

**PENFIELD CENTRAL SCHOOL DISTRICT ATHLETIC INFORMATION FOR
SCHOOL YEAR 2010/2011**

****PLEASE NOTE-- PERMISSION NEEDED--SEE BELOW****

Call the PHS Health Office at **249-6780, 249-6721** or **249-6808** with any questions.

A current Physical Examination and permission from parents are needed to play sports. A Physical Examination with your own health care provider is preferred, as they generally are more familiar with your child. **However, if that is not possible:**

FREE SCHOOL PHYSICALS for School Year 2010/2011 will be given

ONE DAY ONLY (none during the summer) on

Wednesday, June 2, 2010 (4 – 6 PM) in the Health Office at Penfield High School (C-2)

(See Consent Letter and Questionnaire/Consent Form that follows for further information)

Note: Physicals administered during June 2010 are good for any sport during the 2010/2011 school year

Please refer to the Checklist for Student-Athletes below for complete instructions on how to meet the requirements for participation in our athletic program. **Please read carefully.**

A CHECKLIST FOR STUDENT-ATHLETES

- 1.____ Student-Athletes must have a valid physical examination **on file in the Health Office.** New York State regulations specify that physical exams are only valid for a period of one year (twelve continuous months to the last day of the month it was given). If you are unsure of when your physical expires, check with your school nurse **as soon as possible.** We suggest that you staple a copy of your current physical to your paperwork if you have it. **(Note: If 7th or 8th grader playing on a high school team, you must do so).** **You may send physicals to: PHS SCHOOL NURSE, 25 High School Drive, Penfield, NY 14526 or FAX to 249-6810.**
- 2.____ The **Athletic Program Permission Slip/Medical Recertification Form** is available online on the Athletic Department website. Hard copies are also available in the Health Office. The forms **must be filled out and signed by a parent and student NO EARLIER than 30 days before the first practice or try-out,** and then personally turned in to the school nurse. **(See attached schedule of First Practice Dates and Times for the 2010/2011 School Year).** If turned in before 30 days, the form will be invalid and not accepted. A new permission slip is needed before **EACH** sports season. Please provide all the information requested. **All forms must be turned in by the Friday preceding the start of the sport.**
- 3.____ We ask that all permission forms be submitted in person. Doctor's notes stating that the student is cleared to participate in sports or listing any specific restrictions are necessary if the student has sustained any injury or had a significant illness since their physical was performed. **Forms should be turned in to the Health Office.**
- 4.____ All athletes must have had a **Tetanus shot** within the past 10 years **on record** with the school nurse. Consider asking your physician's office for a copy of your Immunization Record with your physical.

High School nurses, Mrs. Samuels and/or Mrs. Teng, will be available to process sports paperwork on the following dates/times: **Thursday and Friday, August 12 and 13 - 8:00 AM -12:30 PM**

Monday through Friday, August 16 – 20 - 8:00 AM - 12:30 PM

Monday and Tuesday, August 23 and 24 – 8:00 – 12:30 PM

Each student will be seen on a first-come, first-served basis. If it is absolutely impossible for you to bring your paperwork in at any of these times, please contact the PHS Health Office at 249-6808.

Bay Trail nurses, Mrs. Cymbal and Mrs. Dziura, will be available to process sports paperwork on **August 24 and 25 and September 1 and 2. Call 249-6464 if you need additional information. All paperwork (including a copy of**

physical exam) must be **turned in to the school where the student's team is assigned** (7th and 8th graders playing up on high school teams must turn paperwork in to the high school).

PENFIELD CENTRAL SCHOOL DISTRICT
SCHOOL PHYSICAL EXAMINATIONS (6-12)

HEALTH APPRAISAL INFORMED CONSENT

PLEASE READ THIS IF YOU WANT AN EXAM DONE IN SCHOOL

(NOTE: Please see Questionnaire/Consent Form)

Dear Parent/Guardian:

Please READ, COMPLETE AND SIGN the Questionnaire/Consent Form that follows and RETURN to the School Nurse if you want a health appraisal done in school.

