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.

_____ _____

Student Signature Parent or Guardian Signature

The Dignity for All Students Act (Dignity Act) amended New York State Education Law by creating a new Article 2 – *Dignity for All Students*. The intent of the Dignity Act is to provide all public school students with an environment free from discrimination and harassment, including bullying, taunting or intimidation, as well as to foster civility in public schools.

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.

CITY SCHOOL DISTRICT **ROCHESTER, NEW YORK**

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 90% 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

School Attending _____

Rochester City School District
Interscholastic Athletics
Medical Eligibility Certification

Student Name_____ Grade:_____ Birthdate:_____ Age:_____

Name of Parent/Guardian_____ Telephone No(s) Home_____ Cell_____ Emer_____ Gender M F (circle one)

Address/Zip_____ Sport:_____

Date Entered Ninth (9th) Grade:_____ 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 _____ *Student Name* has not had an injury or medical problem 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
1. Have you been to an emergency room or seen a doctor for illness, injury, or abnormal lab test within the past year?		
2. Have you every had an operation? If yes, list_____		
3. Have you been hospitalized overnight for any reason?		
4. Have you ever had any of the following:		
Head injury?		
Fainting spells or loss of consciousness?		
Convulsions (seizures)?		
5. Have you had injury to joints, muscles, or bones within the past year? (ex. Severe sprain, fracture, dislocation)		
If yes, are there any after effects?		
6. Do you have pain or problems with your shoulder?		
Arm?		
Elbow?		
Wrist?		
Back?		
Hips?		
Knee?		
Ankle?		
7. Do you have problems with:		
Eyes or vision?		
Ears or hearing?		
8. Do you have absence or loss of function of paired organ? (eye, ear, kidney or testicle)		
9. Do you have any:		
Lumps?		
Sores?		
Infected areas?		

	YES	NO
10. Are you currently taking any medication? If yes, list_____		
11. Have you had a recent illness such as:		
Infectious mononucleosis?		
Bladder infection?		
Skin disease?		
Pneumonia?		
Other?		
12. Have you had symptoms or problems as:		
Dizziness		
Severe headache?		
Chest pain?		
Wheezing?		
Shortness of breath?		
Abdominal pain?		
Burning on urination?		
Excessive bruising?		
Adverse reaction from heat?		
Prolonged bleeding from small cut?		
Adverse reaction to exercise?		
High blood pressure?		
Allergies?		
Asthma?		
Heart trouble?		
Diabetes (sugar)?		
Hernia?		
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 unexplained death in your family? If yes, relationship_____		

Part III (To be completed by nurse)

Date of nurse interview _____

Date of last approved physical_____

Restrictions Include: (circle) None or _____

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

Date _____

School Nurse_____

Date _____

Athletic Director_____

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

HEALTH APPRAISAL INFORMED CONSENT AND HISTORY FOR SCHOOL EXAMINATION

Education Law, Section 903, and the Regulations of the Commissioner of Education require physical examinations of all children when they:

- Enter the school district for the first time
- Are in grades Pre-K, K, 2, 4, 7, and 10
- Participate in interscholastic sports
- Need working papers
- Are referred to/by the Committee on Special Education
- Are deemed necessary by school authorities to determine a child's educational program

A dental examination by your private dentist is recommended on the same schedule as the grade mandated physical examinations. The school nurse can provide you with a list of reduced cost dental programs.

The Board of Education recommends that all medical and dental examinations be conducted by your private physician or other health care provider for privacy and continuity of care. The school nurse can assist you in securing insurance for children who do not have coverage, but who wish to have a private physician or other health care provider. However, in some instances, you may prefer to have the exam conducted in school. Please read the information below carefully and discuss the process and your decision with your child. Then please complete the permission form and the brief health questionnaire. Please do not ask the school to conduct the examination if your child is frightened and you cannot be present. Instead, contact the school nurse for assistance with other options to fulfill this legal mandate.

Although most parents do not attend examinations, you have a right to be present by prior arrangement with your school nurse. Your child will be asked age-appropriate psycho-social questions to assist the physician or nurse practitioner in targeting health risks. You may request a copy of sample questions from the school nurse. Please remember that efforts are made to question children uniformly, but based on children's responses, the exact list of questions may or may not be addressed and other follow up questions may be required.

