

# REGION #15 - POMPERAUG HIGH SCHOOL

## 2014-2015 Physical Examination Requirements

*For your convenience, physical forms have been enclosed with this letter. However, not everyone receiving this letter needs to have a physical examination for the 2014 – 2015 school year. Only students that fall into the following categories need to have physicals:*

1. **Upcoming 10th graders or repeating 9th graders** - must have a complete physical that is performed on or after July 1, 2014. The results must be on the Connecticut Health Assessment Record form (HAR). This must be on file in the nurse's office no later than February 15, 2015.
2. **Students who are trying out for, or participating in sports** - must have a Region 15 sports physical form or HAR indicating clearance for sports participation, on file in the nurse's office. This clearance is good for 13 months from the date that the physical was performed.

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**ALL PHYSICALS SHOULD BE SUBMITTED TO THE NURSE'S OFFICE.**  
**PLEASE DO NOT SEND ANY PHYSICALS TO THE ATHLETIC**  
**DEPARTMENT**

**STUDENTS WHO ARE SUBMITTING A NEW SPORTS PHYSICAL FOR PARTICIPATION IN FALL SPORTS MUST BE SURE THE RESULTS OF THIS PHYSICAL ARE RECEIVED BY THE HIGH SCHOOL, NO LATER THAN AUGUST 15, 2014 TO ENSURE BEING CLEARED BY THE FIRST DAY OF PRACTICE.**

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**WHEN SUBMITTING A PHYSICAL FOR SPORTS ELIGIBILITY, IT IS NECESSARY TO ALLOW AT LEAST 2 DAYS FOR THE INFORMATION TO BE PROCESSED**

**STUDENTS WILL NOT BE CLEARED THE SAME DAY THAT THEIR PHYSICAL IS SUBMITTED**

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**SPORTS PHYSICALS WILL NOT BE PROCESSED THE FIRST 2 DAYS OF SCHOOL**

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All physicals must be performed by a licensed physician of medicine or osteopathic medicine, a certified registered nurse practitioner, or certified physician assistant. Physical examinations performed by certified physician assistants shall be reviewed and signed by a licensed physician of medicine or osteopathic medicine.

If your child qualifies for a free or reduced lunch, a free physical may be provided by our school physician. If your child is eligible for this free physical, you must notify one of us, and arrangements will be made through our office to schedule the physical. Students who do not qualify for a free lunch, but who need the names of

clinics that determine charges on a sliding scale or have a deferred payment plan may call us to obtain this information.

We have also included a **PERMISSION TO GIVE MEDICATIONS AT SCHOOL FORM**, for your convenience. Only if your child needs any medication at school should this form be completed by you and your child's physician and on file in the nurse's office.

If you have any questions about these physicals, please contact our school nurses, Mrs. Cristadoro or Mrs. Fitzpatrick weekdays, between 7:00 a.m. - 2:30 p.m. at 262-3222 or 203-262-3283.

**REGIONAL SCHOOL DISTRICT #15 SCHOOL HEALTH  
OFFICE  
PERMISSION TO GIVE MEDICATIONS AT SCHOOL**

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**THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN**

I request that the medication ordered by the M.D., Dentist, A.P.R.N., P.A.C., D.O. on this form, be administered to my child by the school nurse and/or self administered if medically authorized. When a self-administration order is indicated on this form by the health professional, my signature below indicates that I am in agreement with that order and that my child is competent to properly and safely carry and take this medication, and has my permission to do so.

I understand that I must bring the medication to the school nurse in the original container dispensed and properly labeled by a physician or pharmacist, and that no more than a 45 day supply will be brought to school, at any given time. I agree that any controlled medication such as Ritalin, Concerta, Codeine, Dexedrine, etc. will be brought to the school by myself or an adult that I designate. I also understand that any controlled medication must be administered by the school nurse and cannot be self administered by my child. I understand that any unused medication will be destroyed if it is not picked up within one week following the termination of the order or one day beyond the close of the school year, whichever comes first.

