



PLAINEDGE PUBLIC SCHOOLS

PLAINEDGE HIGH SCHOOL
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EDWARD A. SALINA, JR., ED.D.
SUPERINTENDENT OF SCHOOLS

JAMIE LABELLE, DIRECTOR
HEALTH, PHYSICAL EDUCATION
& ATHLETICS

2017 - 2018

Dear Middle School Parent/Guardian,

On behalf of the Plainedge Athletic Department, we welcome the opportunity to have your son/daughter participate in Middle School interscholastic athletics for the upcoming school year. I have enclosed all sports programs available for the 2017-2018 season.

The fall 2017 season begins Wednesday, September 6th. Any student wishing to try out for a fall sport must submit three (3) forms in order to be medically cleared. **Completed forms must be returned to the Middle School nurse between August 7 and September 5.** Sports forms may be obtained from the Middle School or District website or from the Middle School main office. The office is open Monday to Thursday, 8:00am – 3:00pm.

The procedure for completing the forms is as follows:

1. Parent Permission for Interscholastic Participation

Make sure that both parent and student sign. This form should not be filled out more than 30 days prior to the beginning of the sport season. It is important that this form be thoroughly completed and fully legible, as this is the only information the coach will have on your child while on the field of play, in case of a possible emergency.

2. Health History for Interscholastic Athletics

Make sure that both parent and student sign. This form should not be filled out more than 30 days prior to the beginning of the sport season.

3. Sports Physical Examination Form

Take this form to your doctor and have the physical exam completed. Be sure that it is signed and has the doctor's stamp on it.

Note: The best time to have a sports physical is June-July-August. This way your son/daughter will be medically cleared for all seasons. Call your doctor as early as possible to make an appointment!

Please note the medical form due dates and season start dates for the Winter and Spring seasons on the enclosed list. Students should listen to announcements prior to the start of each season regarding "pre-season" meetings.

If your son/daughter participates in more than one season during the school year, forms 1 and 2 will need to be submitted to the school nurse again for each sport/season for which they would like to participate (as long as you have a sports physical examination form on file which was completed less than one year from the start of the sport season). If your son/daughter is a “manager” for a team, he/she must submit forms 1 and 2 only, in order to sit on the sidelines and/or travel on the bus with the team. NO PHYSICAL EXAM is necessary to be a “manager.”

If the prior year’s physical was completed within 10 days to the year of the deadline date, the deadline will be extended five days to allow for insurance to cover the annual physical exam.

Example: If the deadline to submit forms is March 2 and the prior year’s physical was completed February 25, the deadline to submit a current physical will be extended until March 7. (A current physical is one that is completed within one year of the start date of the sport season.)

We hope your child will sign up and join our sports program. We promise to do everything we can to make this a rewarding and fun experience for all involved. Please feel free to call me at 992-7475 if you have any questions or need additional information.

Sincerely,

Jamie LaBelle

Jamie LaBelle, District Director
Physical Education, Health & Athletics

JL:cfc

Enc.

MIDDLE SCHOOL INTERSCHOLASTIC SPORTS 2017-2018

Middle School sports are for students in grades 7 & 8

FALL SPORTS

All Fall medical forms due between August 7 & September 5

Sports begin September 6

1st day of practice; All teams meet after school on 9/6/17 in the MS gymnasium

7/8 Football

7th grade Boys Soccer

8th grade Boys Soccer

7th grade Girls Soccer

8th grade Girls Soccer

7/8 grade Cross-Country Team

WINTER 1 SPORTS

All Winter 1 medical forms due between October 6 & November 1

Sports begin November 6

7th grade Boys Basketball

8th grade Boys Basketball

7th grade Girls Volleyball

8th grade Girls Volleyball

WINTER 2 SPORTS

Winter 2 medical forms due between December 18 & January 12

Sports begin January 16

7th grade Girls Basketball

8th grade Girls Basketball

7/8 grade Wrestling

SPRING SPORTS

Spring medical forms due between March 9 & March 27

Sports begin April 9

7th grade Baseball

8th grade Baseball

7th grade Softball

8th grade Softball

7th grade Boys Lacrosse

8th grade Boys Lacrosse

7th grade Girls Lacrosse

8th grade Girls Lacrosse

7/8 grade Boys Track & Field

7/8 grade Girls Track & Field

PARENT PERMISSION FOR INTERSCHOLASTIC PARTICIPATION

Student's Name _____ Sport _____ V JV MS (circle one)
Print Last Name First
Address _____ Age _____ Grade _____ Male Female (circle one)
Date of Birth _____ Year you began or will begin 9th Grade _____
Parents' Name _____ Home Phone # _____ Cell # _____
Physician's Name & Tel. # _____
Emergency Contact Person & Tel. # _____
Known Allergies _____

Important Information for Parents

What are concussions?

