



Palmer Public School



Administration

Dr. Joel Bohlken, Superintendent
Sherise Loeffelbein, PK-6 Principal
Greg Morris, 7-12 Principal
Rob Wegner, Activities Director

PO Box 248, Palmer, Nebraska 68864
Phone 308-894-3065

Board of Education

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Date: March 27, 2018
To: Students, Grades 6-11 and their parents
From: Rob Wegner, Activities Director, Palmer Public School
Re: School Physicals
Cc: Joel Bohlken

This letter is to inform you that school physicals and sports screenings are your responsibility. For students entering 7th grade in the fall of 2018 and students 7-12 grade in the fall of 2018 planning to participate in **ANY** activity program at Palmer, physicals are **REQUIRED**.

Sports screenings are being offered at the Howard County Medical Center this summer **by appointment ONLY from 8:30 AM – 11 AM on June 19 and June 26**. Students taking advantage of this opportunity need to be prepared to pay cash for the physical that day. Cost of the physical is \$30.00. If your insurance covers a well child exam, you will need to set up an appointment for that on a different date.

Attached you will find (1) a History Form to be **filled out and signed by the student and parent prior to physical examination**; (2) the actual Physical Examination Form; (3) front to back, the Physical Clearance Form to be **filled out by a physician** and the Student and Parent Consent Form to be **filled out and signed by the student and parent prior to returning the form to the school**. In addition to these forms, your son or daughter will also need to bring their vaccination schedule to the physical examination.

To meet privacy and HIPAA requirements, the examining physician will retain on file all physical forms. **The only form that needs to be returned to Palmer Public School is the front to back Physical Clearance/Student and Parent Consent Form**. Without this form, students **WILL NOT** be allowed to participate in extra-curricular activities.

Please be sure your child has **ALL** of the signed forms with him/her at the time of the physical. The ESU 7 School Nurse has informed us that this physical may be used as the required 7th grade physical. This means that all 6th grade students, whether participating in activities next year or not, will want to take advantage of this opportunity. If you have any questions, please contact the school at 894-3065. To schedule an appointment with HCMC, please call (308) 754-7808 or please schedule an appointment with your family physician. All physicals done after May 1, 2018 will cover your child for 2018-19 school year.

To be completed for students participating in all NSAA activities.



SY 2018-19
Grade _____

NEBRASKA SCHOOL ACTIVITIES ASSOCIATION (NSAA)
Student and Parent Consent Form

School Year: 200__-200__ Member School: _____

Name of Student: _____

Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even the best coaching, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,

(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and sports, weight and height of as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this ____ day of _____, _____.

Name of Student [Print Name]

Student Signature

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for _____ [insert student name] to practice and compete for the above named high school in activities approved by the NSAA, **except those crossed out below:**

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross Country	Soccer	Volleyball
Music	Softball	Wrestling	Debate	Journalism	

DATED this ____ day of _____, _____.

Parent [Print Name]

Parent Signature

Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

Height _____ Weight _____ % Body fat (optional) _____ Pulse _____ BP _____ / _____ (_____ / _____ , _____ / _____)

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

Follow-Up Questions on More Sensitive Issues

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you feel stressed out or under a lot of pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever feel so sad or hopeless that you stop doing some of your usual activities for more than a few days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you feel safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever tried cigarette smoking, even 1 or 2 puffs? Do you currently smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. During the past 30 days, did you use chewing tobacco, snuff, or dip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. During the past 30 days, have you had at least 1 drink of alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever taken steroid pills or shots without a doctor's prescription? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever taken any supplements to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Questions from the Youth Risk Behavior Survey (http://www.cdc.gov/HealthyYouth/yrbs/index.htm) on guns, seatbelts, unprotected sex, domestic violence, drugs, etc | <input type="checkbox"/> | <input type="checkbox"/> |

Notes:

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Genitourinary [†]			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple-examiner set-up only.

[†]Having a third party present is recommended for the genitourinary examination.

Notes:

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO

Preparticipation Physical Evaluation

CLEARANCE FORM

Name _____ Sex _____ Age _____ Date of birth _____

- Cleared without restriction
- Cleared, with recommendations for further evaluation or treatment for: _____
- _____
- _____

Not cleared for All sports Certain sports: _____ Reason: _____

Recommendations: _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

IMMUNIZATIONS (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza, poliomyelitis; pneumococcal; meningococcal; varicella)

Up to date (see attached documentation) Not up to date Specify _____

Name of physician (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician _____, MD or DO