

TRUMBULL PUBLIC SCHOOLS
BOARD OF EDUCATION
POLICY MANUAL

SECTION: **5000**
CATEGORY: **Students**
POLICY CODE: **5152 Interscholastic Sports
Physicals**

INTERSCHOLASTIC SPORTS PHYSICALS

Policy

All students participating in interscholastic sports at the middle or high school level are required to have an annual physical examination by an outside physician before they are allowed to participate. The school nurse will review the results of each student's physical examination prior to tryouts. The medical recommendation of the school nurse is required in order for a student to participate in an interscholastic sport.

The Board policy of non-discrimination on the basis of disability applies to all aspects of the decision-making process, and the purpose of this policy is to seek to protect the safety and well being of Trumbull students participating in interscholastic sports.

Approved: 10/16/73

Revised: 10/05/99, 05/21/02, 08/18/09

Regulations

1. Annual physical examinations by a physician must be received prior to tryouts during the school year.
2. “Abnormal physical condition” shall be defined as any condition, detected by a physician during a sports examination, which would tend to cause or produce any physical or emotional problem during school athletic practices or competitions.
3. In the event that the physician performing a physical examination of a student determines the presence of an abnormal physical condition, the student may be disqualified from participation in interscholastic athletics.
4. A student with an abnormal physical condition may participate in an interscholastic sport if the physician, in consultation with the Athletic Director and the school nurse, determines that the condition is asymptomatic or controlled, whether by medication or otherwise, and provided that the parent or guardian signs the waiver form holding the school district harmless from liability in connection with any injury or illness resulting from such condition.
5. All students participating in interscholastic athletics must have on file a signed Permission Slip providing permission from the parent or guardian for the school to obtain medical care for the student in the event of illness or injury, and a waiver of liability in favor of the school district in connection with any injury or illness sustained or aggravated during participation in interscholastic athletics.
6. Any student sustaining an injury or developing an illness during the sport season must provide a medical release from a personal physician in order to return to the sport for the remainder of the season, or to another sport for the following season. A medical release signed by the personal physician will be reviewed by the school nurse, the trainer, and the Athletic Director, who will determine whether, in their discretion, the student may return to the sport for the remainder of the sport season, or to another sport for the following season.

Reference

- Trumbull Board of Education Policy:
Interscholastic Athletic Policy, Policy Code: 5150

**TRUMBULL PUBLIC SCHOOLS
TRUMBULL, CONNECTICUT
RETURN TO YOUR COACH
PARENT/GUARDIANS:**

This form must be received by the candidate's head coach before a tryout is permitted.

TRUMBULL HIGH SCHOOL
HILLCREST MIDDLE SCHOOL – MADISON MIDDLE SCHOOL

PARENT/GUARDIAN PERMISSION SLIP

Home Phone _____ Cell Phone _____ Student's # _____

Address _____ Student's H.R. _____

Student's Grade _____ Student's DOB _____

Name of school attended last year _____

City _____ State _____

I hereby give permission for my son/daughter _____

Print last, first name

to try out and to play _____. I also give permission for him/her to be transported by private cars or buses provided by the school for any such activity. In the event of an injury, contact the individuals listed on the attached Emergency Card.

INFORMED CONSENT AND RELEASE OF LIABILITY: Participation, in all sports, requires an acceptance of possible injury. The athlete and parent/guardian must be aware that by participation in interscholastic athletics and/or intramurals you are in a position to make an informed decision for participation in physical fitness activities and competitive sports. In giving your consent, you are aware that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death. We hereby hold the Trumbull Board of Education, the Trumbull Public Schools, the Town of Trumbull and any of their employees or agents harmless from and against any liability whatsoever to us, to our child _____, or to our heirs, assigns or personal representatives for personal injury. This shall include, but is not limited to, injury, death or sickness occurring in connection with or aggravated by _____'s participation in the interscholastic sports program and any consequences resulting directly or indirectly from that program.

Parent/guardian Date

WE (PARENT/GUARDIANS/STUDENT-ATHLETE) HAVE READ THE PROCEDURES FOR INTERSCHOLASTIC PARTICIPATION AND ARE RESPONSIBLE FOR ALL RULES, REGULATIONS AND POLICIES OF THE TRUMBULL PUBLIC SCHOOLS.

WE (PARENT/GUARDIAN/STUDENT-ATHLETE) HAVE READ THE HAZING/ BULLYING DEFINITIONS AND REPORTING PROCEDURES FOR ALL TRUMBULL ATHLETIC TEAMS.