The Board of Education encourages you to use your private health care provider for all required school physical examinations for optimal continuity of care. If you need financial assistance, the school nurse can provide you with assistance and applications for Child Health Plus. Should you choose instead to have a health appraisal done by the school physician in school, it will be scheduled at a time convenient to the district. Most parents do not choose to attend school exams, but if you wish to be in attendance, please notify the school nurse. Otherwise, be advised of how the appraisal will be conducted in your absence.

Your child may be asked to disrobe to underclothing. Please know that every effort is made to preserve dignity and privacy. First the physician or nurse practitioner conducts a mini-interview for history. The interview includes age appropriate questions that explore physical and psycho-social areas of concern. For example, younger children may be asked about their worries or their sense of personal safety in school and at home. Older students may be asked about substance use, sexual activity, eating issues, and mental health concerns. These are age appropriate questions identified by the American Medical Association and the American Academy of Pediatrics. However, they are private questions, and we want to be sure you and your child understand the nature of our questions. If there is concern that a student is engaging in activities that are immediately self-injurious, you will be notified without delay. Less urgent concerns are referred back to appropriate school personnel to address according to the school's routine methods of dealing with potential problems. Upon request, you may receive a copy of secondary level questions from your school nurse.

Next, the physical screening examination is done. The exam includes a head-to-toe screening of all major organ systems, including breasts/pubic area for girls and hernia/testicles for boys. The examiner will touch your child. Because this is an intimate screening exam, we ask that you discuss in detail with your child whether they are comfortable having the exam conducted in school. **Please do not ask the school to conduct this exam unless you seek your own child's permission and understanding of the nature of the exam.** Because school examinations are only screening exams, and school providers may not diagnose or prescribe in a school setting, you will be advised of any areas of concern found on examination that require further evaluation by your own provider.

Please remember that this exam is not meant to take the place of your child's yearly well child visit with his/her own health care provider.

Sincerely,



Cynthia Devore, MD
School Physician

HEALTH APPRAISAL QUESTIONNAIRE / CONSENT FORM

Student's Name: _____ **Grade in Sept. 2010:** _____

Male Female

Parents, please answer the following questions.

HAS YOUR CHILD EVER:			<u>DATE</u>
Had any serious injuries, illnesses or operations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had any current or acute infections?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had any serious skin infection?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had loss of vision in one or both eyes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had any asthma or other respiratory problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had any heart problems, including high blood pressure or a known heart murmur?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had dizziness or fainting on exertion (like running)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had a bleeding disorder?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had a stomach, intestine, liver or spleen problem?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had a hernia, undescended testicle or absence of one testicle?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had kidney disease or absence of one kidney?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had any muscular, joint, or bone problems, including fractures?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Been knocked unconscious, or had a sudden loss of consciousness?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Had seizures?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Is the student currently taking any medication?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Does your child wear glasses or contact lenses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Does your child wear orthodontic equipment (braces, retainer, etc.)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are you aware of any medical or physical limitations which should disqualify or limit your child's full participation in any of our physical education or athletic programs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Are there any life threatening allergy problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Does your child have any other serious or life threatening medical or mental health condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

IF YOU ANSWERED **YES** TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN.

I give permission to have my child interviewed and examined by the school physician/nurse practitioner as

scheduled at the convenience of the school. I have read the information on school health appraisals, answered the health history questions, **and have advised my child of my decision.**

Parent/Guardian Signature _____ Date _____

Please Print Your Name _____ Phone _____

FIRST PRACTICE DATES AND TIMES FOR THE 2010/2011 SCHOOL YEAR
(Revised as of 4/27/10)

FALL SPORTS FIRST PRACTICE DATES (Physical Exams must be dated 8/1/2009 or since and on file in Health Office)

