Students

Health Examinations for Athletic Participation

All participants in middle/high school intramural and interscholastic sports must meet the following prerequisites:

1. A yearly physical examination is required. The proper school form (5141.31a & b) must be completed and returned to the school before the student may practice or play. If the student cannot, for economic or other important reasons, obtain an examination by his/her physician, the school doctor will provide the examination upon written request to the registered nurse at the student's school. The medical history must be filled out by the parent or guardian before the student will be seen by the physician. The student take the form to the doctor or nurse.

   All sport participation physicals must be done AFTER May 1st for the upcoming school year.

2. The interscholastic sports permission form, which includes an important warning statement, must be filled out and signed by both parent or guardian and the prospective student athlete.

3. Emergency medical forms must also be filled out by the parent or guardian. These forms will enable the student athlete to receive medical attention for injury or illness that occurs while participating in school sponsored activities if the parent cannot be reached to give consent to emergency personnel.

Policy adopted: August 17, 2010

PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut

Students

Health Examinations for Athletic Participation

I. Frequency and Timeliness of Examinations:

A. A health assessment is required on State of Connecticut Department of Education Health Assessment Record form ((HAR)- Form #1) and prior to the first training session for any interscholastic sports.

B. After the initial assessment, repeat assessments are required every year. To be valid, a repeat, health assessment must be administered within the 12 months prior to the first regular scheduled training session. This health assessment shall not expire during the upcoming sport season.

C. Health assessments are to be submitted to the school nurse 3 weeks before the beginning of sports program. This will allow time to take the appropriate action necessary regarding any potential health problems which may have been identified. Adequate public notice regarding health assessment requirements will be given.

D. The student is required to submit the Individual Health Questionnaire for Sports Candidates Form #2 prior to any physical participation in each sport. This form must be signed by the student's parent or guardian and submitted to the School Nurse before the first training session.

II. Records and Responsibilities:

A. The procedure associated with clearing athletes for participation in sports regarding health issues follows:

1. The coaches are to formulate a team roster and forward it to the school nurse at the earliest possible date.

2. Students are to be notified that the school nurse will be collecting health assessments, Individual Health History and parent permission forms.

3. If any of the questions on the health questionnaire are answered "yes," the nurse will investigate the potential problem and if necessary refer the student to his/her private physician or to the School Medical Advisor for clearance. If the student has been referred to a physician, then a written note to allow participation in the sport is needed.

Health Examinations for Athletic Participation (continued)

II. Records and Responsibilities: (continued)

4. The school nurse will review the validity of the health assessments and parent questionnaire forms and record the receipt of parental permission to participate in sports. The nurse will submit a list which records his/her findings to the Athletic Director in a timely manner.

5. The Athletic Director will review the nurse's recommendations and inform the coaches of the students who have been cleared to participate in athletics.

B. The School Nurse will schedule any health assessments to be administered by the School Medical Advisor or approved designee.

C. The completed Individual Health Assessment forms and the Health Questionnaire for Sports Candidate forms along with the associated parent permission to participate in sports statement will be filed in the student's health folder which is kept in the nurse's office.

III. Examinations Administered by School Medical Advisor

A. The services of the primary care provider are expected to be used. The School Medical Advisor's services may be used in the following situations:

1. The School Medical Adviser or primary care provider will provide the assessment for any students who meet the eligibility requirements under the National School Lunch Program or free milk program.

2. Health assessments will also be provided by the School Medical Advisor or his/her designee to any Putnam student who in the opinion of the Athletic Director or School Nurse, has extenuating circumstances which necessitate a free health assessment. Extenuating circumstances will include student problems which are personal and financial.

B. Sports physical's completed by the School Medical Advisor are intended for Putnam Public School eligibility only.

Health Examinations for Athletic Participation (continued)

Regulations For The Monitoring of Athlete's Physical Condition

I. Roles and Responsibilities:

The ultimate responsibility for the monitoring program for District student athletes lies with the local Board of Education. The responsibility for program administration lies within the jurisdiction of the school Superintendent or his/her designee. Other school personnel who play key roles in the implementation of the program include the school medical advisor, athletic trainer, school nurse, school principals, athletic directors and coaches of athletic teams.

