

ATHLETIC PROGRAM PERMISSION SLIP AND MEDICAL RECERTIFICATION

(PLEASE PRINT WHEN COMPLETING THIS FORM)  
Valid **ONLY** if returned and signed within **30 days** before start of sports season.

**OFFICE USE ONLY**

Girls: \_\_\_\_\_ Boys: \_\_\_\_\_ Season: \_\_\_\_\_  
School: \_\_\_\_\_ Tanner: \_\_\_\_\_  
Selective Classification: \_\_\_\_\_  
Coach's signature for transfer: \_\_\_\_\_

SPORT: \_\_\_\_\_ LEVEL: Var / J.V. / Frosh / Mod. A / Mod. B.  
(Please Circle one)

**SECTION I – STUDENT INFORMATION**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ **Emergency Contact Person (other than Mom or Dad):** \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Did you attend Penfield Central School last year? \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**SECTION II (PART A) – PARENT PERMISSION & STUDENT AGREEMENT**

(See Page 2 of Web Copy OR Reverse Side of Office Copy)

Our signatures indicate:

- ◆ Permission to try out for and participate in interscholastic athletics
- ◆ Permission to ride bus to and from athletic contests
- ◆ That we have read, understand and agree to follow the Student Athletic Code of Conduct, Drug Policy and Academic Eligibility Policy **printed on Page 2**
- ◆ **Permission for emergency treatment by a physician:**      **YES**              **NO**

**SECTION II (PART B)**

**PARENT:** I have carefully read and understand the information stated in this Recertification Form. **My signature below certifies the information I have provided in Sections I, II and III to be accurate and constitutes my permission for my child to participate in the above named sport.** To the best of my knowledge, there is no existing condition that should exclude my son/daughter from athletic participation. We are aware and accept the possibility of serious injury inherent in athletic participation. I understand that the District does not assume responsibility for lost or broken corrective lenses or orthodontic devices. **In the event of an emergency, and I cannot be reached, my signature below also constitutes my permission for my child to receive medical evaluation and necessary treatment to ensure his/her health and safety. Such treatment may come from either my child's physician or an emergency room physician in the event our family physician cannot be contacted.**

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION III – STUDENT HEALTH HISTORY REVIEW (2 page form)**

(See Pages 3 and 4 and answer all questions provided.)

**\*\*The NYSPHSAA states that a student cannot participate in athletics without the approval of the school medical officer. Physicals are valid for 12 continuous months. A health history update (recertification) is required at the start of each season. **If an injury has taken place; or if the student has a prolonged absence (5 consecutive days) due to an illness they must have a release from a physician.****

**FOR HEALTH OFFICE USE ONLY:**

*Revised: 4/2011*

**DATE OF PHYSICAL EXAM ON FILE:** \_\_\_\_\_ **TETANUS:** \_\_\_\_\_

**SCHOOL NURSE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### ***Athletic Code of Conduct – Penfield Central School***

**Athletic participation is a privilege that carries with it responsibilities to the school, to the team, to the student body, and to the community. When an athlete accepts this privilege, he/she must also live up to a code of conduct beyond that of the general student body, on and off school property, during the season and the off-season.**

The athlete's code of conduct is that of good citizenship and sportsmanship. This means that athletes will live by the laws of the country, state, county, and town and follow the rules and policies of the school district and athletic department. A few examples of unacceptable behavior both on and off school property are: truancy or illegal absence from school or classes; insubordination; fighting; lack of cooperation with school personnel; vandalism; violation of the rights of others; stealing; assault; and harassment.

The consequences for breaking this code of conduct can range from a warning, community service, one meet or game suspension to a year suspension, based on the nature, level of severity and the frequency of the misconduct. Students will be required to participate in three mandatory counseling sessions appropriate to the infraction, for example, anger management, or anti-bullying counseling. Board of Education, Policy #7411 concerning alcohol and other drugs pertains to all students. Our department's procedure is additional enforcement for our athletes.

#### ***Policy for Tobacco, Alcohol and Drug Violations***

Students participating in extra-curricular and/or athletics are not allowed to use, be in the presence of, and/or engage in tobacco and alcohol and other drug activities, including performance enhancing drugs. ("Alcohol and other drug activities" refers to sale, purchase, possession, consumption, being under the influence, or in the presence of alcohol and/or other drugs on school grounds, at school functions or at underage student activities off of school grounds.) "In the presence of" is defined as going to and/or being at an underage student activity or function and not leaving immediately where illegal alcohol or drug activity occurs. This does not refer to family, religious or social events (including dining at restaurants) where alcohol is being served legally.

