO EARLIER than 30 days before the first practice or try-out**, and then personally turned in to the school nurse.
  - Forms dated or handed in prior to that time will be **INVALID** and **NOT** accepted.
  - **DEADLINE: All forms are due in the Nurses' Office by the Friday preceding the first practice or try-out date.**
  - **Continue to check the Finney website to view the schedule of First Practice Dates and Times for the 2011 - 2012 School Year.**

3. \_\_\_ We ask that all permission forms be submitted in person. Doctor's notes stating that the student is cleared to participate in sports or listing any specific restrictions are necessary if the student has sustained any injury or had a significant illness since their physical was performed. **Forms should be turned in to the Health Office.**

4. \_\_\_ All athletes must have had a **Tetanus shot** within the past 10 years **on record** with the school nurse. Consider asking your physician's office for a copy of your Immunization Record with your physical.

**To reach the Finney Nurse, please contact 387-3730 or the Main Office at 387-3770 during Summer Office Hours.**

**PENFIELD CENTRAL SCHOOL DISTRICT**  
**SCHOOL PHYSICAL EXAMINATIONS (6-12)**

HEALTH APPRAISAL INFORMED CONSENT

**PLEASE READ THIS IF YOU WANT AN EXAM DONE IN SCHOOL**

(NOTE: Please see Questionnaire/Consent Form)

Dear Parent/Guardian:

**Please READ, COMPLETE AND SIGN the Questionnaire/Consent Form that follows and RETURN to the School Nurse if you want a health appraisal done in school.**

The Board of Education encourages you to use your private health care provider for all required school physical examinations for optimal continuity of care. If you need financial assistance, the school nurse can provide you with assistance and applications for Child Health Plus. Should you choose instead to have a health appraisal done by the school physician in school, it will be scheduled at a time convenient to the district. Most parents do not choose to attend school exams, but if you wish to be in attendance, please notify the school nurse. Otherwise, be advised of how the appraisal will be conducted in your absence.

Your child may be asked to disrobe to underclothing. Please know that every effort is made to preserve dignity and privacy. First the physician or nurse practitioner conducts a mini-interview for history. The interview includes age appropriate questions that explore physical and psycho-social areas of concern. For example, younger children may be asked about their worries or their sense of personal safety in school and at home. Older students may be asked about substance use, sexual activity, eating issues, and mental health concerns. These are age appropriate questions identified by the American Medical Association and the American Academy of Pediatrics. However, they are private questions, and we want to be sure you and your child understand the nature of our questions. If there is concern that a student is engaging in activities that are immediately self-injurious, you will be notified without delay. Less urgent concerns are referred back to appropriate school personnel to address according to the school's routine methods of dealing with potential problems. Upon request, you may receive a copy of secondary level questions from your school nurse.

Next, the physical screening examination is done. The exam includes a head-to-toe screening of all major organ systems, including breasts/pubic area for girls and hernia/testicles for boys. The examiner will touch your child. Because this is an intimate screening exam, we ask that you discuss in detail with your child whether they are comfortable having the exam conducted in school. **Please do not ask the school to conduct this exam unless you seek your own child's permission and understanding of the nature of the exam.** Because school examinations are only screening exams, and school providers may not diagnose or prescribe in a school setting, you will be advised of any areas of concern found on examination that require further evaluation by your own provider.

Please remember that this exam is not meant to take the place of your child's yearly well child visit with his/her own health care provider.

Sincerely,



Cynthia Devore, MD  
School Physician

## HEALTH HISTORY REVIEW / CONSENT FORM

Student's Name: \_\_\_\_\_ Grade Level in September \_\_\_\_\_

Male       Female

*Revised 11/2010*

		Yes	No	Date
	<b>Parents, please Check Yes or No regarding the following questions and indicate date of occurrence:</b>			
1	Does your child have any life threatening allergies or conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	If <b>Yes</b> , does your child carry an Epi-Pen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Has your child ever had a head injury, concussion, or seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4	Has your child had any injuries such as broken bones, torn ligaments, dislocated joints, sprains, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	Has your child had a medical illness or a new diagnosis since their last sports physical such as <b>(please circle)</b> : diabetes, hypertension, kidney or liver disease, bleeding tendency, anemia, other?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	Has your child ever had chest pain, dizziness or fainting during or after exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	Has a physician ever restricted or denied your child's participation in sports for any heart problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8	Has any family member or relative died of heart problems or sudden death before age 50?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9	Does your child cough, wheeze or have trouble breathing during or after exercise or have asthma or lung disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	If <b>Yes</b> , does your child carry an inhaler?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11	Has your child ever taken any supplements, vitamins or illicit drugs to help you improve their performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12	Is your child currently taking any medications or pills (prescription, over-the-counter, or recreational)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13	Has your child ever been hospitalized overnight or had surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	Has your child had a severe viral infection (i.e., myocarditis or mononucleosis) within the last month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15	Does your child have a single kidney or testicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16	Has your child ever had heat cramps, heat exhaustion or heat stroke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17	Does your child have any contagious skin problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18	Does your child use any special or protective equipment or devices that aren't usually used for their sport (for example, knee brace, foot orthotics, retainer on your teeth, hearing aid)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19	Has your child ever had a problem with their ears or hearing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20	Has your child ever had a problem with their eyes or vision (i.e., loss of eye or loss of vision in either eye)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
21	Does your child wear glasses, contacts or protective eyewear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22	Has your child had a problem with pain or swelling in muscles, tendons, bones or joints that has kept them out of sports?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23	Has your child experienced serious abdominal problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24	Does your child lose weight to meet weight for their sport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
25	Has there been an unexplained weight loss or weight gain during the past six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
26	Is your child following any particular diet or weight loss plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
27	Has your child ever tried to control weight by vomiting, using laxatives, diuretics, diet pills or by exercising excessively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
28	Does your child have a history of eating disorders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

FEMALES ONLY:			
29	Has there been a recent change in your child's menstrual patterns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30	At what age did your child have her first menstrual period? _____		
31	When was your child's most recent menstrual period? _____ / _____ / _____		
32	Are her periods < 21 days or > 35 days apart?	<input type="checkbox"/> <21	<input type="checkbox"/> >35

Please explain any questions to which you have answered 'Yes' and indicate # of question:

- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_
- # \_\_\_\_\_

I give permission to have my child interviewed and examined by the school physician/nurse practitioner as scheduled at the convenience of the school. I have read the information on school health appraisals, answered the health history questions, **and have advised my child of my decision.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Your Name \_\_\_\_\_ Phone \_\_\_\_\_