



Springfield Platteview Community Schools  
Health Examination Form

**Please Print**

Last Name	First Name	Date of Birth	Gender
Street Address	City	State	Zip Code
Phone	School	Grade	
Parent(s)/Guardian(s) Name		Name of Physician	

**Summary of School Immunization Rules and Regulations from the Nebraska Department of Health & Human Services:**

Students from Kindergarten through 12th Grade, including all transfer students from outside the State of Nebraska and any foreign students.	<ul style="list-style-type: none"> <li>3 doses of DtaP, DTP, DT, or Td vaccine, one given on or after the 4th birthday</li> <li>3 doses of Polio vaccine</li> <li>3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age</li> <li>2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month</li> <li>2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had the varicella disease, they do not need any varicella shots.</li> </ul>
Additionally, for 7th Grade only	Must be current with the above vaccinations AND receive 1 dose of Tdap (must contain Pertussis booster)

**\*\*Exceptions may be made only if the parent/guardian submits an appropriately signed medical or religious waiver informing the school they do not wish their child to be immunized.**

**Immunizations:** Please list month day, and year

DTaP, DTP, DT or Td	Polio	Varicella	Hepatitis B	Pneumococcal
1	1	1	1	1
2	2	2	2	2
3	3	<b>Or Date of Disease</b>	3	3
4	4			4
5			<b>HIB</b>	5
6	<b>MMR</b>	<b>MMRV</b>	1	
	1	1	2	
	2	2	3	



Springfield Platteview Community Schools  
Health Examination Form

Springfield Platteview Community Schools DO NOT provide vision or hearing screenings for incoming Preschool, Kindergarten, or 7th Grade.

**VISION SCREENING:** Corrected Y / N

**Distance:** Right Eye \_\_\_\_\_ **Near:** Right Eye \_\_\_\_\_ Amblyopia \_\_\_\_\_  
 Left Eye \_\_\_\_\_ Left Eye \_\_\_\_\_ Strabismus \_\_\_\_\_

**HEARING SCREENING:**

Audio Test : 500 1000 2000 4000 Please Check One: Pass \_\_\_\_ Fail \_\_\_\_  
 Right Ear: \_\_\_\_\_  
 Left Ear: \_\_\_\_\_

**PHYSICAL EXAMINATION**

Nebraska Law, Section 79-217, requires a physical examination at the time of school entry, at 7th grade, and for all transfer students from out of state. The physical examination must be completed within six months prior to the entrance. Exceptions may be made only if the parent or guardian submits an appropriately signed waiver informing the school that they do not wish their child to have a physical examination. **If the student is participating in sports, the physical must be completed after June 1.**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_

	<u>Normal</u>	<u>Abnormal</u>	<u>Comments</u>
Scalp/Skin	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
ENT	_____	_____	_____
Abdomen	_____	_____	_____
Musculo-skeletal	_____	_____	_____
Neurological	_____	_____	_____
Scoliosis	_____	_____	_____
Additional Comments	_____		
	_____		

What medications is this child currently taking:

	<u>Medications</u>	<u>Dose/Frequency</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____



Springfield Platteview Community Schools
Health Examination Form

Does or has the child had any of following conditions the school should be aware of?

Table with 2 columns: Condition, Comments. Rows include Seizure disorders, Diabetes, Urinary conditions, Heart conditions, Eye problems, Ear problems, Speech problems, Behavior/personality problems, Asthma, Allergies (Food, Environmental, Insect, Medication, Other), and Other conditions.

Do any of the above conditions limit: Classroom Activities? Yes \_\_\_ No \_\_\_
Physical Education? Yes \_\_\_ No \_\_\_

What are those limitations? \_\_\_\_\_

How long will the limitations be in effect? \_\_\_\_\_

On the basis of this exam, does this child need further referral? (ENT, vision, orthopedic, etc.) Yes \_\_\_ No \_\_\_

If yes, what kind? \_\_\_\_\_

Do you feel the child needs further evaluation (psychological, educational, speech, etc.) Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7-12TH GRADE ONLY: SIGNATURE SIGNIFIES THAT THE ATHLETE IS CLEARED TO PARTICIPATE IN SPORTS

Attending Physician (print) \_\_\_\_\_ Office Phone: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Licensed Physician, DO, Physician's Asst., Nurse Practitioner

To be completed for  
students participating in  
all NSAA activities.



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

School Year: 20\_\_\_\_-20\_\_\_\_ 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 County	Soccer	Volleyball
Music	Football	Softball	Wrestling	Debate	Journalism

DATED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Parent [Print Name]

\_\_\_\_\_  
Parent Signature



Medical Release Form 2017-2018

I hereby authorize the release and disclosure of the personal health information of \_\_\_\_\_ ("student"), as described below, to \_\_\_\_\_ ("school").

The information described below may be released to the school Principal or Assistant Principal, Athletic Director, Coach, Athletic Trainer, Physical Education Teacher, School Nurse or other member of the school's administrative staff as necessary to evaluate the student's eligibility to participate in school sponsored activities, including but not limited to interscholastic sports programs, physical education classes or other classroom activities.

Personal health information of the student which may be released and disclosed includes records of physical examinations performed to determine the student's eligibility to participate in school sponsored activities, including but not limited to the Pre-participation Evaluation form or other similar document required by the school prior to determining eligibility of the student to participate in classroom or other school sponsored activities; records of the evaluation, diagnosis and treatment of injuries which the student incurred while engaging in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the student's physical fitness to participate in school sponsored activities.

The personal health information described above may be released or disclosed to the school by the student's personal physician or physicians; a physician or other health care professional retained by the school to perform physical examinations to determine the student's eligibility to participate in certain school sponsored activities or to provide treatment to students injured while participating in such activities, whether or not such physicians or other health care professionals are paid for their services or volunteer their time to the school; or any other EMT, hospital, physician or other health care professional who evaluates, diagnoses or treats an injury or other condition incurred by the student while participating in school sponsored activities.

I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken by a health care provider in reliance on this authorization, by sending a written revocation to the school principal (or designee) whose name and address appears below.

Ron Alexander, Principal, Platteview High School
14801 S. 108th Street Springfield, NE 68059

This authorization will expire when the student is no longer enrolled as a student at the school.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_ Parent \_\_\_\_ Legal Guardian (documentation must be provided)

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

THE STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS UNTIL THIS FORM HAS BEEN SIGNED AND RETURNED TO THE SCHOOL.



Insurance Waiver Form 2017-2018

Please check all applicable boxes and sign below:

\_\_\_\_\_ We **will not** purchase the insurance provided by the school to cover our child in interscholastic activities.

Our child is covered by \_\_\_\_\_  
Insurance Company

\_\_\_\_\_ We **will** purchase the necessary insurance provided by the school to cover our child in interscholastic activities.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Student's Parent or Legal Guardian

\_\_\_\_\_  
Date

THIS STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN INTERSCHOLASTIC ATHLETICS UNTIL  
THIS FORM HAS BEEN SIGNED AND RETURNED TO SCHOOL.