The Athletic Director is responsible for compliance of related staff and students regarding the sports health assessment policy.

The School Nurse is responsible for reviewing health assessments, interim health questionnaires, and parent permissions for timeliness, accuracy, and validity. The school nurse is responsible for notifying the Athletic Director of identified health concerns.

The School Medical Advisor may be consulted, along with a request to the student's primary care provider for further evaluation.

The School Nurse and Athletic Director shall work collaboratively in establishing dates and deadlines of implementation before the start of play of each sports season. The established dates will be submitted to the Principal for each season, along with any revisions.

II. Procedures for Reporting Injuries:

In the event of injury, the circumstances surrounding the injury should be reported by the coach or athletic trainer in detail on the form entitled Report of Accident on School Property or at School Activities. One copy is to be filed in the student's health folder and two copies are to be promptly forwarded by the school nurse to give to the Superintendent of Schools. The school nurse is also to immediately notify the building principal.

III. Procedures for Treatment of Injuries:

Every precaution should be taken to provide a safe environment for sports participation including medical assessments, proper conditioning, safe equipment and facilities and adequate supervision. However, due to the nature of sports activities, injuries often occur. In that event, it is essential that careful planning and preparation be done for the treatment of injuries. Procedures for the treatment of injury should be consistent with the Board Policy and associated regulations entitled Emergency Care in School for Students (JCCI).

Health Examinations for Athletic Participation (continued)

Regulations For The Monitoring of Athlete's Physical Condition (continued)

IV. Procedures for Returning Athletes to Play:

No District athlete will be allowed to participate in a physical sports activity unless the coach has received a written statement from the treating physician or the School Medical Advisor authorizing participation. The Athlete Injury and Return to Play Form #5 is to be used and submitted by the coach to the school nurse for filing immediately. The note or statement is to be submitted to the school nurse. The school nurse will forward a copy of the Athlete Injury and Return to Play Form #5 to the athletic director and coach and file the original in student health record. The coach will make modifications as recommended by physician as necessary.

Associated Forms:

State of Connecticut Department of Education Health Assessment Record (HAR) - Form #1

Health Questionnaire for Sports Candidates - Form #2

Sports Health Assessment Permission Letter - Form #3

Incident Report - Form #4

Permission to Return to Play - Form #5

Athletic Department Coaches Check List - Form #6

Regulation approved: August 17, 2010

PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut

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5141.31
Form #1

STATE OF CONNECTICUT
DEPARTMENT OF EDUCATION
Health Assessment Record

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 10th or 11th grade. Specific grade level will be determined by the local board of education.

Please Print

Name of Student (Last, First, Middle)	Social Security No.	Birth Date	Sex
Address (Street)	Home Telephone Number		
Town and Zip Code	School		Grade
Parent/Guardian (Last, First, Middle)			
Medicaid Number*	Health Insurance Company Number*		

* If applicable

PART I – To be Completed by Parent
Important: Complete Part I before your child is examined.
Take this form with you to the health care provider's office.

(Please check answers to the following questions in columns on the left.
(Explain all "yes" answers in the space provided below.)

1. ☐ Yes ☐ No Do you have any concerns about your child's general health (eating and sleeping habits, weight, teeth, etc.)?
2. ☐ Yes ☐ No Does your child have any other specific illness or problem?
3. ☐ Yes ☐ No Does your child have any allergies (food, insects, medication, etc.)?
4. ☐ Yes ☐ No Does your child have take any medication (daily or occasionally)?
5. ☐ Yes ☐ No Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)?
6. ☐ Yes ☐ No Has your child had any hospitalization, operation, or major illness (specify problem)?
7. ☐ Yes ☐ No Has your child had any significant injury or accident (specify problem)?
8. ☐ Yes ☐ No Would you like to discuss anything about your child's health with the school nurse?

(Please explain any "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.)

