

Rochester City / School District Interscholastic Athletics Medical Eligibility Certification

Student Name: _____ Grade: _____ Birthdate: _____ Age: _____
 Name of Parent: _____ Telephone Nos.: _____
 or Guardian _____ Home: _____ Sex M F
 Address and zip: _____ Business: _____ (circle one)
 Emergency: _____
 Date Entered Ninth (9th) Grade: _____ Sport: _____
 Modified _____ J.V. _____ Varsity _____

Part I Injury clearance for participation: must be signed by parent/guardian and student prior to medical clearance by the nurse:

This is to certify that _____ has not had an injury or medical problem
 Student's Name
 that will prevent him/her from participation in the sport specified above.

Parent/Guardian signature

Date

Student signature

Date

Part II (To be completed by the parent prior to the student's interview with the nurse.)

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

Name of Physician/Health Center _____ Date of last exam _____

Please answer each question.

	Yes	No		Yes	No
1. Have you been to an emergency room or seen a doctor for illness, injury, or abnormal lab test within the past year?			10. Are you currently taking any medication?		
2. Have you ever had an operation?			If yes, list		
3. Have you been hospitalized overnight for any reason?			11. Have you had a recent illness such as:		
4. Have you ever had any of the following:			Infectious mononucleosis?		
Head injury? (concussion/fracture)			Bladder infection?		
Fainting spells or loss of consciousness?			Skin disease?		
Convulsions? (seizures)			Pneumonia?		
5. Have you had injury to joints, muscles, or bones within the past year?			Other?		
(ex: severe sprain, fracture, dislocation)			12. Have you had symptoms or problems such as		
If yes, are there any after effects?			Dizziness?		
6. Do you have pain or problems with your shoulder?			Severe headache?		
Arm?			Chest pain?		
Elbow?			Wheezing?		
Wrist?			Shortness of breath?		
Back?			Abdominal pain?		
Hips?			Burning on urination?		
Knee?			Excessive bruising?		
Ankle?			Prolonged bleeding from small cut?		
7. Do you have problems with			Adverse reaction from heat?		
Eyes or vision?			Adverse reaction to exercise?		
Ears or hearing?			High blood pressure?		
8. Do you have absence or loss of function of paired organ?			Allergies?		
(eye, ear, kidney or testicle)			Asthma?		
9. Do you have any			Heart trouble?		
Lumps?			Diabetes (sugar)?		
Sores?			Hernia?		
Infected areas?			Scoliosis?		
			Sickle Cell Disease?		
			Emotional disorder?		
			Other?		
			13. Have you seen a doctor for any of the above?		
			14. Is there anything else we should know about your health?		
			15. Is there a history of sudden unexplained death in your family?		
			If yes, relationship		

Part III (To be completed by nurse)

Date of last approved physical _____ Date of nurse interview _____

Restrictions include: (circle) None or _____

This certifies that the above student is qualified to participate in the sport specified above.

copies: White - School Nurse
 Yellow - Athletic Director
 Pink - Coach

School Nurse _____
 Athletic Director _____

date _____
 date _____



Rochester City School District

PARENT'S CONSENT TO PUPIL PARTICIPATION IN CLUBS, GAMES AND COMPETITIVE SPORTS

School _____ Date _____

To the Principal:

I _____, the parent/guardian of _____ hereby permit him/her to engage in club activities, after-school games, athletics and competitive sports, as conducted by the public schools and at my risk. If, at any time, I deem that the continuance of this permission is inadvisable, I must notify the school principal in writing. I have read the policy of the City School District concerning accidents printed below on this form and agree to allow my child to participate under these conditions.

I hereby permit him/her to receive an athletic physical offered by the City School District, or to submit an athletic physical from the physician of my choice.

This consent shall be valid as long as my child remains a student in the City Schools, or until I revoke my consent in writing to the principal.

