



Dear Parent/Guardian:

Attached, please find the 2015-2016 student-athlete sports physical packet. The following paperwork is included in this packet and is required to be completed and submitted prior to participating in any practices or contests:

- Sports Physical (2 sided document)
- Parent Permission Sign-off Form
- Code of Ethics Sign-off Form
- Concussion Information Sheet (2 sided document; please keep for your information)

Please take special note of the following:

Sports Physicals

Sports physicals should be either mailed or dropped off to the school nurse for proper recording and filing.

*****In order to be valid for the 2015-2016 school year, all sports physicals must be dated by the physician 6/1/15 or after.*****

Parent Permission and Code of Ethics Forms

These forms must accompany the sports physical form in order to be eligible for the first day of participation.

Incomplete Packets

Please note that incomplete packets will be returned for completion. Student-athletes will not be permitted to participate until the sports physical and both signoff forms have been completed and returned to the school nurse.



WALLINGFORD PUBLIC SCHOOLS

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Mission: To inspire, educate and support all students as they discover and pursue their personal best.

SUPERINTENDENT
Salvatore F. Menzo, Ed.D
Ext. 6509

ASSISTANT SUPERINTENDENT
Shawn Parkhurst - Instruction
Ext. 6506

ASSISTANT SUPERINTENDENT
Personnel
Ext. 5508

Dear Doctor, Middle and High School Parents:

Attached please find the policies, sports physical form and permission slip required for your child to participate in interscholastic sports.

A sports physical and associated paperwork is required to be submitted to the school before trying out for a school sport. The school district does not make a determination of when the sports physical needs to be performed to clear a student for sports. That is up to your physician's judgment. However, most authorities, including the CT Guidelines on Sports Medicine in Schools recommend annual exams with special emphasis on assessment of the cardiovascular and muscular skeletal system. Per district policy if you cleared a student for participation in sports for the upcoming school year they will be considered cleared from June 1 of the given year until June 30 of the following school year.

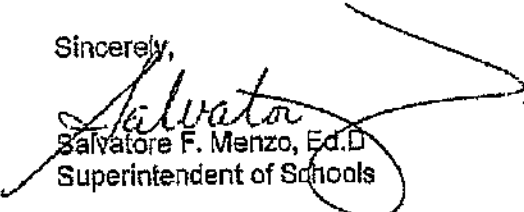
The new Health Assessment Record (blue form) issued by the state now includes a section to evaluate the students ability to participate or not participate in the sports program. You may use this form if it is completed by a physician on or after June 1 of the upcoming school year. A completed blue form filled out prior to that date will not be accepted for the purposes of a sports physical form. You will need to have your physician complete the attached district Sport Physical form if he is clearing your child for sports based on a physical done prior to that June 1 date.

If your child is currently in eighth grade, trying out for a sport in the fall and will be attending either high school next fall, submit the sports physical forms to the respective athletic director at that high school. High school students submit the sports physical forms to the Athletic Director. In middle school the forms are submitted to the school nurse. Again, all forms must be submitted prior to tryouts for the sport.

If you are receiving free or reduced price lunch and do not have a private physician, your child may have a sports physical provided by the school physician free of charge. You **MUST** contact the school principal by May 16th if your child will need a sports physical the following school year.

If you have any questions regarding the sports requirements contact the Athletic Director for students who wish to participate in high school or the school nurse for those students wishing to participate in the middle school.

Sincerely,


Salvatore F. Menzo, Ed.D
Superintendent of Schools


Carlos Valentin, MD
School Medical Advisor

PARENT PERMISSION

Student's Name _____ Date of Birth _____ Grade _____

Home Address _____

Home Telephone _____ Date of Most Recent Physical Examination _____

Mother's Name _____ Business Phone _____

Father's Name _____ Business Phone _____

In Case of Emergency (other than parents):

Name _____ Phone Number _____

Hospital Preference _____

Dentist's Name _____ Phone Number _____

Physician's Name _____ Phone Number _____

I/We give our permission for _____ to participate in organized High School/Middle School athletics for the current school year, 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 the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I/We acknowledge that I/We have read and understand this warning.

I/We have also read the Concussion Information Sheet and understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury.

Parent/Guardian Signature _____

Player Signature _____ Date _____

Please circle sport(s) your son/daughter intends to play this year:

- | | | | | |
|---------------|--------------|--------------|--------------|-----------|
| <u>FALL</u> | | | | |
| Cross country | Cheerleading | Volleyball | Field Hockey | G.Swim |
| | Football | Soccer | Powderpuff | |
| <u>WINTER</u> | | | | |
| Basketball | Ice Hockey | Indoor Track | B.Swim | Wrestling |
| <u>SPRING</u> | | | | |
| Baseball | Track | Golf | Softball | Tennis |
| | | | | Lacrosse |

Code of Ethics

We have read and understand these guidelines and accept that the athlete's participation in any athletic program is dependent upon compliance with the Code of Ethics.