**Penalties for possession use, in the presence of, under the influence of, or illegally selling of alcohol and other drugs including those that are performance enhancing and tobacco in any form.**

#### **1<sup>st</sup> Offense**

##### **a) Self-Report**

If a student violates this code of conduct and self-reports to the advisor or coach, building administrator or athletic director before being reported by someone else, the student will be assigned 3 mandatory counseling sessions and 2 hours of community service.

##### **b) No-Self Report**

If a student violates this code of conduct, does not self-report, and is found in violation, the student will forfeit 10% of the activity time frame or sport season and will be assigned 3 mandatory counseling sessions and 4 hours of community service.

#### **2<sup>nd</sup> Offense**

##### **a) Self-Report**

If a student violates this code of conduct a second time and self-reports to the advisor or coach, building administrator or athletic director before being reported by someone else, the student will forfeit 10% of the activity time frame or sport season, 3 mandatory counseling sessions and 4 hours of community service.

##### **b) No-Self Report**

If a student violates this code of conduct, does not self-report, and is found in violation, the student will forfeit 25% of the activity time frame or sport season and will be assigned 3 mandatory counseling sessions and 8 hours of community service.

#### **3<sup>rd</sup> Offense**

If the student violates the code of conduct for a third time, the student will receive a permanent suspension from participation in extracurricular activities and athletics.

**Code of Conduct Violations for all Students:** students must receive a minimum of three professional counseling sessions and provide written proof of participations before returning to extracurricular activities or sports. Failure to receive this counseling will result in suspension from these activities until the counseling requirement is fulfilled. For athletes and for extracurricular activities where appropriate (e.g., plays), during the disciplinary consequences, the athlete is expected to participate in all practices.

**Disciplinary Communication:** athletes should report Violations of the code of conduct to the Athletic Director. A letter will be sent to the student's parents/guardian notifying them of the student's code violation and consequence and offering them an opportunity to discuss the situation with the appropriate administrator. Since participation is a privilege, it is not protected by due process procedures applicable to regular public education. A participant may appeal the declaration of a student's ineligibility to the building principal within 48 hours of receiving the notice of ineligibility. A parent must attend the appeal and the suspension remains in force during the appeal.

#### ***Academic Eligibility for Extra-Curricular Activities***

Any student with more than two failures based on his/her report card and/or interim progress report will be ineligible for participation in extra-curricular activities. Any student, with one or two failures in any subject(s), will be placed on probation. Every student's status will be determined every five-week period during the school year.

- ◆ Fourth quarter grades/summer school determine fall eligibility;
- ◆ A student who has been on academic probation or considered ineligible at the midpoint of the fourth quarter and who fails the fourth quarter of a course, but passes that course for the year, will be considered on academic probation through the first interim period of the next school year.
- ◆ A student who has been declared ineligible at the end of the fourth quarter may take the course(s) failed in summer school. The student needs to pass the course(s) taken in summer school in order to return to academic eligibility status. However, if a course that was failed in the fourth quarter is not offered in summer school and all other requirements for eligibility have been met, the student will remain on academic probation through the first interim period of the next school year.
- ◆ First quarter grades determine initial winter eligibility;
- ◆ Second and third quarter grades determine spring eligibility.

The probation or ineligibility period will begin when the eligibility list is published and distributed. Parents will receive written notification by mail if their student is either ineligible or on probation. All faculty/advisors/coaches will receive a total list of affected students on the publication date.

During the probation period, a student may participate in extra-curricular activities, (e.g., student government, class officers, clubs, publications, special music presentations, athletics, and drama), and is eligible to practice and play in games. If the student is on the Ineligible List he/she is **not** eligible to play in games.

During the five-week probationary period, the student will be encouraged to do what is necessary to improve his/her academic performance and to take advantage of the extra support available from staff members. Departmental Instructional Centers, tutors, counselors, and peers. It is anticipated that all activity advisors and coaches will be actively and positively involved so that participation in a chosen activity need not be discontinued because of inadequate course work.

If a student meets the standard of passing grades in all classes at the end of the probationary period, he/she will retain his/her eligibility. The teachers will report the student's standing via the interim progress reports or report cards. A teacher will have the opportunity to identify cases where special circumstances may have contributed to a student failing his/her course.

