

SECTION 5: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed by the parent/guardian of any student who is seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in all subsequent sport seasons in the same school year. The Principal, or Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY and make a determination as to whether the student should be re-evaluated and re-certified by an Authorized Medical Examiner pursuant to Section 6.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Age _____ Grade _____

CHANGES TO PERSONAL INFORMATION (In the spaces below, identify any changes to the Personal Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Current Home Address _____

Current Home Telephone # () _____ Parent/Guardian Current Cellular Phone # () _____

CHANGES TO EMERGENCY INFORMATION (In the spaces below, identify any changes to the Emergency Information set forth in the original Section 1: PERSONAL AND EMERGENCY INFORMATION):

Primary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Secondary Emergency Contact Person's Name _____ Relationship _____

Address _____ Emergency Contact Telephone # () _____

Medical Insurance Carrier _____ Policy Number _____

Address _____ Telephone # () _____

Family Physician's Name _____, MD or DO (circle one)

Address _____ Telephone # () _____

SUPPLEMENTAL HEALTH HISTORY:

Explain "Yes" answers at the bottom of this form.

Circle questions you don't know the answers to.

		Yes	No			Yes	No
1.	Have you sustained an illness and/or injury related to sport(s) since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>	5.	Have you experienced dizzy spells, blackouts, and/or unconsciousness?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you sustained an illness and/or injury NOT related to sport(s) since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>	6.	Have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you been confined to an institution and/or at home as a result of an illness and/or injury since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>	7.	Have you experienced any new health problems since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you had surgery since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>	8.	Are you taking any NEW prescription or non-prescription (over-the-counter) medicines or pills since completion of the CIPPE?	<input type="checkbox"/>	<input type="checkbox"/>
				9.	Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

No(s).	Explain "Yes" answers here:

SUBSEQUENT SPORT(S) TO BE PLAYED: _____ **SEASON:** Fall Winter Spring (circle one)

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature _____ Date ____/____/____

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature _____ Date ____/____/____

NOTE: If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the Principal, or Principal's designee, of the herein named student's school shall require the student to complete Section 6 prior to being eligible to participate in sport(s) identified above.

Interscholastic Athletics at TEMS

The following is an excerpt from the 2008-2009 TEMS Student and Parent Handbook.

The Mission of Middle School Interscholastic Athletics

The mission of the Tredyffrin/Easttown and Valley Forge Middle School interscholastic athletic programs is to provide an enjoyable educational experience based upon the developmental needs and characteristics of the young adolescent. This period of early adolescence is characterized by the most dramatic changes in physical, psychological, social, emotional and intellectual growth since the first year of life. Therefore, it remains imperative that middle level coaches treat members of this age group with the special care that these students' personalities require. These particular student-athletes are in a period of becoming, striving for the discovery, development and refinement of their own individual personalities. The middle school interscholastic program emphasizes participation, fun, and safety

Athletic Academic Eligibility

The following is an excerpt from the Pennsylvania Interscholastic Athletic Association (PIAA) bylaws, Article IX – Curriculum:

Eligibility shall be cumulative from the beginning of a grading period, shall be reported on a weekly basis, and shall be filed in the principal's office. To be academically eligible for an interscholastic athletic competition the student must be passing at least four full-credit subjects or the equivalent as of each Friday during the grading period (A student who is failing two or more academic subjects is academically ineligible). If the student fails to meet this requirement, he/she will be academically ineligible from the following Sunday through the Saturday immediately following the next Friday as of which you meet this requirement. Where school is closed on a Friday for any reason, the principal may, at his/her discretion, determine whether the student as of that day meets the standards provided for in this section. At the coach's discretion, students that are academically ineligible may or may not be allowed to attend games or matches.

Athletic Behavior Eligibility

All student-athletes are representing TEMS in the classroom and school building, at practices, and at home and away competitions. Therefore, they are expected to be positive school citizens at all times. Student-athletes who are placed on social probation, according to the school discipline guidelines, will be behaviorally ineligible to participate in both practices and games for a period of three weeks. Please see the description of social probation in the discipline section for further details.

Demerit System and Social Probation

Teacher Detention = 1 Demerit

School Detention = 1-2 Demerits

Evening School Suspension (ESS) = 3 Demerits

In-School Suspension (ISS) = 5 Demerits

Out of School Suspension (OSS) = 8 Demerits

For every eight demerits that a student accumulates, he/she will be placed on social probation for a period of three weeks. Students on social probation are not permitted to participate in any after school activities, such as interscholastic sports practices and games, club meetings, dances, concerts, social trips or other evening events, nor are they permitted to remain on school grounds for any reason other than disciplinary action (such as to serve a detention or ESS) beyond the departure of the last bus and may be denied field trip privileges.

Please sign and return the bottom portion to your child's coach.

I have read, understood, and agreed with the mission of middle school athletics and the academic and behavioral eligibility requirements.

Student-Athlete Name: _____

Sport: _____

Parent/Guardian Signature: _____

Date: _____

**Tredyffrin/Easttown School District
Coaches Emergency Medical Information Card**

Student's Name _____ Grade _____ Date of Birth _____
Parents' Name _____ Phone _____
Address _____

Child resides with mother father both guardian (name _____)

In case of emergency please contact *(number in order of preference - local numbers preferred)*

Father's name/place of employment

Name _____
Address _____
Phone _____

Mother's name/ place of employment

Name _____
Address _____
Phone _____

Friend or relative

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Student's physician _____ Phone _____

*If emergency treatment is required, may school authorities use their own judgment to secure the services **of** the doctor most accessible if none **of** the people listed above can be reached? YES NO* Date: _____

Signature _____
(parent or guardian)

Authorization for Emergency Treatment of Minor

Consent

1. The undersigned is the parent/legal guardian of the minor identified.
2. This authorization is being provided to the Emergency Services Department for use in the event of the need for emergency treatment of the minor identified when neither the undersigned, the family physician nor the relative or friend identified can be reached to provide consent to treatment.

The undersigned hereby authorizes Physicians of the Emergency Services department or their designee (who must be a fully licensed Physician) to perform on the minor identified below, such emergency treatment or procedures as deemed appropriate, provided, however, that my consent or the consent of the family physician, friend, or relative identified will first be sought unless the delay in communicating with such person is, in the opinion of the physician, imprudent under the circumstances.

Minor's Name _____
Health/Hospitalization Insurance _____
Insurer _____
Policy Number _____

Signature: _____

Medical history

1. Is he/she allergic to any drug, insect bite, food or any substance? Yes No If yes, explain.
2. Is he/she taking any medication? Yes No What and why?
3. Is he/she suffering from any condition requiring special attention such as asthma, diabetes, epilepsy; cardiac condition, etc.? Yes No What?
4. Has he/she been under the care of a physician or hospitalized in the past year? Yes No **If yes, when and why?**
5. Does he/she have any physical disability or handicap? Yes I No If yes, explain.