Concussions are brain injuries caused by external forces to the head, neck or face. Further complications from concussions or their management can lead to intracranial hematomas (bleeding in the brain), balance and coordination problems, or Second Impact Syndrome.

How do concussions occur?

A bump, blow, or jolt to the head can cause a concussion, a type of traumatic brain injury (TBI). Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. During sports and recreation activities, concussions may result from a fall or from players colliding with each other, the ground, or with obstacles, such as a goalpost.

Signs and symptoms

Most concussions present with a headache and dizziness. These are the most common early signs of a concussion. Other signs and symptoms may include blurred vision, double vision, memory loss, loss of consciousness, nausea. It should be noted that ANY of these symptoms lasting longer than 15 minutes after a blow to the head, may indicate a concussion has occurred.

When can a student return to activities after a concussion?

Absolutely no student may return to activities the same day of a concussion. There is no exact timeline for a concussion return to activities. All concussions present differently. All students must be symptom free before returning to activity. At Plainedge, a student may return only after they have medical clearance from the Chief Medical officer for the Plainedge School District.

Note: Prior to clearance for Plainedge School District activities such as interscholastic athletics and/or at any point during the year, it is the responsibility of the Parents and the student to alert the Plainedge School District of any prior or new concussions.

I hereby give my son/daughter _____ permission to engage in interscholastic athletics as a member of the _____ team for the current school year. I further understand that participation in athletics could lead to serious or, in certain cases, fatal injury.

Date _____ Parent's Signature _____

Date _____ Student's Signature _____

This card indicates:

1. The updated Health History Form is on file with the nurse
2. The sports physical has been completed and the above named student is approved for athletic participation

Nurse's Signature _____ Date _____

**Plainedge Public Schools
Physical Examination Form**

Student # _____

School: _____

Grade: _____

Teacher: _____

Student's Name: _____ Sex: _____ Date of Birth: _____

Address: _____ Phone: _____

This certifies that the above named student was examined and found to be in good health and able to participate in all athletic programs.

Yes No Please explain: _____

Height: _____ Weight: _____ BMI: _____ Weight Status Category: _____ Blood Pressure: _____

Pulse: _____ Scoliosis: _____ Vision: _____ Hearing: _____

Medical History: _____

Allergies: _____

Positive Physical Findings: _____

Recommendations and/or Exceptions: _____

Medications: _____

Immunizations:

Attach Official Stamped Record

In the last twelve months, has the student had:

Pre-diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type 1 diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type 2 diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prehypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**For Interscholastic Athletic Activities
(Grades 7 through 12 only)**

The above named student is physically qualified to participate in all of the following interscholastic athletic activities during the school year:

Yes _____ No _____

Baseball	Cross Country	Lacrosse	Tennis *
Basketball	Football	Soccer	Track & Field
Bowling *	Golf *	Softball	Volleyball
Cheerleading *	Hockey *	Swimming *	Wrestling

High School *

Exemptions: _____

Physician's Comments: _____

Date of Exam: _____

Physician's Stamp:

Physician's Signature: _____

Physician's Phone No.: _____

**PLAINEDGE PUBLIC SCHOOLS
HEALTH HISTORY FOR INTERSCHOLASTIC ATHLETICS**

Student Name _____ Grade _____

Dear Parent or Guardian:

Your son/daughter has elected to participate in interscholastic athletics. To be sure your son/daughter has your permission, and in order to make a proper medical evaluation of your child, you must do the following: **FILL OUT THIS FORM COMPLETELY AND RETURN TO THE SCHOOL NURSE NO MORE THAN 30 DAYS PRIOR TO THE START OF THE SPORT SEASON.** Thank you for your cooperation.

Please circle the appropriate answer:

- | | | |
|--|-----|----|
| 1. Any feeling of faintness, dizziness or fatigue after heavy exertion? | Yes | No |
| 2. Any fractures, dislocations, severe sprains or chronic diseases? | Yes | No |
| 3. Has student ever been hospitalized? | Yes | No |
| 4. Has student ever had surgery? | Yes | No |
| 5. Does student have any allergies? | Yes | No |
| 6. Does student take any medication now? | Yes | No |
| 7. Has student ever been refused permission to participate in athletics? | Yes | No |
| 8. Does student wear glasses? Contact lenses? | Yes | No |

Please explain any Yes answers to the questions above. (Use back of form if needed.)

Please check if the student has ever had any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Jaundice |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Prolonged Bleeding | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> *Concussion |

***Note: Prior to clearance for Plainedge School District activities such as interscholastic athletics and/or at any point during the year, it is the responsibility of the Parent and the student to alert the Plainedge School District of any prior or new concussions.**

Please give date and explanation if you check any of the above. (Use back of form if needed.)

By signing below, the student and parent/guardian acknowledges that they have provided up to date medical information.

Student Signature Parent or Guardian Signature Date

Date _____ Nurse's Copy