_____

_____

_____

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian _____ Date _____

PART II – Medical Evaluation To the Health Care Provider: Please Complete and Sign

_____ _____ has had a complete history and physical exam on _____
Student's Name Birth Date Month/Day/Year

Findings for this student are as follows:

Screening/Test Results Note: *Mandated Screening/Tests/Immunizations under Connecticut State Law.					
*Height	*Vision			*Auditory	
*Weight	With glasses	R 20/	L 20/	R	Pass/Fail
*B/P	Without glasses	R 20/	L 20/	L	
Pulse:					
*HCT/HGB					
Urinalysis:	Type of Screening:			Type of Screening:	
*Gross dental (teeth and gums)					

*Postural: ☐ Normal ☐ Abnormal ☐ Referral
Min. _____
Slight _____
Mod. _____
Marked _____

Other Test Results (TB, Sickle Cell, etc.)		
Test	Date	Results

Immunization Record

Vaccine (Month/Day/Year) Note: *Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
DTP	*	*	*	*		
DTP/Hib						
DtaP						
DT/Td						
OPV	*	*	*			
IPV						
MMR						
Measles	*			Booster for entry into 7th grade		
Mumps	*					
Rubella	*					
HIB	*			For students younger than age 5		
HBV	*	*	*	For students born 1-9-94 or later		
Varicella						
Other Vaccines (Specify)						

Disease Hx of above _____ (Specify) _____ (Date) _____ (Confirmed by)

Exemption

Religious____ Medical: Permanent____ Temporary____ Date_____

Recertify Date _____ Recertify Date _____ Recertify Date _____

This student has the following problems which may adversely affect his or her educational experience:

☐ Vision ☐ Auditory ☐ Speech/Language ☐ Physical Dysfunction ☐ Emotional/Social ☐ Behavior

☐ The student has a health condition which may require emergency action at school e.g., seizures, allergies. *Specify below*.

☐ The student in on long-term medication. *Specify below.*

Comments and recommendations (attach additional sheet if necessary):_____

☐ This student may participate fully in the school program, including physical education activities.

☐ This student may participate in the school program and physical education with the following restriction/adaptation. *(specify this reason and restriction)*

☐ Yes ☐ No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.

☐ I would like to discuss information in this report with the school nurse.

Signature of health care provider	Name (Please type or print.)	Phone Number

5141.31
Form #2

PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut

Individual Health History for Sports Candidates

PART I – Personal Health Information/Authorization

Student's Name: _____ DOB: _____

School: _____ Grade: ___ Homeroom: _____ Name of Sport:_____

Parent/Guardian to answer and sign below. Since last filling out form:		**Circle One**	
1.	Has your child been told not to participate in any sport?	No	Yes
2.	Has your child been unconscious or lost memory from a blow to the head?	No	Yes
3.	Has your child had a joint injury/sprain or been on crutches?	No	Yes
4.	Has your child had a major injury/fracture or dislocation?	No	Yes
5.	Is your child under a physician's care now?	No	Yes
6.	Does your child take medication daily/routinely?	No	Yes
7.	Has your child had an illness lasting longer than one week?	No	Yes
8.	Does your child have allergies (hay fever, hives, asthma, insects, medication)?	No	Yes
9.	Has your child had heart trouble, heart murmur, high blood pressure, persistent cough, chest pain, or other symptoms from strenuous exercise?	No	Yes
10.	Has your child been hospitalized for an operation/illness?	No	Yes
11.	Has your child been found to have but one of the paired organs (i.e., one functioning, one removed, one absent - eye, ear, kidney etc.)	No	Yes
12.	Do you have worries about your child's health or other questions you would like to discuss with the nurse, coach, doctor?	No	Yes
13.	Female participants:		
	Absent or irregular monthly periods?	No	Yes
	Disabling cramps with your menstrual periods	No	Yes

Explain all YES answers: _____

_____

_____

_____

I/we give our permission for _____ to participate in organized high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best coaching, use of appropriate equipment and strict observance of the rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability or even death.

I/we acknowledge that I/we have read and understand this warning.