Student Signature

Parent or Guardian Signature

POLICY OF ROCHESTER CITY SCHOOL DISTRICT IN CASE OF ACCIDENTS TO PUPILS OCCURRING IN SCHOOL OR ON SCHOOL PROPERTY:

1. **MINOR INJURIES.** Treatment of cuts, bruises, abrasions, etc., is in general rendered by the Community Health Nurse (C.H.N.) of the BOCES I School Health Services. In the absence of the nurse, treatment is rendered by the Health or Physical Education teacher, school staff or other available person.
2. **MAJOR INJURIES.** Send injured pupil to hospital nearest to the school by ambulance or taxi cab. Pending its arrival, first aid is rendered by C.H.N. or other available person.
3. **CONCUSSIONS:** New York State Law (Effective July 1, 2012) requires students who have suffered or are believed to have suffered a concussion to be removed from the activity immediately. Students are prohibited from returning to play until they have been without symptoms for 24 hours. Student-athletes must also obtain both written authorization from a doctor clearing them for activity and also approval from the school's medical director. After being symptom free for 24 hours and being released from a Physician's care, the student-athlete must successfully complete a 6-step Return to Play (RTP) protocol.
4. **TREATMENT AT HOSPITAL.** On arrival at the hospital, medical treatment is rendered by hospital staff. Supervision of the case by the City School District ceases.
5. **NOTIFICATION OF PARENTS.** Wherever possible, the parent is notified of an injury to a child, but necessary medical attention is not delayed on this account.
6. **PAYMENT FOR MEDICAL SERVICES IN CASE OF INJURY.** Every City School District student is covered by a School Accident Insurance Policy issued by Blue Cross/Blue Shield, which provides minimal coverage in case of injury. **NOTE** that in cases of injury, it is the parent's health coverage, if any, which must first be applied to cover medical costs. Only after the parent's health insurance benefits are exhausted does the School Accident Policy apply and then only up to the policy limits. Parents may be responsible for medical costs beyond the policy limits or which are not reimbursable under the School Accident Policy.

This parent permission form must be sign by the parent/guardian and the student and filed with the school athletic director. The athletic director then submits the student's name to the nurse for a physical.

ELIGIBILITY RULES

YOU ARE ELIGIBLE:

1. If you are a bona fide student of the high school represented and taking at least four subjects including Physical Education;
2. If you are in grades 9-12 and under the age of 19. (If the age of 19 is reached on or after July 1, you may participate during that school year.) [Students in grades 7-8 may participate in the modified sports program or in the high school interscholastic program if they meet the requirement of the Selective/Classification process.];
3. If your parent/guardian approves, you have taken an athletic physical from a physician of your parent/guardian's choice or a physical offered by the City School District, and you receive final clearance through the school nurse;
4. If you enrolled during the first 15 school days of the semester;
5. Transfer: (a) A student who transfers, with a corresponding change in residence of his/her parents (or other persons with whom the student has resided for at least six months), shall become eligible after starting regular attendance in the second school. A residence change must involve a move from one school district to another. Furthermore, when a student moves from one public school district to another public school district, for athletic eligibility the student must enroll in the public school district of his/her parent's residency.
(b) A student who transfers without a corresponding change in residence of his/her parents (or other persons with whom the student has resided for at least six months) is ineligible to participate in any interscholastic athletic contest in a particular sport for a period of one (1) year if the student participated in that sport during the one (1) year period immediately preceding his/her transfer;
6. For eight consecutive semesters, beginning with the semester in which you entered grade 9. [Under the Selective/Classification process, a student in grade 7 may be eligible for six consecutive seasons and a student in grade 8 may be eligible for five consecutive seasons in one sport.];
7. To participate on only one team during a sports season;
8. If you have not violated the all-star game rule restrictions of N.Y.S.P.H.S.A.A.;
9. If you have not practiced or played with a college team;
10. If you are an amateur, never having used your athletic skills for financial gain, and if you have never competed under an assumed name;
11. If you maintain a C average in all subjects, maintain a 93% daily class attendance, and demonstrate good citizenship;
12. No student shall be excluded from competition solely by gender. In the sports of baseball, basketball, field hockey, football, ice hockey, lacrosse, soccer, softball, power volleyball where the height of the net is set at less than eight feet and wrestling, the fitness of a given student to participate in mixed competition shall be determined by a review panel;
13. Students with handicapping conditions who are otherwise qualified are eligible to participate.

Student Signature

Parent or Guardian Signature