



Donegal High School

1025 Koser Road
Mount Joy PA 17552
(717)653-1871 PHONE
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October 7, 2016

Dear Parent/Guardian,

The PIAA has accepted the use of the Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE) which certifies athletes to participate in athletics for one calendar year. After each season, the athlete's parent/guardian is to complete the Section 7 Health Questionnaire of the CIPPE to identify any new conditions, illnesses, or injuries since the CIPPE was originally signed. **If a new condition, illness, or injury has occurred, the athlete must have the Section 8 Recertification of the CIPPE completed and signed by a physician.**

Attached to this letter is a copy of the Section 7 Health Questionnaire. Please complete and identify any new conditions or problems that have developed since the original CIPPE. If you mark yes to any of the questions, the Section 8 Recertification must be completed by the original physician of the CIPPE. If the physician is different, Sections 1-6 must be provided to that physician. This does not apply to a different physician within the same practice.

After the forms are completed, please return the forms to the office for review. **Forms should be returned by Friday, November 11, 2016, to have the athlete eligible for the first day of practice on Friday, November 18, 2016.** If there are any problems with the forms, you will be contacted.

If you have any questions, please feel free to call me at the school. Thank you for your cooperation.

Sincerely,

Derek L. Nissley, ATC
Athletic Trainer
(717) 653-1871 ext 1234

SECTION 7: RE-CERTIFICATION BY PARENT/GUARDIAN

This form must be completed not earlier than six weeks prior to the first Practice day of the sport(s) in the sports season(s) identified herein 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 the Principal's designee, of the herein named student's school must review the SUPPLEMENTAL HEALTH HISTORY.

If any SUPPLEMENTAL HEALTH HISTORY questions are either checked yes or circled, the herein named student shall submit a completed Section 8, Re-Certification by Licensed Physician of Medicine or Osteopathic Medicine, to the Principal, or Principal's designee, of the student's school.

SUPPLEMENTAL HEALTH HISTORY

Student's Name _____ Male/Female (circle one)

Date of Student's Birth: ____/____/____ Age of Student on Last Birthday: ____ Grade for Current School Year: ____

Winter Sport(s): _____ Spring Sport(s): _____

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):

Parent's/Guardian'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. Since completion of the CIPPE, have you sustained an illness and/or injury that required medical treatment from a licensed physician of medicine or osteopathic medicine? | <input type="checkbox"/> | <input type="checkbox"/> | 4. Since completion of the CIPPE, have you experienced any episodes of unexplained shortness of breath, wheezing, and/or chest pain? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Since completion of the CIPPE, have you had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? | <input type="checkbox"/> | <input type="checkbox"/> | 5. Since completion of the CIPPE, are you taking any NEW prescription medicines or pills? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Since completion of the CIPPE, have you experienced dizzy spells, blackouts, and/or unconsciousness? | <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have any concerns that you would like to discuss with a physician? | <input type="checkbox"/> | <input type="checkbox"/> |

#s	Explain "Yes" answers here:

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 ____/____/____

Section 8: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 6 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

NOTE: The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 7.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: _____ Age _____ Grade _____

Enrolled in _____ School _____

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: _____

A. GENERAL CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (*circle one*) Date _____

B. LIMITED CLEARANCE: Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

1. _____
2. _____
3. _____
4. _____

Physician's Name (print/type) _____ License # _____

Address _____ Phone () _____

Physician's Signature _____ MD or DO (*circle one*) Date _____

**DONEGAL SCHOOL DISTRICT
MOUNT JOY PA 17552**

CODE OF CONDUCT FOR EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES

1. The administration, teachers, advisors and coaches of Donegal School District consider participation in student extra-curricular and co-curricular activities to be a privilege, not a right. Students who participate in these programs are expected to accept the guidelines and responsibilities granted them by this privilege (22 P.S. 511). This Code of Conduct remains in effect 24 hours a day, seven days a week from the first official day of the organization until the last official day of the activity, club, camp, or athletic season. When the student is participating in extra-curricular or co-curricular activities during summer months, which are conducted under the supervision of a school district employee, this Code of Conduct will also remain in effect.
2. The following shall be considered violations:
 - a. Use and/or possession of a controlled substance as defined in Donegal School Board Policy 227.
 - b. Prolonged presence where controlled substances as defined in Donegal School Board Policy 227 are being used illegally. It is the student's responsibility to remove him/herself immediately from the situation.

3. Any violation of Donegal School Board Policy 227 shall warrant automatic and direct consideration by the Code of Conduct Committee and shall result in one of the following disciplinary action(s):

Level I (First Offense): Suspension from **all** extra-curricular and co-curricular activities for a minimum of 30 calendar days (excluding Sundays) from the date of the infraction or upon the completion of an investigation by school personnel. Students will also forfeit all awards, letters, recognition and banquet attendance for the extra-curricular or co-curricular activity/activities they were involved with at time of the offense. This includes all practices, contests, extra-curricular and co-curricular activities, excluding baccalaureate and graduation.