Parent/Guardian _____ Date_____

Student/Player _____

PART II – Athletic Emergency Information/Authorization

Student Name _____
Parent Name _____
Address _____
_____
Home Phone _____ Business Phone – Mother _____
Father _____
Doctor _____ Phone _____
Dentist _____ Phone _____
Highly Allergic to _____
Diabetic _____ Epileptic _____ Other _____
Asthma _____ Hospital Preference _____
Medications _____

In the event parents cannot be reached, call:

Name: _____ Phone: _____
Name: _____ Phone: _____

Insurance Company _____
Policy Number _____
Insurance Carrier _____ (Parent or Guardian)

You have my permission to take whatever action is deemed necessary for the health and welfare of my child.

Signature: _____ Date: _____
(Parent or Guardian)

Please Complete This Form an Return it to Your Nurse

PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut

Parent/Guardian Permission for School Medical Advisor to Administer Sports Health Assessment

Date _____

Dear Parent/Guardian,

You have indicated to the school nurse that you wish to have the school system complete your child's required health assessment. To accomplish this, please sign both the State of Connecticut Health Assessment Record form and the permission slip below. This will allow the School Medical Advisor or his/her designee to do the necessary physical assessment.

Sincerely,

_____
School Nurse

.....

My child, _____ has my permission to have a physical by the School Medical Advisor or his/her designee. I understand that the assessment may include a blood test (hemoglobin). In addition, a blood pressure screening, TB skin test, and urine test will be conducted.

_____ _____
Parent/Guardian Date

Parents or Guardians are welcome and encouraged to be present during the physical assessment. You will be notified of the date. If you cannot be present, you will be informed of any significant findings.

Form #4

PUTNAM PUBLIC SCHOOLS

Putnam, Connecticut

REPORT OF INCIDENT/ACCIDENT ON SCHOOL PROPERTY OR AT SCHOOL ACTIVITY

Please Check Injury: ☐ Student
☐ Non-Student/Non-Employee

1. **School or Department reporting incident:** _____
2. **Name of Injured:** _____ **Phone Number:** _____
3. **Address:** _____
4. **Date and Time of Incident:** _____
   month/day ☐**A.M.** ☐**P.M.**
5. **Homeroom Teacher:** _____ **Grade:** _____
6. **Parent/Guardian:** _____
7. **If student accident, does student have school insurance?** ☐ **Yes** ☐ **No**
8. **Location of incident/accident:** _____
9. **Nature of injury/medical problem:** _____
   _____
10. **Describe fully how incident/accident happened:** _____
    _____
    _____
11. **Witnesses:** _____
12. **Was injured taken to hospital/doctor?** ☐ **Yes** ☐ **No**
13. **How transported?** _____
14. **If YES, give name to hospital/doctor:** _____
15. **Describe treatment rendered by school personnel (indicate who administered):** ____
    _____
    _____
    _____
16. **Action taken to prevent similar incidents:** _____
    _____

_____ _____ _____

Name of Person Completing Form/Position | Principal's Signature | Date

5141.31
Form #5

PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut

Athlete Injury and Return to Play Report Form
(From Treating Physician)

Date: _____

School: ☐ _____
☐ _____

Student's Name: _____ **Sport:** _____

Original Diagnosis: _____
_____
_____
_____

Current Health Status: _____
_____
_____
_____

Follow up:
☐ **Must continue to see physician**
☐ **May return to limited activities**
☐ **May return to full activities including** _____
_____
_____

Special Instructions: _____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____ _____
Physician's Name Physician's Signature Telephone #

This form is to be filed with Student's Health Records

5141.31
Form #6

PUTNAM PUBLIC SCHOOLS
Putnam, Connecticut

ATHLETIC DEPARTMENT COACHES' CHECKLIST

Date: ________________

Sport: ______________________________ **Coach: ________________________**

IMPORTANT INFORMATION: It is MANDATORY that a copy of this list be turned in to the Athletic Director or the Assistant Athletic Director by NO later than THREE weeks prior to the first official practice date. It is your responsibility to ensure that all aspects of the authorization for sports participation are carried out.

		Authorization for Sports Participation					
Student (Alphabetize by Grade) Last First	Grade	Parent's Permission	Phys. Exam	Medical Clearance	Medical Information	Date of Birth	Academic Eligibility