If the student is not passing all courses at the end of the probationary period, probationary status will be changed to ineligible status. A student who is declared ineligible will not be permitted to participate in any extra-curricular activities.

**\*Athletics and other extracurricular organizations may have additional requirements.**

## SECTION III – STUDENT HEALTH HISTORY REVIEW – Two Page Form

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

Male       Female

Date: \_\_\_\_\_

- TO BE COMPLETED BY PARENT OR GUARDIAN -		Yes	No	Date
<i>Please answer questions below to indicate if your child has or has ever had the following:</i>				
1	Has a doctor or nurse practitioner (a health care provider) ever restricted his/her participation in sports for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	In the past month, has s/he had a severe viral infection (for example, myocarditis or mononucleosis)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Has s/he had any contagious skin problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4	Does s/he have an ongoing medical condition? Please check below: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Marfan's Syndrome <input type="checkbox"/> Kawasaki's Disease <input type="checkbox"/> Sickle Cell Trait or Disease <input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	Is s/he currently taking any medications or pills (prescription, over-the-counter or recreational)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	Has s/he ever had surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	Has s/he ever spent the night in a hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8	Does s/he have a life threatening allergy? Please check below: <input type="checkbox"/> Medication <input type="checkbox"/> Food <input type="checkbox"/> Insect Bites <input type="checkbox"/> Pollen <input type="checkbox"/> Latex <input type="checkbox"/> Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9	Does s/he carry an Epi-pen (epinephrine)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10	Has s/he ever passed out during or after exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11	Has s/he ever complained of light-headedness, dizziness or fainting during or after exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12	Has s/he ever complained of chest pain, tightness or pressure during or after exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13	Has s/he ever complained of fluttering in their chest, skipped beats, or their heart racing, or does s/he have a pacemaker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14	Has a health care provider ever ordered a test for his/her heart? (ex. EKG, echocardiogram, stress test)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15	Has s/he been told s/he has a heart condition or problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16	Has s/he ever had high or low blood pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17	Has s/he ever complained of getting more tired or short of breath than his/her friends during exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18	Does s/he wheeze or cough frequently during or after exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19	Has a health care provider ever said s/he has asthma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20	Does s/he use or carry an inhaler or nebulizer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
21	Has s/he ever become ill while exercising in hot weather?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
22	Has there been an unexplained weight loss or weight gain during the past six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23	Is s/he on a special diet or have to avoid certain foods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
24	Does s/he lose weight for his/her sport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
25	Does s/he have a history of eating disorders or ever tried to control weight by vomiting, using laxatives, diuretics, diet pills or by exercising excessively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
26	Does s/he have abdominal problems or hernia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
27	Has s/he ever had a hit to the head that caused a headache, dizziness, nausea, or confusion, or been told s/he had a concussion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
28	Does s/he ever have headaches with exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
29	Has s/he ever had a seizure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
30	Is s/he currently being treated for a seizure disorder or epilepsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
31	Has s/he ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
32	Has s/he ever had an injury, pain, or swelling of joint(s) that caused him/her to miss practice or a game?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
33	Has s/he broken or fractured any bones or dislocated any joints or been diagnosed with a stress fracture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
34	Does s/he use a brace, orthotic, retainer, or other protective device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
35	Does s/he have any problems with his/her hearing or wear hearing aides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
36	Does s/he have any problems with his/her vision or have vision in one eye only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
37	Does s/he wear glasses, contacts, or protective eyewear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
38	Does s/he have only one functioning kidney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
39	Does s/he have a bleeding disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>FEMALES ONLY:</b>				
40	Has there been a recent change in her menstrual patterns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
41	At what age did she have her first menstrual period? _____			
42	When was her most recent menstrual period? _____ / _____ / _____			
43	Are her periods < 21 days or > 35 days apart?	<input type="checkbox"/> <21	<input type="checkbox"/> >35	

	<b>Student's Name:</b>	<b>Grade:</b>	<b>Page 2 of 2 of Health History</b>	
	<b>Date:</b>			
<b>MALES ONLY:</b>				
44	Does he have only one testicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>FAMILY HISTORY:</b>				
45	Has any relative been diagnosed with a heart condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
46	Has any relative died suddenly before the age of 50 from unknown or heart related cause? (do not include accidents)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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

**(NOTE: 'Yes' to any of these questions does not mean automatic disqualification from athletic activities. However, it will require a review and may require approval by the school physician before the student can report to practice or try-outs. Your prompt cooperation will reduce delays).**

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