Level II (Second Offense): Suspension from **all** extra-curricular and co-curricular activities for a minimum of 90 calendar days (excluding Sundays) from the date of the infraction or upon the completion of an investigation by school personnel. Students will also forfeit all awards, letters, recognition and banquet attendance for the extra-curricular or co-curricular activity/activities they were involved with at time of the offense. This includes all practices, contests, extra-curricular and co-curricular activities, excluding baccalaureate and graduation.

Level III (Third Offense): Suspension from **all** extra-curricular and co-curricular activities for a minimum of 365 calendar days from the date of the infraction or upon the completion of an investigation by school personnel. Students will also forfeit all awards, letters, recognition and banquet attendance for the extra-curricular or co-curricular activity/activities they were involved with at time of the offense. This includes all practices, contests, extra-curricular and co-curricular activities, excluding baccalaureate and graduation.

4. **CARES Program:** In addition to the disciplinary action, the student(s) must also successfully follow the recommendations of the CARES team before reinstatement to the activity can occur. If the violation occurs in the summer, the student must provide documentation of a drug and alcohol assessment from the Lancaster Guidance Center or another approved provider. If a student does not participate or begins but does not complete the assessment process and/or does not follow the recommendation of the CARES team, he/she is subject to additional days of suspension from **all** extra-curricular and co-curricular activities. The duration of this additional suspension period will be decided by the Code of Conduct Committee.

NOTE: The CARES (Committee to Assist/Refer Students) is a multi-disciplinary team composed of school personnel (teachers, staff, administrators, nurses and counselors) which has been trained to understand and work with adolescent chemical use, abuse and dependency. The committee will perform an assessment and make recommendations for further treatment and/or actions. Parental participation is required.

5. The Code of Conduct shall not preclude other action(s) by school or law enforcement authorities, such as but not limited to arrests, fines, probation, suspensions or expulsions.
6. A student may not resume participation in school activities without a written medical determination that no residual evidence of a controlled substance exists, regardless of the level of the violation or type of offense.

7. The following are other actions which shall warrant automatic and direct consideration by the Code of Conduct Committee and which shall result in disciplinary consequences:
 - a. Social misconduct on or off school grounds.
 - b. Declaration of delinquency by the courts.
 - c. Conduct which reflects unfavorably upon the school district, staff, administration, and/or student body.
 - d. Conduct which adversely affects the morale of the school district and/or any student organization.
 - e. Disruption of the orderly operation of extra-curricular and co-curricular activities and/or the educational environment.
8. Students are required to serve all disciplinary flexes, detentions, and/or suspensions on the date and time they are assigned. Extra-curricular and co-curricular activities are not an excuse for not serving the assigned discipline.
9. If a student is assigned an in-school suspension, the student will be ineligible to participate in practices, dressing for a game, or the game itself held on the day of the suspension assignment. A student serving multiple days of in-school suspension which fall over a week-end in which events are taking place would be ineligible to participate in those week-end events.

DISQUALIFICATION FROM CONTESTS

Any contestant ejected from a contest by a state high school association recognized and/or registered official in that sport for unsportsmanlike conduct or flagrant misconduct shall be disqualified from participating for the remainder of the day and in the next contest on the next play day at the same level (varsity, junior varsity or otherwise).

Any contestant ejected from the last contest in that sport in a sport season shall be disqualified from participating in the first contest in that sport in the subsequent sport season, at any level of competition at any school.

Any student disqualified from a contest will be prohibited from attending the contest from which he/she has been disqualified.

HAZING, BULLYING AND HARASSING

Donegal is committed to maintaining a safe, positive environment for students and staff; one that is free from hazing, bullying and harassing. Hazing, bullying and harassing are prohibited at all times.

Hazing and bullying are defined as any activities that recklessly or intentionally endanger the mental health, physical health or safety of a student for the purpose of initiation or membership in or affiliation with any organization recognized by the Board.

Any hazing or bullying activity, whether by an individual or a group, shall be presumed to be a forced activity, even if a student willingly participates.

The Board encourages students who have been subjected to hazing or bullying to promptly report such incidents to the building principal.

District administrators shall investigate promptly all complaints of hazing and bullying and administer appropriate discipline to any individual who violates this policy.

It is the policy of the Donegal School District to maintain a learning and working environment that is free from harassment in any form, including slurs, jokes, or other verbal, graphic, or physical conduct relating to a person's race, color, religion, ancestry, ethnic background, sex, age, physical condition/disability, among others. It is considered unlawful for any person to harass another person through any conduct or communication which creates an intimidating, hostile or offensive environment.

