



STUDENT-ATHLETE CHECKLIST OF REQUIREMENTS FOR ATHLETIC ELIGIBILITY

- () **Athletic Department Permission Form** – Form must be completed, signed, and returned to the Main Office.

- () **Spectator Code of Conduct Form** – Form must be signed by parents/guardians of Student-athlete and returned to the Main Office.

- () **Health History Form** – Form must be completed, signed, and returned to the school's Nurse for medical clearance. This form must be turned in **for each individual sport season**.

- () **Health Physical** – An up-to-date annual physical exam must be on file in the Nurse's Office. The physical must be from within one year of the start of the current sport season.

STUDENTS WILL NOT BE ELIGIBLE FOR PARTICIPATION IN ATHLETICS AT BISHOP GRIMES WITHOUT FULFILLING ALL OF THE ABOVE REQUIREMENTS.



BISHOP GRIMES ATHLETICS

2017-2018 ATHLETIC PERMISSION FORM

(New form must be filled out for each sports season)

Dear Parents/Guardians,

If you wish your son/daughter to participate in an athletic activity sponsored by the school, it is necessary that you sign this permission form and return it to the Main Office. Student-athletes will not be allowed to participate in Bishop Grimes athletics unless a signed permission form has been returned and they have been cleared through the School Health Office. Please use a separate form for each child in your family. Once this form has been signed and returned, it will be assumed that permission has been granted for your child to participate **in that specific sport and related activities**. Also, the name of your insurance coverage should be included on this form.

Date _____ Grade _____ Sport _____

I grant permission for my son/daughter (name) _____ to participate in the above high school activity sponsored by the school unless otherwise noted by me in writing. I also understand that my own insurance must cover any injuries that occur during participation in the Bishop Grimes athletic program.

The name of my insurance company is:

I have read and understand the Athletic Department's rules and regulations and agree to abide by and be held accountable to those rules and regulations as long as I am a participant in the Bishop Grimes athletic program.

Signature & Name of Student-Athlete

Student-Athlete Signature

Student-Athlete Name (Please print.)

Signature & Name of Parent(s) or Guardian(s)

Parent/Guardian Signature

Parent/Guardian Signature

Parent/Guardian Name (Please print.)

Parent/Guardian Name (Please print.)

Home Phone Number _____

Emergency Phone Number _____

Bishop Grimes Athletic Department

2017-2018 Rules and Policies for all Student-Athletes

An athlete at Bishop Grimes is, first and foremost, a Christian and should be constantly guided by Christian values and principles. These values shall not be compromised for the sake of winning.

1. Alcoholic beverages, tobacco products, performance enhancing drugs, and ANY other illegal drugs are prohibited. The use of these substances during a sport season may be grounds for dismissal from a team and Bishop Grimes upon review by the school's administration.
2. A student-athlete under any type of school-imposed suspension (including In School Suspension) cannot attend practice or participate in contests until the day following the expiration of such suspension. The student-athlete is subject to suspension or dismissal from a team for knowingly violating school rules upon review by the school's administration.
3. In order to participate in either practices or contests on that day, a student-athlete must be in school **no later than 8:30 a.m.** and must remain in school until their final scheduled class unless legally excused. Seniors may **not** use their early dismissal privilege unless their practice or contest begins on or after 4:30 that day, or if they have received permission from a school administrator.
4. Any student-athlete who is dismissed from a team will have his/her parent(s)/guardian(s) notified of the reason for dismissal and may request a meeting with the appropriate coaches and school administrators. A meeting will be **required** before the student-athlete is allowed to participate in another sport. The same policy is required of any student-athlete who chooses to quit participating on a team after the official roster has been selected. A school administrator will conduct such a meeting.
5. A student-athlete is responsible for all equipment issued and must pay for any lost or damaged equipment. It is the responsibility of the student-athlete to return any school-owned game uniforms or equipment immediately after the final contest of the season. Failure to do so will prevent the student-athlete from participation in another sport.
6. All athletes must travel to and from athletic contests under the supervision of the coach. Direct parental permission given to the coach **in writing** may enable student-athletes to leave game sites with parents based on individual team policies.
7. All student-athletes must complete and return the following items in order to be eligible for participation in a sport:
 - A.) An Up-To-Date Physical Examination**, which should be turned into and approved by the school's Nurse. The physical must be from within one year of the start of the current sport season.
 - B.) An updated Health History Form**, which needs to be turned in at the beginning of each sport season. This is mandated by our home school district (East Syracuse-Minoa) and by New York State.
 - C.) A signed Athletic Permission Form**, which implies parental consent for participation and student-athlete understanding of rules and regulations.
 - D.) A signed Spectator Code of Conduct** from parents/guardians.
8. The violation of any of the above rules, or any individual team-specific rules stated in advance by the head coach, may result in suspension or dismissal from a team or program at the discretion of school's administration in addition to other discipline if deemed necessary by the administration.



