

COMMACK UNION FREE SCHOOL DISTRICT
COMMACK HIGH SCHOOL
Scholar Lane
Commack, N.Y. 11725
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PATRICK FRIEL
Director of Health,
Physical Education and Recreation

MAILING ADDRESS:
1 Scholar Lane
Commack, NY 11725

Dear Parent/Guardian:

I would like to take this opportunity to explain some important points regarding our Commack Middle School Danceline/Kickline programs. I hope this letter will provide you with a clear understanding of our goals and objectives for youngsters at the **Middle School**.

This program is available to youngsters in grades six, seven and eight. The Danceline/Kickline season runs from late September/early October to approximately the end of March/early April.

Parents should note the season starting and ending times in order that family vacations do not interfere with your daughter(s) season. In addition, athletes are encouraged to obtain their physical exams in the summer. If this is not possible they should schedule a school physical exam through the nurses' office several weeks before their first season starting date.

Please note that 6th grade girls can take their physicals during any of the times indicated.

While the Commack School District stresses participation and encourages coaches at this level to carry as many youngsters as is practical, "cutting" from teams is necessary in a number of activities including Danceline/Kickline.

Participants are expected to attend practices regularly three to four days per week depending on the schedule for that week. This requires a great deal of commitment from each individual who makes a team. Generally speaking, students are not penalized for missing practices or competitions or for coming late to practice due to a medical emergency, illness, death in a family, religious observance or staying after school for extra-help. Missing practices or competitions for those or other reasons **may** result in reduced participation time and/or other penalties, as priority for participation is given to those youngsters who are in regular attendance. Attending practice, which involves the instructional phase of each activity is equally important as attending competitions.

Parents of youngsters in the Middle School Danceline/Kickline program are urged to eliminate as many conflicts as possible (**outside dance commitments**) between the demands of family and other school activities and the participation in Danceline/Kickline. It is exceedingly difficult for coaches to be effective when there is inconsistent attendance for any given practice or competition. Coaches have been urged to either refrain from carrying youngsters on their teams who have regular weekly commitments to other activities that conflict with Danceline/Kickline competitions and practices or to give priority consideration for participation time to those youngsters with regular attendance.

Athletes must complete the entire athletic season prior to participating in another season or with another team or in any other school activity which has a schedule of meetings, rehearsals, or events that conflict with the team's schedule of practices and contests. We recognize the recurrent conflict between the time requirements of certain athletic teams and the time requirements of certain school organizations and clubs. An athlete who accepts a position on a Commack team and who, later,

wishes to join a different team or organization, the time requirements of which are in conflict with the time requirements of the team, must resign his/her position on the team within two weeks of the start of the season. As a case in point, a CMS danceline/kickline member must submit her resignation from danceline/kickline and cheerleading by October 15 in order to be permitted to try out for or accept a position in the CMS musical that year.

Since one of the objectives of our program is to encourage sportsmanship, we are requesting that coaches and parents stress with our athletes the importance of appropriate behavior at all times. Coaches and parents can be powerful role models for our youngsters and should, therefore, be setting the examples we expect our athletes to follow.

I hope this letter has served to clarify some of the more important elements regarding our program. Your continued support of your children and our coaches is appreciated.

Sincerely,

Patrick Friel
Director H.P.E.R.

PF/gf

COMMACK MIDDLE SCHOOL
COMMACK, NEW YORK

Dear Parent/Guardian:

Medical examinations and clearance for Interscholastic Sports for the **2018-2019** school year will be given at **Commack High School**.

There will be two separate options for school physical clearance. First, there will be specific dates for our staff to review your private physician physical. The dates and times for drop off and review is attached. The physicals must be completed on school district forms or the equivalent.

Private physical forms must include:

- * Blood Pressure
- * Pulse
- * Tanner score
- * Height and Weight
- * Be signed and stamped by physician

Completed documents must be viewed and approved by the school physician prior to receiving clearance to try out. It will be the responsibility of the parent/athlete to ensure the private physical and documents are completed to the standard of the school physician and district. Private physician physicals for students participating only in winter and spring sports can be dropped off at the school nurses office during the school year. **Physicals mailed in will not be accepted.**

*Any private physical completed more than 30 days from the start date of the sport season must be accompanied by an Interval Health form.

The second option is to attend and complete an actual physical on the dates listed attached to this letter. All physical examination **must be completed and passed before a student may participate in try outs** for any of our sports teams. This includes students wishing to serve as team managers. It will be the responsibility of your son/daughter to get to the examination at the prescribed time.

If your child wears contact lenses, braces, has a retainer or a dental cap, a contact lens-orthodontic appliance permission note signed by a parent must be submitted at the time of the examination by the school physician.

Please complete the attached forms and have your son/daughter return them when he/she reports for the medical examination. Additional sports physical packets are available in the Nurse's Office.

- #1 – Parent Consent Form – Signed
- #2 – Health Appraisal Form which includes the contact lens and orthodontic appliance permission slip – Signed
- #3 – Health Interval Form – Signed
- #4 – Cardiac Form- Signed

Any recommendation that your family doctor may have regarding your youngster's health and ability to participate in sports should be included with the above list of forms returned to the Nurse's Office (contact lens, capped teeth, etc.). **The school physician is the final authority regarding a student's fitness for participation in interscholastic athletics.**

Please refer to the Master Schedule attached to this letter for the dates and times your youngster is scheduled for a physical or to review your private physician's physical.

