

INFORMATION TO PARENTS ON INTERSCHOLASTIC SPORTS PROGRAM

We are pleased that your child has expressed an interest in our interscholastic sports program. Please read the following information carefully before you give your permission for him/her to try out.

1. Academic Standing - Competing in a sport requires a commitment of time and energy. We do not want your child to suffer in his/her studies as a result of playing on a team. If scholastic problems occur, we may insist that the athletic activities stop until they are corrected.
2. Proper Conduct – We assume that our students are capable of handling themselves properly when not under the direct supervision of an adult. Visiting other schools, using locker rooms and meeting late buses are responsibilities that your child will assume. If his/her conduct in school or in sports raises questions about his/her ability to handle this, we may insist that the sport be dropped.
3. Medications – If your child needs to carry an inhalant medication for asthma or an Epi-Pen for bee/insect allergies, a medication permission slip and self-medication slip must be filled out and signed by the doctor and parent for the current school year. This must be on file in the health office before the student is allowed to try out for sports.
4. Injuries – All sports require strenuous activity and some involve a lot of physical contact. We want you to be sure that your child is physically fit to participate. We insist on a physical examination before any participation is allowed. You may have your family physician perform this physical. If so, your physician must complete the attached form. We will have the school physician available for a limited time for sports physicals. It is your child's responsibility to be aware of the date and time of school sports physicals if you choose not to have the attached form completed by your personal physician.

Should an injury occur, please be aware of the following points.

- Make sure that the injury has been reported to the coach, school athletic trainer and school nurse.
- If medical expenses are involved, the school does carry limited insurance to help you with this. However, you must use your own health insurance first. The school nurse will help you obtain the proper forms.
- **If your child should have any illness or injury that would limit his/her activity, you must notify the coach, school athletic trainer and school nurse immediately to stop sports and physical education. If he/she is absent for five or more days due to illness or injury, a new physical may be required to continue in sports.**

Thank you for your interest in sports. We hope this will be an enjoyable and rewarding activity for your child. If you have any questions or concerns, please do not hesitate to call the school.

SPORTS CERTIFICATION FORM

NAME _____

GRADE _____

TO BE FILLED OUT BY PHYSICIAN

B.M.I. _____ / Percentile _____
 HEIGHT: _____ / WEIGHT _____
 BLOOD PRESSURE _____
 POSTURE-EVIDENCE OF SCOLIOSIS _____
 LORDOSIS _____
 KYPHOSIS _____
 OTHER STRUCTURE _____
 NERVOUS SYSTEM _____

TANNER MATURATION LEVEL _____

SPECIFIC DISEASES DURING LAST 12 MONTHS: _____

PHYSICAL EXAMINATION

H.E.E.N.T. _____
 TEETH _____
 HEART _____
 LUNGS _____
 HERNIA _____
 GENITO-HERNIA _____
 SKIN _____
 VISION _____
 HEARING _____
 URINE: GLUCOSE: _____
 ALBUMIN: _____

Contact/ Collision	Limited Contact/ Impact	Strenuous Non-contact	Non-strenuous Non-contact
Field Hockey	Baseball	Cross-Country	Bowling
Football	Basketball	Track & Field	Golf
Lacrosse	Softball	Swimming	
Soccer	Gymnastics	Tennis	
Wrestling	Volleyball		
Ice Hockey	Skiing		

Does student need an inhaler for sports? Yes _____ No _____
 Does student need an **Epi-Pen** for bee/insect allergies? Yes _____ No _____

If you answered yes to either or both of the above, a current medication permission slip and self-Medication slip must be on file in the health office BEFORE a student is allowed to try out or practice Sports.

The above named student has (check one) for sports.

Unrestricted approval _____ Selective Approval: _____

Disqualified: _____ Reason: _____

 School Physician

 Date of Exam

 Private Physician

 Date of Exam

PLEASE STAMP

Physician Name _____

Address _____

VOID IF NOT STAMPED