Athlete's name printed

Athlete's Signature

Date

Parent/Guardian signature

As representatives of Wallingford in interscholastic athletics, the members of our athletic teams must adhere to the following if they are to participate. All athletes will:

- 1) Have written permission to participate in a sport.
- 2) Submit the report of an annual physical to the school nurse prior to the first practice.
- 3) Demonstrate acceptable social behavior both in and out of school.
- 4) Maintain reasonable training rules.
 - a) Coaches will establish team rules pertinent to their sport and season.
 - b) Substance use, possession and/or transmissions including alcohol, tobacco, narcotics, restricted drugs or mood altering substances will be addressed according to the District Policy.
- 5) Adhere to a dress code. Reasonable dress and personal hygiene are expected
- 6) Attend daily and scheduled practices. Attendance at daily and scheduled practices is expected, failure to do so may result in disciplinary action.
- 7) Use acceptable language. Abusive language on the part of any athlete will not be tolerated on any team. Infractions will result in disciplinary action.
- 8) Be respectful to authority. Athletes will display respect for school officials and spectators at all contests. Fighting will not be tolerated and disciplinary action will be taken.
- 9) Respect the property of others. Athletes violate these guidelines when they:
 - a) Steal the property of others including teammates, opposing team members, other students or the school.
 - b) Engage in acts of vandalism.
 - c) Lose/abuse athletic equipment/uniforms through negligence or carelessness.
 - d) Do not return team uniforms at the conclusion of a season or when they are required to do so.
- 10) Remain on a team until a season is completed.
 - a) If an athlete chooses to leave a team by his/her own choice, he/she will not be permitted to participate in another sport until the present season has concluded.
 - b) If an athlete is permanently suspended from a team by the administration, he/she will not be permitted to participate in another sport until the present season has concluded.
 - c) If an athlete leaves a team due to an injury or another acceptable reason determined by the athletic director, he/she is eligible to practice when the next season begins after submitting a medical release.
- 11) Comply with school rules. Athletes are subject to all regulations and sanctions as outlined in the District Policy. Serious infractions of school regulations will be reported to the athletic director by the coach. Sanctions for serious infractions will be made by the athletic director after consultation with the administration.

SANCTIONS

Disciplinary action will be taken against athletes who violate these guidelines. The disciplinary action may include suspension from a team. In the event the infraction merits a suspension, the decision for suspension will be made by the athletic director and the administration. If the action merits removal from a team, the Coach, Athletic Director, and the Administration will conference. If an athlete violates school rules, the athletic director and administration will determine if the code of conduct has been violated. The decision for removal from a team will be made by the administration.

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY

Date _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ Sport(s) _____

Personal Physician _____ Telephone _____

Physician Address _____

Explain "YES" answer below:	Yes	NO
1. Have you ever been hospitalized? Have you ever had surgery?	_____	_____
2. Are you presently taking any medications or pills?	_____	_____
3. Do you have any allergies (medicine, bees or other stinging insects)?	_____	_____
4. Have you ever passed out during or after exercise? Have you ever been dizzy during or after exercise? Have you ever had chest pain during or after exercise? Do you tire more quickly than your friends during exercise? Have you ever had high blood pressure? Have you ever been told that you have a heart murmur? Have you ever had racing of your heart or skipped heartbeats? Has anyone in your family died of heart problems or a sudden death before age 50?	_____ _____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____ _____
5. Do you have any skin problems (itching, rashes, and acne)?	_____	_____
6. Have you ever had a head injury? Have you ever been knocked out or unconscious? Have you ever had a seizure? Have you ever had a stinger, burner or pinched nerve?	_____ _____ _____ _____	_____ _____ _____ _____
7. Have you ever had heat or muscle cramps? Have you ever been dizzy or passed out in the heat?	_____	_____
8. Do you have trouble breathing or do you cough during or after activity?	_____	_____
9. Do you use any special equipment (pads, braces, neck rolls, mouth guard, eye guards, etc.)?	_____	_____
10. Have you had any problems with your eyes or vision? Do you wear glasses or contacts or protective eyewear?	_____	_____
11. Have you ever sprained/strained, Dislocate, fracture, broken or had repeated swelling or other injuries of any bones or joints? If yes, check all that apply: ____ Head ____ Shoulder ____ Thigh ____ Neck ____ Elbow ____ Knee ____ Chest ____ Forearm ____ Shin/Calf ____ Back ____ Wrist ____ Ankle ____ Hip ____ Hand ____ Foot	_____	_____
12. Have you had any other medical problems (infectious, mononucleosis, diabetes, etc.)?	_____	_____
13. Have you had a medical problem or injury since your last evaluation?	_____	_____

14. When was your last tetanus shot? _____
 When was your last measles immunization? _____
 15. When was your first menstrual period? _____
 When was your last menstrual period? _____
 What was the longest time between your periods last year? _____

Explain "Yes" answer: _____

I hereby state that, to the best of my knowledge, my answers to the above questions are correct.

Signature of Athlete _____ Date _____

Signature of Parent/Guardian _____ Date _____

Preparticipation Physical Evaluation (continued)

Physical Examination

Date _____

Name _____ Age _____ Date of Birth _____

Height _____	Weight _____	BP _____ / _____	Pulse _____			
Vision R20/ _____ L20/ _____		Corrected: Y N Pupils _____				
	NORMAL	ABNORMAL FINDINGS				INITIALS
Cardiopulmonary						
Pulses						
Heart						
Lungs						
Tanner Stage	1	2	3	4	5	
Skin						
Abdominal						
Genitalia						
Musculoskeletal						
Neck						
Shoulder						
Elbow						
Wrist						
Hand						
Back						
Knee						
Ankle						
Foot						
Other						

Clearance:

A. Cleared

B. Cleared after completing evaluation/rehabilitation for: _____

C. Not Cleared for: _____ Collision _____ Contact _____ Noncontact _____ Strenuous _____ Moderately strenuous _____ Non-strenuous

Due to: _____

Recommendation: _____

Name of Physician (PRINT) _____ Date 6/01/14-6/30/15

Physician Address _____ Phone _____

Signature of Physician _____

(Developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopedic Society for Sports Medicine and American Osteopathic Academy of Sports Medicine, Copyright 1992.)

Concussion Information Sheet (Parent/Guardian and athlete MUST sign)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild,

All concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports - concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. You should inform your child's coach if you think that your child may have a concussion. It's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>