2017-2018 BISHOP GRIMES ATHLETIC DEPARTMENT SPECTATOR CODE OF CONDUCT

Name of Student-Athlete _____

Season/Sport _____ Date _____

Please understand that parents should not expect to discuss playing time with the coaching staff. Those conversations should be between the student-athlete and the coach only.

If there is a problem other than playing time, the following is the appropriate conflict resolution path:

- (a) Student-Athlete talks with coach. If problem is not resolved...
- (b) Student-Athlete brings the Athletic Director into the matter. If problem is still not resolved...
- (c) A meeting can be arranged that will include the Student-Athlete, Coach, School Administration, and Parent(s).

Bishop Grimes expects all of our spectators and fans will agree to abide by the following policies and practices:

1. I will remember that an essential component of high school athletics is for student-athletes to have fun, develop friendships, learn strategies, and work with peers toward team goals.
2. I will allow the coaches to do all instructing in all practice and game settings. I will not try to coach my student, or any others, from the sidelines or stands. It is important that the coaches be the instructional leaders in all cases.
3. I will represent Bishop Grimes with the best possible sportsmanship at all events. I will not single out any players, coaches, officials or game staff. I will accept the judgments of all coaches and officials at games and practices.
4. At home events, I will display courtesy and hospitality to any visiting players or spectators. At away events I will act appropriately in representation of Bishop Grimes.
5. I will not use social media as a forum to talk comment on players, coaches, opposing schools or their spectators.
6. I will not confront officials or coaches immediately before, during or immediately after games.
7. I will not use any language or make comments that can be construed as derogatory or offensive by anyone who is participating, working or watching a practice or game.
8. I will encourage and cheer for all members of my student-athlete's team.
9. I will not use drugs, tobacco or alcohol on or near any school grounds and will not attend an event under the influence of drugs or alcohol.
10. I agree to share this policy with my family and friends and will promote positive behaviors from them as well.
11. I understand that Bishop Grimes has adopted a ZERO TOLERANCE POLICY and agree that failure to abide by any of the aforementioned guidelines can result in the following:

For minor incidents: Warning by staff and/or school administration that conduct is approaching an inappropriate level.

A First Offense will result in a minimum of removal from that event plus suspension of privileges from the next scheduled contest for that team or program.

A Second Offense will result in a minimum suspension of attendance privileges for any event on school grounds for a 12-month period.

After a 12-month ban, a hearing may be held to review the possibility of attendance privileges being reinstated. The hearing will include at least the school Principal, the Athletic Director.

Signature & Name of Parent(s) or Guardian(s)

Parent/Guardian Signature

Parent/Guardian Signature

Parent/Guardian Name (Please print.)

Parent/Guardian Name (Please print.)

BISHOP GRIMES JR/SR HIGH SCHOOL

Interval Health History for Athletic Participation

This form must be submitted to the school nurse and
dated no sooner than 30 days before the first day of practice.

