

**CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT
HEALTH STATUS FORM**

A PHYSICAL EXAM MUST BE COMPLETED AND THIS FORM SIGNED AND RETURNED TO SCHOOL BEFORE A STUDENT WILL BE PERMITTED TO PRACTICE. For athletics – a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, qualified doctor of chiropractic, advanced registered nurse practitioner, or physician’s assistant should complete this report.

Student Name _____ Birth Date _____
 School _____ Grade _____ Sex: M F
 Parent/Guardian _____ Home Phone _____

TO PARENTS/GUARDIANS:

A health examination by your healthcare provider is important to your child’s welfare and to the school in adapting its program to individual needs. Please have your child examined before entering school and periodically thereafter according to the recommendations of your healthcare provider and the school district. Please complete this section and have your healthcare provider complete the remainder.

List any significant medical or current health problems of family members that might affect the health or school performance of this child.

Would you consent to exchange of information between school nurse and your healthcare provider regarding the student’s health status? If so please sign here.
 _____ Date _____

TO BE COMPLETED BY HEALTHCARE PROVIDER

Date of Exam _____
SPORTS PHYSICAL IS VALID 12 MONTHS FROM THIS DATE

Ht. _____ Wt. _____ B.P. _____ Vision _____ Lead _____ BMI _____ BMI % _____

	<u>YES</u>	<u>NO</u>	<u>EXPLAIN</u>
1. Is there any significant health history-i.e. chronic illness, surgeries, injuries, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Is there any impairment of vision, hearing, or speech?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Is this student subject to any condition which may result in a classroom emergency or limit participation during the school day -i.e. diabetes, asthma, allergies, epilepsy, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Is there any emotional, mental, or physical condition for which this student should remain under periodic medical observation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Is there any medication or treatment prescribed for this student?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Is there any deficiency in immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Were any immunizations given today?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Does this student have <u>any restrictions for physical education classes or for competitive athletics based on your comprehensive history and exam?</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Did you recommend a referral or further evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	_____

HEALTHCARE PROVIDER PRINTED NAME _____

HEALTHCARE PROVIDER SIGNATURE _____

TODAY’S DATE _____

PARENT/GUARDIAN – REVIEW TRAINING RULES FOR INTERSCHOLASTIC ATHLETICS – OVERVIEW ON PAGE 2 AND SIGN HERE FOR ATHLETIC PARTICIPATION

_____ IS GIVEN MY PERMISSION TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS. I have read Page 2 of this form and am accountable for complete Code of Conduct Policy (410). Participation in athletics may result in injury. We’ll assume responsibilities related to such injuries.

ATHLETE’S SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

TRAINING RULES FOR INTERSCHOLASTIC ATHLETICS

A complete and detailed version of these rules are available in any high school activities office

The Cedar Rapids Community Schools and the Board of Education (Policy 410) have established certain minimum standards required of all athletic squads and squad members. To retain eligibility for participation in co-curricular, students must conduct themselves as good citizens in and out of school at all times. Students who represent the school in an activity are expected to serve as good role models to other students and to the members of the community.

Any student who, after a hearing at which the student shall be confronted with the allegation, the basis of the allegation, and given an opportunity to tell the student's side, is found to have violated the school's Good Conduct Rule will be deemed **ineligible for a period of time**. A student may lose eligibility under the Good Conduct Rule for any of the following behaviors, or when a preponderance of the evidence indicates a policy violation:

- Possession, use or purchase of tobacco products, regardless of the student's age.
- Possession, use or purchase of alcoholic beverages, including beer and wine. ("Use" includes having the odor of alcohol on one's breath). This includes "near beer" labeled as non-alcoholic.
- Possession, use or purchase of illegal drugs or the unauthorized possession, use or purchase of otherwise lawful drugs.
- Engaging in any act that would be grounds for arrest or citation in the criminal or juvenile court system (excluding minor traffic offenses) regardless of whether the student was cited, arrested, convicted or adjudicated for the act(s).
- Inappropriate or offensive conduct such as fighting, insubordination (talking back or refusing to cooperate with authorities), hazing or harassment of others.
- If a student transfers in from another Iowa school district and the student had not yet completed a period of ineligibility for a violation of a Good Conduct Policy Rule in the previous school or school district, the student shall be ineligible if the administration determines that there is a general knowledge in our school district of the fact of the student's violation in the previous district.

