



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 _____ Left Eye _____
Near: Right Eye _____ Left Eye _____
 Amblyopia _____
 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.	_____	_____



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.

Darin Johnson, Principal, Platteview Central Jr. 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.