Parent/Guardian must complete this form

Part A :

Student Name: _____ Age: _____ DOB: _____ Grade(circle): 7 8 9 10 11 12

Sport: _____ Level (circle): Varsity JV Modified

HISTORY SINCE LAST PHYSICAL EXAMINATION:

Last Physical Date: _____ Tetanus Date: _____

- | | YES | NO |
|--|-----|-----|
| 1) Since your child's last physical examination, has your child had any injuries requiring medical attention?* | [] | [] |
| 2) Since your child's last physical examination, has your child had any injury or illness lasting more than five (5) days?* | [] | [] |
| 3) Since your child's last physical examination, has your child had any feeling of faintness, dizziness or fatigue after exercise or exertion?* | [] | [] |
| 4) Since your child's last physical examination, has your child had any serious illness, injury, surgical operations or fractures?*(ie: Mono, meningitis, pneumonia, etc.) | [] | [] |
| 5) Does your child have any allergies (insect, medicine, food)? | [] | [] |
| 6) Is your child taking medicine or under a provider's care for a current medical problem or condition? | [] | [] |
| 7) Does your child wear glasses or contact lenses? | [] | [] |
| 8) In the last 12 months, has your child sustained a concussion or suffered from "concussion-like" symptoms? If yes, please describe below | [] | [] |

NOTE: Checking "YES" to the questions that are marked with an * will require a release from your child's health care provider regardless of whether or not any restrictions were placed on athletic participation. This detailed note should indicate the nature of the illness, injury or surgery, the date of the office visit and the date that he/she may resume participation.

Part B - Describe the condition or situation that caused any questions in Part A to be answered "Yes".

Part C - I, the undersigned, clearly understand these questions are asked in order to decide if my child can safely participate on the Bishop Grimes athletic team named in Part A of this form. The answers are correct as of this date.

Signature of Parent / Guardian

/ /

Date

**EAST SYRACUSE MINOA SCHOOLS
HEALTH APPRAISAL FORM ***

Name _____ Gr _____ Date of Exam _____

Date of Birth _____ Gender: Male Female

IMMUNIZATION / HEALTH HISTORY

<input type="checkbox"/> Immunization record attached	PPD: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done Date: _____
<input type="checkbox"/> No immunizations given today	Blood Lead Test _____ mcg/dL <input type="checkbox"/> Not done Date: _____
<input type="checkbox"/> Immunizations given since last Health Appraisal:	Dental Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not done Date: _____

Specify current and chronic disease: Asthma Diabetes: Type 1 Type 2 Hyperlipidemia Hypertension
 Single organ _____ Other _____

Allergies: **LIFE THREATENING** Food: _____ Insect: _____ Other _____
 Seasonal Medication: _____

PHYSICAL EXAMINATION

Height: _____ Weight: _____	Body Mass Index: _____ - _____ % Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision and Hearing Screening		Referral
Blood pressure: _____ / _____		Vision- without / with glasses/contact lenses	R 20/	L 20/
BP Re check: _____ / _____		Hearing	R dB	L dB
Pulse: _____				
Eyes <input type="checkbox"/> PERRLA <input type="checkbox"/> EOMI <input type="checkbox"/>	Neck <input type="checkbox"/> No Thyromegaly <input type="checkbox"/>	Scoliosis <input type="checkbox"/> Positive <input type="checkbox"/> Negative		
Ears <input type="checkbox"/> TM's NI landmarks <input type="checkbox"/> Not examined <input type="checkbox"/>	Heart <input type="checkbox"/> w/o Murmur <input type="checkbox"/> Regular <input type="checkbox"/>	Extremities <input type="checkbox"/> NI gait <input type="checkbox"/> Full ROM <input type="checkbox"/> No C/C/E <input type="checkbox"/>		
Nose <input type="checkbox"/> NI mucosa <input type="checkbox"/> w/o bleeding <input type="checkbox"/>	Lungs <input type="checkbox"/> CTA <input type="checkbox"/>	Skin <input type="checkbox"/> w/o suspicious lesions <input type="checkbox"/> Acne <input type="checkbox"/>		
Teeth <input type="checkbox"/> w/o caries <input type="checkbox"/> Good Repair <input type="checkbox"/>	Abdomen <input type="checkbox"/> w/o Guard <input type="checkbox"/> w/o Mass, Benign <input type="checkbox"/>	Maturation (if applicable) <input type="checkbox"/> Age of Menarche _____ <input type="checkbox"/> Tanner Stage-I II III IV V		
Tonsils <input type="checkbox"/> w/o exudates <input type="checkbox"/> w/o redness <input type="checkbox"/>	Hernia <input type="checkbox"/> None <input type="checkbox"/> Not examined <input type="checkbox"/>	Other		
Lymph <input type="checkbox"/> w/o LA <input type="checkbox"/> Not Examined <input type="checkbox"/>	Genitalia <input type="checkbox"/> Normal <input type="checkbox"/> N/A <input type="checkbox"/> N/A - USPSTF*			

