

# DANBURY PUBLIC SCHOOLS

Danbury, Connecticut

## POLICY

*ATHLETIC PHYSICALS*

Adopted: 2/9/2000

Policy No. 7-143.2\*

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The Danbury Board of Education requires that students who plan to participate in an interscholastic sports team must present verification to the school nurse of a current, thorough physical examination by a licensed medical physician. Physical examinations expire one calendar year from inception and must encompass the entire sports season in which the candidate wishes to participate. The sports season encompasses the first practice date and the date of the last scheduled state or regional event as listed in the CIAC handbook.

DANBURY PUBLIC SCHOOLS  
Danbury, Connecticut

Policy Number 7-143.2

**REGULATIONS**

**Athletic Physicals**

1. The physical examination must be submitted prior to the first try-out session. Physical examinations expire one calendar year from inception and must encompass the entire sport season in which the candidate wishes to participate. The sports season is determined by the first practice date and the date of the last scheduled state or regional event as listed in the CIAC handbook.
2. The report of the examination, signed by a physician, must be provided to the school nurse prior to the first practice try-out session. These reports will be reviewed by the nurse to verify compliance with the Board of Education's policy and regulations.
3. Physical examinations will only be provided by the school system to families who submit an application and satisfy the eligibility requirements for a free school based physical examination.
4. Eligibility for a free physical examination will be determined through the family income guidelines established by the National School Lunch Program.
5. The Director of Athletics will notify all coaches of eligible students who are authorized to participate on the first day of the try-out practice session.
6. The necessary materials and procedures will be actively supervised by the Director of Athletics. All head coaches will be fully informed of the policy and regulations and will adhere and assist in their implementation.

FORMS: Appendix A

Appendix B  
Appendix C  
Appendix D  
Appendix E

Letter to parent/guardian prior to the season

Survey Report  
Parent permission and insurance information  
Sports Participation Health Record  
Family Income Report and eligibility for a free medical examination

**APPENDIX A**

DANBURY PUBLIC SCHOOLS  
Danbury, Connecticut

Dear Parent or Guardian:

Your son/daughter, \_\_\_\_\_ is a candidate for the \_\_\_\_\_ team. The physical examination must be submitted prior to the first try-out session. The physical examination for Fall sports shall not be performed earlier than June 1st. Physical examinations expire one calendar year from inception and must encompass the entire sport season in which the candidate wishes to participate. The sports season is determined by the first practice date and the date of the last scheduled state or regional event as listed in the CIAC handbook.

If this examination satisfies this time period, please arrange to have your physician complete the appropriate form and present it to the school nurse.

If your son/daughter has not had a thorough physical examination within this period of 12 month, you must provide the results of an examination prior to the first day of the try-out session.

If you are unable to provide the required physical examination for your child, you may be eligible for a free examination. Eligibility is determined by family income. If you feel you may be eligible for this physical examination, please have your child contact the coach and request an application form. Upon completion of the application form, return it to the coach. You will be notified regarding your eligibility for this service. If you are not eligible for a free physical examination, you must arrange for the examination privately, prior to your child participating in any team tryouts.

There is a survey report on the reverse side of this letter. Your son/daughter is requested to prepare answers to the questions with your assistance. It also requires your signature. Thank you for your assistance and support.

Sincerely,

Coach

**APPENDIX B**

Fall \_\_\_\_\_  
Winter \_\_\_\_\_  
Spring \_\_\_\_\_

SURVEY REPORT

For Participation in Inter-Scholastic Sports Program  
(To be completed by the athlete, assisted by parents)

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ H.R. \_\_\_\_\_

NAME OF SPORT \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

		YES	NO
1.	Were you ever medically advised not to play any sport <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you under a physician's care now?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Were you ever unconscious after an injury?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever had a fracture or dislocation?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever had any surgery?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever had to stay in a hospital overnight?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you take any medications on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have any worries about your health, or think that there may be any reason why you could not participate in sports?	<input type="checkbox"/>	<input type="checkbox"/>
	Are there any questions which you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any questions above, please explain:

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\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

This form must be completed prior to starting practice for an inter-scholastic sport. A form must be completed for each season (fall, winter, spring) prior to participation. The form should be completed and returned to the school nurse.

APPENDIX C

TO THE PRINCIPAL:

I hereby give consent for \_\_\_\_\_ to participate in \_\_\_\_\_  
(Name of Child) (Name of Sport)

sponsored by the Board of Education and under the supervision of approved coaches. I waive all claims on my behalf against the Board of Education or its assigned personnel for damages incurred through my son's or daughter's participation in the activities.

My son/daughter MAY NOT participate in the following activities: \_\_\_\_\_

\_\_\_\_\_

In case of emergency, I hereby authorize the Head Coach to act in my behalf in seeking any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be given to my child under general or special supervision and on the advice of any physician or surgeon licensed to practice. In order to assist the above staff member(s) in reaching me during such emergency, the following information is provided:

Parent's Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Student's Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

STATEMENT OF INSURANCE

My son/daughter is covered for injury under a policy with \_\_\_\_\_  
(Name of Insurance Company)

My policy covers injuries he/she may encounter while participating on an inter-scholastic athletic team. \*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Parent or Guardian)

\* An insurance policy is provided by the Board of Education to supplement your insurance coverage.