If a parent of a student wants to contest the declared ineligibility of a student based on these rules, he/she may contact the Activities Office to begin the appeal procedure.

PENALTIES

Any student who, after a hearing before administration, is found to have violated the Good Conduct Rule during the school year or in the summer shall be subject to a loss of eligibility as follows:

- **First Offense within a student's high school career.** Athletic: Up to one-third of a season of ineligibility. Non-athletic: Up to four weeks or longer if necessary to include a minimum of one public performance.
- **Second Offense within a student's high school career.** Athletic: Up to one-half of a season of ineligibility. Non-athletic: Up to six weeks or longer if necessary to include a minimum of two public performances. Additionally, the student will need professional evaluation and/or treatment prior to reinstatement.
- **Third Offense within a student's high school career.** Athletic: Up to one year of ineligibility. Non-athletic: Up to one year of ineligibility. Additionally, the student will need professional evaluation and/or treatment prior to reinstatement.

The period of ineligibility attaches immediately upon finding of a violation if the student is currently engaged in a co-curricular activity and, if not completed during the current activity, it will be carried over to the time when the student seeks to go out for the next activity or contest. However, if the period of time between violation and an activity is 12 calendar months or more, the student shall not serve an ineligibility period for the violation. An ineligible student shall attend all practices or rehearsals, but may neither "suit up" nor perform/participate. If a student drops out of an activity prior to completion of the period of ineligibility, then the penalty or remainder of the penalty will attach when the student next seeks to go out for an activity, subject to the 12-month limitation above.

VOLUNTARY ADMISSION

The voluntary admission provision is in place to allow students to seek help with substance abuse. It is designed for students and parents as a tool for treatment without the penalty of losing eligibility. This admission is not intended as a loophole to avoid consequences for students found to have violated the Good Conduct Rule. This admission may prevent the loss of eligibility.

The purpose of the provision is to create honesty and openness when dealing with code of conduct violators. It is designed to help violators, not punish them. Violators, or their parents/guardians, must approach building administrators acknowledging the student offense. To remain eligible, the student must:

1. Be referred by the school to a substance abuse agency for evaluation.
2. Complete all appointments with the agency.
3. Fully cooperate with all recommendations made by the agency.

The agency will provide recommendations to the school as well as evidence of compliance and completion.

The voluntary admission provision does not apply to violations of the Good Conduct Rule when:

1. The violation occurs at school or a school sponsored event.
2. Law enforcement officials are involved.
3. Investigations into a specific incident of student violations have already begun.

MINIMUM SCHOLASTIC REQUIREMENTS

All contestants shall be regular students of the school in good standing. They shall have made passing grades in a minimum of 20 credit hours in the preceding term, and shall be making passing grades in 20 credit hours at any progress reporting time(s) of the current term. Additionally, they shall be passing all courses at the end of each term in the past 12 months in order to have full eligibility. For specifics, refer to Board Policy 410.

PHYSICAL -- EXPIRATION DATE

Physical examinations are valid for 12 months from the date of the physical. Iowa law allows a grace period not to exceed 30 days for expired physicals.

A FACT SHEET FOR PARENTS AND STUDENTS

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
"Licensed health care provider" means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
"Extracurricular interscholastic activity" means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. OBEY THE NEW LAW.
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it's not smart to play with a concussion.
3. Tell all of your child's coaches and the student's school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT'S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

IMPORTANT: Students participating in interscholastic athletics, cheerleading and dance; and their parents/guardians; must sign the acknowledgement below and return it to their school. Students cannot practice or compete in those activities until this form is signed and returned.

We have received the information provided on the concussion fact sheet titled, "HEADS UP: Concussion in High School Sports."

Signs Reported by Students:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion

Student's Signature

Date

Student's Printed Name

Parent's/Guardian's Signature

Date

Student's School