MEDICATION INFORMATION

List all NEW medications and the dosages for this student (This is NOT an order for medication use in school.):

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

PHYSICAL EDUCATION: Full Physical Activity Modified Physical Activity _____

Physically qualified for all interscholastic sports, intramural and extramural activities and full playground activities OR only as checked below:

- Contact / Collisions:** Basketball, Diving, Football, Hockey, Lacrosse, Martial Arts, Soccer, Wrestling
- Limited Contact:** Baseball, Bicycling, Cheerleading, Field (High Jump and Pole Vault), Floor Hockey, Gymnastics, Handball, Horseback Riding, Racquetball, Skating, Skiing, Softball, Squash, Ultimate Frisbee, Volleyball.
- Non-contact:** Archery, Badminton, Body Building, Canoeing, Cross Country, Dancing, Field (Discus, Javelin, Shot Put), Golf, Rope Jumping, Running, Scuba Diving, Strength Training, Swimming, Table Tennis, Track, Walking, Weight Lifting.

WORKING Physically qualified for lawful employment.

PAPERS: Physically qualified for limited employment due to a disability. Specify accommodation _____

Specify medical accommodations needed for school: _____ None

Known or suspected disability: _____ Please monitor

Restrictions: _____ Please monitor

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other _____

Provider's Signature: _____ Phone: _____ (Stamp Below)
 Provider's Name / Address: _____ Fax: _____

*The USPSTF publishes guidelines for complete physical exams. These are the best evidence available and can be obtained from www.ahrq.gov/clinic/upstfix.html

Written Medication Order and Authorization Form

BISHOP GRIMES Jr/Sr HIGH SCHOOL
6653 Kirkville Rd, East Syracuse, NY 13057
Health Office 463-8917 or 437-0356 Fax 437-0358

last name	first	grade	school year	date
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The school nurse will dispense **ALL** medication (prescription and over the counter-OTC) only with parental permission **AND** the licensed prescriber's written order. These medications must be brought to the health office in their original labeled containers. Complete the following section for all medications other than those noted below.

	name	dose/route	frequency/time	reason
1.	_____			
2.	_____			
_____		_____		
parent/guardian signature		signature of MD, PA, or RNNP/stamp		

The over the counter medications listed below will be provided by the school and dispensed by the nurse with parental permission **AND** the licensed prescribers signature. Parent/guardian, check the box (es) of the medication(s) you permit your child to receive from the school nurse as needed.

- Acetaminophen 325 mg, one to two tablets orally, every 4 hours as needed per package directions for headache pain or menstrual cramps.
- Ibuprofen 200 mg, one to two tablets orally, every 4-6 hours as needed per package directions for headache, muscle aches, joint pain or menstrual cramps

parent/guardian signature	signature of MD, PA or RNNP/stamp
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Self-carry authorization is only for asthma inhalers & EpiPen/AuviQ

- | | name | dose/route | frequency | reason |
|------------------------|-------|------------|-----------|--------|
| • Asthma inhaler order | _____ | | | |
| • Epi Pen/Auvi-Q order | _____ | | | |

My child has my permission and his/her licensed prescriber's authorization to properly use and carry his/her:

- asthma inhaler epi-pen/Auvi-Q
- Our licensed prescriber has instructed my child in the proper use, purpose and administration of this medication.

parent/guardian signature	signature of MD, PA or RNNP/stamp
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