Your child will be asked to disrobe to underclothing: boys will wear socks and underpants; girls will wear socks, underpants, and a loose shirt without a bra or undershirt. While every effort is made to preserve dignity and privacy, most health offices are too small to provide the level of privacy your child may be used to in his/her private provider's office. Other children of the same sex may be in the changing area. Your child may need to walk small distances partially clothed to get to, from, and around the exam area. The exam includes a complete head-to-toe screening of all major organ systems, INCLUDING BREASTS/PUBIC AREA FOR GIRLS AND HERNIA/PENIS/TESTICLES/PUBIC AREA FOR BOYS, AND INGUINAL/GROIN AREA FOR PULSE EXAMINATION FOR BOTH GENDERS. The examiner will touch your child. There may or may not be an additional person as a chaperone present during the examination. THIS IS AN INTIMATE EXAM BEST DONE IN YOUR PRIVATE PHYSICIAN'S OFFICE BY A PROVIDER YOUR CHILD KNOWS AND TRUSTS.

PLEASE ANSWER THE QUESTIONS ON THE REVERSE OF THIS PAGE AND SIGN YOUR CONSENT. AN EXAMINATION WILL NOT BE DONE IN SCHOOL WITHOUT YOUR SIGNED CONSENT. DELAYS IN RETURNING PERMISSION COULD RESULT IN A DELAY IN YOUR CHILD'S CLEARANCE FOR EXTRACURRICULAR ACTIVITIES INCLUDING SPORTS.

Student's Name_____ **Grade**_____ **School**_____

_____ My child had a health appraisal done by Dr._____ on_____. I will provide the District with the Health Appraisal form, filled out by the doctor.

_____ My child has an appointment to have a health examination done by Dr._____ on_____. I will provide the District with the Health Appraisal form, filled out by the doctor when the examination is completed.

_____ Please provide me with assistance to apply for Child Health Plus insurance so I can take my child to a private provider.

_____ I give permission to have my child interviewed and examined by the school providers scheduled at the convenience of the school. I attest I have read the above information on health appraisals and have advised my child of my decision.

Parent Signature_____ **Date**_____

PLEASE RETURN FORM TO YOUR SCHOOL NURSE

Parent Permission for a School Examination

Student's Name _____

Grade _____ DOB _____ Teacher _____

Please answer the following questions. Circle or X the correct answer.

HAS THE STUDENT EVER:

Had any serious injuries, illnesses or operations?.....**No** **Yes**
Had any dizziness, fainting, or chest pain while exercising?.....**No** **Yes**
Had asthma or other breathing problems?.....**No** **Yes**
Had any heart problems or high blood pressure?.....**No** **Yes**
Had a bleeding disorder?.....**No** **Yes**
Had a liver or spleen problem?.....**No** **Yes**
Had a hernia, undescended testicle or absence of one testicle?.....**No** **Yes**
Had kidney disease or absence of one kidney?.....**No** **Yes**
Had any muscle, joint, or bone problems, including fractures?.....**No** **Yes**
Been knocked unconscious, or had a concussion?.....**No** **Yes**
Had seizures? **No Yes** If yes, are they well controlled?.....**No** **Yes**
Does your child have any current skin problem, sores, or rashes?.....**No** **Yes**
Are there any life threatening allergies?.....**No** **Yes**
Does your child have any other life threatening condition?.....**No** **Yes**
Is the student currently taking any medication?.....**No** **Yes**
Are medications needed for the sport? **No Yes** Will child carry medicine?....**No** **Yes**
Does your child have absence of vision in one eye or loss of an eye?.....**No** **Yes**
Does your child wear glasses or contact lenses?.....**No** **Yes**
Does your child have hearing impairment in □ one □ both ears?..... **No** **Yes**
Does your child wear orthodontic equipment (braces, retainer, etc.)?.....**No** **Yes**
Are you aware of any medical or physical restrictions which might disqualify or limit your child's full participation in any of our athletic programs? .....**No** **Yes**
For Girls: Are there any problems regarding menstruation?.....**No** **Yes**
Date or age when menstruation began_____

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN ON SEPARATE PAGE.

I have read/heard and understand what is involved in a school physical examination for my child. I understand my child will be questioned about high risk behaviors, will need to disrobe, and further that parts of the exam may include breasts and genitalia, and education on self-examination. I have also answered all questions about his/her health history. I give permission to have my child interviewed and examined by the school physician/nurse practitioner at the convenience of the District. I will advise my child of my decision and will advise the school nurse if I want to be present during the examination.

Parent/Guardian Signature_____ Date_____

Nurse's Signature: _____ Date_____

Witness Signature: _____ required for verbal permission