Varsity & J.V. Football	Mon.	Aug. 16
Varsity & J.V. Cheerleading	Fri.	Aug. 20
Varsity & J.V. Boys' Soccer	Fri.	Aug. 20
Varsity & J.V. Girls' Soccer	Fri.	Aug. 20
Varsity & J.V. Boys' & Girls' XCountry	Fri.	Aug. 20
Varsity & J.V. Boys' Volleyball	Fri.	Aug. 20
Varsity & J.V. Girls' Tennis	Fri.	Aug. 20
Varsity & J.V. Field Hockey	Fri.	Aug. 20
Varsity & J.V. Girls' Swimming	Fri.	Aug. 20
Varsity Girls' Gymnastics	Fri.	Aug. 20
Varsity Girls' Golf	Fri.	Aug. 20
Varsity & J.V. Girls' Volleyball	Fri.	Aug. 20
Freshman Boys' Soccer	Mon.	Aug. 30
Freshman Girls' Soccer	Mon.	Aug. 30
Bay Trail Mod. Football	Tues.	Sept. 7
Bay Trail Girls' Soccer	Wed.	Sept. 8
Bay Trail Boys' Soccer	Wed.	Sept. 8
Bay Trail Boys' & Girls' XCountry	Wed.	Sept. 8
Bay Trail Boys' Volleyball	Wed.	Sept. 8
Bay Trail Gymnastics	Wed.	Sept. 8
Bay Trail Girls' Swimming	Wed.	Sept. 8
Bay Trail Girls' Volleyball	Wed.	Sept. 8

*****PRACTICE
SCHEDULES***
 FOR THE FALL
 SEASON (*HIGH
 SCHOOL TEAMS
 ONLY*) WILL BE
 AVAILABLE IN
 AUGUST (*THIS
 INCLUDES: VARSITY,
 JV, AND FRESHMAN
 TEAMS*) IN THE
 ATHLETIC
 OFFICE AT THE
 HIGH SCHOOL**

WINTER SPORTS FIRST PRACTICE DATES (Physical Exams must be dated 11/1/2009 or since and on file in Health Office)

Varsity & J.V. Winter Cheerleading		Mon.
Nov. 8		
Varsity Ice Hockey	Mon.	Nov. 8
Varsity & J.V. Boys' & Girls' Basketball	Mon.	Nov. 8
Varsity & J.V. Boys' Swimming	Mon.	Nov. 8
Varsity & J.V. Wrestling	Mon.	Nov. 8 (Weight Cert is 11/20/2010)
Varsity & J.V. Boys' & Girls' Winter Track	Mon.	Nov. 8
Varsity & J.V. Boys' & Girls' Nordic Skiing	Mon.	Nov. 8
Varsity & J.V. Boys' & Girls' Alpine Skiing	Mon.	Nov. 8
Varsity Boys' & Girls' Bowling	Mon.	Nov. 8
Freshman Boys' Basketball	Mon.	Nov. 15
Freshman Girls' Basketball	Mon.	Nov. 15
Bay Trail Boys' Basketball	Mon.	Nov. 29
Bay Trail Wrestling	Mon.	Nov. 29
Bay Trail Girls' Basketball	Mon.	Nov. 29
Bay Trail Boys' Swimming	Mon.	Nov. 29

SPRING SPORTS FIRST PRACTICE DATES (Physical Exams must be dated 3/1/2010 or since and on file in Health Office)

Varsity, J.V. Baseball	Mon.	Mar. 7
Varsity & J.V. Softball	Mon.	Mar. 7
Varsity & J.V. Boys' Lacrosse	Mon.	Mar. 7
Varsity & J.V. Boys' & Girls' Track	Mon.	Mar. 7
Varsity & J.V. Girls' Lacrosse	Mon.	Mar. 7
Varsity & J.V. Boys' Tennis	Mon.	Mar. 7
Varsity & J.V. Boys' Golf	Mon.	Mar. 7
Modified A Boys' Baseball	Mon.	Mar. 21
Modified A Girls' Softball	Mon.	Mar. 21

Bay Trail Spring Track	Mon.	Mar. 28
Bay Trail Field Hockey	Mon.	Mar. 28
Bay Trail Boys' Lacrosse	Mon.	Mar. 21
Bay Trail Softball	Mon.	Mar. 28
Bay Trail Girls' Lacrosse	Mon.	Mar. 21
Bay Trail Baseball	Mon.	Mar. 28