

Students

Health Assessments for Interscholastic Sports

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.

Students

Health Assessments for Interscholastic Sports (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 Advisor 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 Waterford 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 Waterford Public School eligibility only.

Students

Health Assessments for Interscholastic Sports (continued)

Regulations For The Monitoring of Athlete's Physical Condition

I. Roles and Responsibilities:

The ultimate responsibility for the monitoring program for Waterford's 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).

Students

Health Assessments for Interscholastic Sports (continued)

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

IV. Procedures for Returning Athletes to Play:

No Waterford 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

**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 _____

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 and Return it to Your Nurse

**WATERFORD PUBLIC SCHOOLS
Waterford, 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.

**WATERFORD PUBLIC SCHOOLS
Waterford, Connecticut**

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

Date: _____

School: Waterford High School
 Clark Lane Middle 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 #