The Board encourages students who have been harassed to report promptly, orally or in writing, to a designated employee, who shall inform the student of his/her rights and of the complaint process. Students may choose to report harassment complaints to:

- building principals
- teachers
- counselors
- nurses
- administrators

The Board directs that complaints of harassment shall be investigated promptly, and corrective action shall be taken when allegations are verified. Confidentiality of all parties shall be maintained, consistent with the district's legal and investigative obligations. No reprisal nor retaliation shall occur as a result of good faith charges of harassment. Founded incidents will be dealt with as a Class III Violation of the Student Discipline Code.

ATTENDANCE

Students must be in school for 180 minutes per school day in order to be eligible for all clubs, activities, and/or practices and/or contests. This excludes funerals, job shadowing, and college visitations. A student who is excused and/or unexcused absent from school for a total of 20 or more school days (7,820 minutes) during one semester, shall not be eligible to participate in any club, activity, and/or athletic contest/practice until the student is in attendance for a total of 60 school days (23,400 minutes). On the 61st school day following the twentieth day of absence, the student will be reinstated to extra-curricular and co-curricular activities.

ACADEMICS

If a student is failing one class, (reported every Friday), he/she shall be placed on probation for a one-week period. If at the end of that probationary week, the student is still failing the same class, he/she will become ineligible for a one week period (Sunday-Saturday).

If a student is failing two or more classes, (reported every Friday), he/she will become ineligible immediately for the duration of a period of one week (Sunday-Saturday).

In cases when a student's final grade for a semester does not meet the standards of "passing all credits and the percentage must be 60% or above in all classes," said student shall be ineligible to participate in interscholastic athletics for the first twenty (20) school days of the next grading period.

Students who attend summer school and correct their deficiencies, shall be eligible.

ENFORCEMENT BODIES

1. All advisors and coaches, in consultation with the administration, shall have the full authority to enforce the Code of Conduct, including the right to suspend or remove a student from the extra-curricular or co-curricular activity.
2. Should the student feel aggrieved by the decision of the coach, the student may appeal to the Code of Conduct Committee by filing with the Athletic Director, in writing, a request for appeal. The case shall be heard within ten school days of the receipt of the written appeal.
3. Should the student feel aggrieved by the decision of the Code of Conduct Committee, the student may appeal to the Superintendent by filing with the Athletic Director, in writing, a second letter of appeal. The case shall be heard within ten school days of the receipt of the second level appeal.
4. On appeal, the decision of the Superintendent will be final as to matters of fact and penalty imposed.
5. The Code of Conduct Committee will be comprised of:
 - Principal and/or Assistant Principal
 - Athletic Director
 - 3 coaches out-of-season
 - 2 advisors of a co-curricular activity/club

**CODE OF CONDUCT FOR EXTRA-CURRICULAR AND CO-CURRICULAR ACTIVITIES
SIGNATURES OF ACCEPTANCE**

In order to participate in **all** extra-curricular or co-curricular activities in the Donegal School District, all students and parents are required to formally accept the "Code of Conduct."

"I have read the Code of Conduct and hereby accept the regulations as stated in this document. I will represent the Donegal School District in a faithful and responsible manner, adhering to its policies, procedures, and expectations for conduct."

Extra-Curricular/Co-Curricular Activity

Name of Student (Please Print)

Signature of Student

Date

Signature of Parent/Guardian

Date

Students are required to sign this contract for each activity they choose to join. This Code of Conduct must be returned to the coach or advisor BEFORE the student is permitted to practice and/or participate in the extra-curricular or co-curricular activity.

**DONEGAL SCHOOL DISTRICT
PERMISSION FOR PUBLICITY**

Student's Name: _____ School: _____ Grade: _____

The Donegal School District seeks to communicate information to the public concerning our schools and the many achievements of our students. To accomplish this, newsletters are sent to the community, a district calendar is published, the yearbook is completed annually and information is conveyed to local newspapers and media outlets.

Does the school district have your permission to include your child's name, photograph, audio and/or video in the district's publications, website (no names are included) or public media (newspapers, television, radio, etc.)?

_____ Yes _____ No

Name of Parent/Guardian (Please print): _____

Parent/Guardian Signature: _____

Date: _____

DONEGAL ATHLETICS EMERGENCY INFORMATION YEAR 20 -20

PERSONAL INFORMATION

Athlete's Name _____ Age _____ Grade _____
Address _____ City _____ Zip _____
Home Phone _____ Parent Cell _____ Parent Email _____

EMERGENCY INFORMATION

Contact Mother at _____ Phone # _____ Contact Father at _____ Phone # _____
Contact person if neither the mother nor father can be reached:
Name _____ Relationship _____ Phone # _____
Medical Insurance Carrier _____ Policy # _____
Family Physician _____ Phone # _____
Athlete's Allergies _____
Athlete's Health Condition(s) of Which an Emergency Physician Should be Aware _____
Athlete's Prescription Medications _____

In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child.

Parent/Guardian Signature _____ Date _____