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STUDENT'S NAME (print)	ALLERGIES	GRADE
PARENT'S / GUARDIAN'S NAME (print)	RELATIONSHIP TO STUDENT	DATE

**I give permission for the school nurse and the prescriber of the medication ordered to exchange information necessary to ensure the safe administration of the medication ordered below.**

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PARENT'S / GUARDIAN'S SIGNATURE	HOME PHONE	CELL PHONE	WORK PHONE
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**THIS SECTION TO BE COMPLETED BY M.D., D.O., DENTIST, A.P.R.N., PA-C., OPTHOMOLOGIST, AND FOR INTERSCHOLASTIC AND INTRAMURAL ATHLETIC EVENTS ONLY, A PODIATRIST**

List only one medication per form. Please complete all sections, for both over the counter and prescription medication

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PATIENT'S NAME	DATE
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NAME OF MEDICATION/HOW DISPENSED  
FREQUENCY

AMOUNT TO BE GIVEN

ROUTE

OR PRN  
IF DAILY MEDICATION, TIME OF ADMINISTRATION AT SCHOOL (CHECK IF PRN)

DATES OF ADMINISTRATION: FROM \_\_\_\_\_ TO \_\_\_\_\_ CONTROLLED DRUG:  
\_\_\_\_ YES \_\_\_\_ NO

SIDE EFFECTS OF MEDICATION/SPECIAL INSTRUCTIONS

CONDITION FOR WHICH MEDICATION IS BEING GIVEN /  
DIAGNOSIS \_\_\_\_\_

I HAVE INSTRUCTED AND AUTHORIZE THIS STUDENT TO SELF ADMINISTER THE ABOVE MEDICATION  
\_\_\_\_ YES \_\_\_\_ NO  
(Controlled medications may not be self administered in Region 15)

OTHER MEDICATIONS CURRENTLY BEING TAKEN

\_\_\_\_\_  
M.D., D.O., DENTIST, A.P.R.N., P.A.C.\* SIGNATURE

\_\_\_\_\_  
M.D., D.O., DENTIST, A.P.R.N., P.A.C. NAME (PRINT)

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE & ZIP

Student Services Department/February 2011

\*P.A.C. signature must be accompanied by M.D. stamp or signature

## **THINGS TO KNOW ABOUT MEDICATION AT SCHOOL**

- 1. All medication taken at school or on school sponsored field trips require a completed "Permission to Give Medications at School" form.*
- 2. This form is required for both over the counter medications (Tylenol, Tums, Nasal Spray, Vitamins etc.) as well as prescription medications (asthma inhalers, antibiotics, allergy medications, etc.).*
3. All forms require a physician's original signature and parent/guardian signature.
4. Medications to be administered by the school nurse should be brought to the nurse's office by the parent/guardian, during school hours.
5. Students may only self medicate and/or carry medication at school or on a school sponsored field trip (see additional information for field trips in section 6), if the

“Permission to Give Medications at School” form is completed, on file in the nurse’s office, and the MD has indicated that the student is authorized to self medicate.

**6. Field Trips:**

**a. It is the parent’s responsibility to notify the school nurse, at least 1 week prior to each and every field trip, if the student will be carrying and/or taking any medications while on the field trip. This is required even if this form is already on file in the nurse’s office.**

**b. It is the parent’s responsibility to notify the school nurse, at least 1 week prior to each and every field trip, about medical conditions that may affect the student while on the field trip.**

**c. After parent contact with the nurse’s office, information will be given to the staff chaperone related to medication and health needs.**

**d. If medications cannot be self administered on the trip, arrangements must be made by the parent, through the nurse’s office for these medications to be administered.**

7. Controlled medications such as Ritalin, Concerta, Dexedrine, Codeine etc. may not be self administered or carried by the student at any time.

8. All medications must be brought to school properly labeled and in their original container.