WE (PARENT/GUARDIAN/STUDENT-ATHLETE) AGREE TO COMPLY WITH ALL RULES AND REGULATIONS OF TRUMBULL HIGH SCHOOL AND THE CIAC REGARDING ELIGIBILITY INCLUDING THOSE SPECIFIED GOVERNING THE USE OF PROHIBITED SUBSTANCES, IN PARTICULAR ALCOHOL, DRUGS, TOBACCO AND PERFORMANCE ENHANCING PRODUCTS. VIOLATORS MAY FACE SUSPENSION OR DISMISSAL FROM ALL SPORTS ACTIVITIES.

Athlete Parent/guardian Date

TRUMBULL PUBLIC SCHOOLS
TRUMBULL, CONNECTICUT

EMERGENCY CARD

STUDENTS

Name _____ (Last) (First) (Middle)	Grade ____ Home Rm. ____ Date _____
Address _____	Date of Birth _____
Parent or Guardian _____	Phone _____
Father's Employment _____	Phone _____
Mother's Employment _____	Phone _____
In case of emergency call first: _____	Phone _____
If above cannot be located: (1 st choice neighbor) _____	Phone _____
(2 nd choice) _____	Phone _____
Family Physician (1 st choice) _____	Phone _____
(2 nd choice) _____	Phone _____
Family Dentist _____	Phone _____

If the physicians of your choice cannot be reached, a school physician or other medical professionals may be called upon to administer medical treatment.

Does your child have any medical condition that we should be aware of for his/her health and safety?

YES _____ NO _____ If YES, please explain _____

Signature of
Parent/guardian _____

EMERGENCY MEDICAL AUTHORIZATION

In the event that reasonable attempts to contact me (parent/guardian) or the other names listed have been unsuccessful, I hereby give my consent for the administration of any and all medically necessary emergency treatment.

DATE _____

Signature of Parent or Guardian

**TRUMBULL PUBLIC SCHOOLS
DEPARTMENT OF INTERSCHOLASTIC ATHLETICS
PHYSICAL EXAM FORM**

PARENTS: THIS FORM MUST BE SUBMITTED FOR ALL STUDENT ATHLETES. ONLY NINTH (9TH) GRADE STUDENTS MAY USE THE BLUE HEALTH ASSESSMENT RECORD SUBMITTED FOR THEIR MANDATORY SCHOOL PHYSICAL. Your medical provider **MUST** fill out this *Athletics Physical Examination Form* in order for your child to participate in a sport at Trumbull High School. Regardless of the information included in your child’s health assessment, we still need to have this *Athletics Physical Examination Form* completed by the doctor. ♦THERE ARE NO EXCEPTIONS TO THIS POLICY♦

To be completed by physician or health care provider only.

Male Female

Student’s Last Name Student’s First Name Grade

Student’s Address

PLEASE CIRCLE ‘YES’ OR ‘NO’ TO EACH OF THE FOLLOWING:

- 1. Heart condition?.....Yes/No Cleared to play?.....Yes/No
- 2. Lung Condition?.....Yes/No Cleared to play?.....Yes/No
- 3. Evidence of Hernia?.....Yes/No Cleared to play?.....Yes/No
- 4. Musculoskeletal Condition?....Yes/No Cleared to play?.....Yes/No
- 5. If yes to any of the above, please list below details of the condition. Please also list other condition(s) that might affect the health of the student in athletic competition:

6. List any restriction(s) to competition:

Provider’s signature and signature/office stamp must be present on this form for the student to be eligible to participate in the THS interscholastic athletics program.
I certify that I have examined the above student athlete on the date noted below, and recommend him/her as being physically able to compete in the Trumbull High School Interscholastic Athletic Program.

Date of Physical: _____

Note: Sports physicals are only valid for twelve (12) months from the date entered here , at which time a new physical is required in order to continue to participate

Health Care Providers’ Signature

TRUMBULL HIGH SCHOOL
DEPARTMENT OF INTERSCHOLASTICS ATHLETICS
72 Strobel Road
Trumbull, CT 06611
(203) 452-4557

Marc Guarino
Principal

Michael Herbst
Athletic Director

RETURN TO PLAY FORM

Our child, _____, is returning to the interscholastic sports program following an illness or injury. We are providing a medical release permitting him/her to return to the interscholastic sports program signed by the following physician: _____.

By providing this release to you, we are again certifying that our child _____ has our permission to participate fully and without restriction in the interscholastic sports program, in the following sport(s): _____. We understand that participation in all sports requires an acceptance of possible injury which may be severe, including the risk of fractures, brain injuries, paralysis, or even death. We understand that the risk posed to _____ may be increased as a result of his/her previous injury.

We hereby hold the Trumbull Board of Education, the Trumbull Public Schools, the Town of Trumbull and any of their employees or agents harmless from and against any liability whatsoever to us, our child _____, or to our heirs, assigns or personal representatives for personal injury. This shall include, but is not limited to, injury, death or sickness occurring in connection with or aggravated by _____'s participation in the interscholastic sports program.

Parent/Guardian Signature

Date