REMINDER: STUDENTS WILL BE UNABLE TO OBTAIN SCHOOL PHYSICALS FOR ATHLETICS UNLESS THEY HAVE COMPLETED ALL REQUIRED IMMUNIZATIONS ACCORDING TO STATE LAW. IF A STUDENT IS UNABLE TO ATTEND ONE OF THE SUMMER PHYSICAL DATES, HE/SHE WILL BE UNABLE TO OBTAIN A PHYSICAL EXAM UNTIL THE WEEK OF SEPTEMBER 12, 2018.

We hope you enjoy a happy and pleasant summer. We look forward to your child's participation in our sports program.

Sincerely,

Patrick Friel
Director H.P.E.R.

PF/gf

SPORTS PHYSICAL EXAMINATION DATES

2018-2019

PLEASE READ CAREFULLY
MASTER SCHEDULE

NO MAIL INS WILL BE ACCEPTED

It is imperative an athlete trying out for the fall season attend one of the dates listed below. This will be their only opportunity to receive clearance. Private physician physicals for athletes participating only in winter and spring sports can be dropped off at the school nurses office during the school year prior to the start of their season.

CLEARANCE IS NEEDED PRIOR TO TRY OUT.

PRIVATE PHYSICIAN PHYSICAL REVIEW BY OUR NURSING STAFF AT COMMACK HIGH SCHOOL

Wednesday, August 8, 2018	8:00 am – 11:00 am	All Grades
Thursday, August 16, 2018	8:00 am – 11:00 am	All Grades
Wednesday, August 29, 2018	5:00 pm – 8:00 pm	All Grades (Except Fall High School Athletes)

SCHOOL PHYSICIAN PHYSICALS WILL BE CONDUCTED BY THE SCHOOL PHYSICIAN AT COMMACK HIGH SCHOOL
PRIVATE PHYSICIAN PHYSICALS WILL ALSO BE ACCEPTED FOR REVIEW

Thursday, August 9, 2018	5:00 pm – 8:00 pm	All Grades
Monday, August 13, 2018	7:00 am – 11:00 am	All Grades
Monday, August 20, 2018	7:00 am – 8:00 am	For Fall High School Athletes Only 8:00 am – 11:00 am All Grades

Fall Sports Season Starting Dates and Try-out Times
Commack High School

<u>Sport</u>	<u>Date</u>	<u>Site</u>	<u>Time</u>
Cheerleading	8/20/18	Auxiliary Gym	7:00 am
Cross-Country (Boys)	8/20/18	South Gym Entrance	7:00 am
Cross-Country (Girls)	8/20/18	North Gym	7:00 am
Field Hockey (V & JV)	8/20/18	Field Hockey Field	7:00 am
Football (V & JV)	8/13/18	Locker Room	7:00 am
Golf (V & JV Boys)	8/20/18	South Gym	7:00 am
Gymnastics (Girls)	8/20/18	South Gym	7:00 am
Soccer (V & JV Boys)	8/20/18	Soccer Field	7:00 am
Soccer (V & JV Girls)	8/20/18	Soccer Field	7:00 am
Swimming (Girls)	8/13/18	Northport High School	9:00 am
Tennis (V & JV Girls)	8/20/18	Tennis Courts	7:00 am
Volleyball (V & JV Boys)	8/20/18	North Gym	7:00 am
Volleyball (V & JV Girls)	8/20/18	North Gym	5:00 pm

Double practices AM and PM should be expected prior to the start of the school.
Times typically can be 7:00 am – 10:00 am and 4:30 pm – 8:00 pm

Note: **Middle School** (Cheerleading, Cross Country, Field Hockey, Football, Soccer, and Girls Tennis)
Fall sport teams will meet in the gymnasium in their school immediately following school dismissal on **September 5, 2018**, which is the first day of tryouts and practice. Kickline and Danceline try-outs will be announced in September.
WE RECOMMEND ALL SPORT PHYSICALS FOR THE FALL SEASON AT THE MIDDLE SCHOOL BE DONE PRIOR TO THE FIRST DAY OF SCHOOL.

An updated schedule will be posted in Commack High School during summer physicals in the event of changes. Mandatory Athletic Code Nights for Commack High School 9th grade parents are presented each season for that specific season. Anticipated dates are: Fall (August 27), Winter (November 20), and Spring (March 11).

PARENT CONSENT FORM – DANIELINE/KICKLINE

Before representing Commack Middle School on the Danceline/Kickline, every student is required to fill out Section I of this form and have Section II approved by a father, mother or guardian. This form is to be returned to the school nurse on the day of the student's physical.

SECTION I - TO BE FILLED OUT BY STUDENT

(PLEASE PRINT)

SPORT _____

NAME _____ GRADE _____ HOMEROOM _____
(Last) (First)

DATE OF BIRTH _____ AGE (as of 9/1/18) _____
(Month) (Day) (Year)

HOME ADDRESS _____
(Number and Street) (Town) (Zip)

HOME TELEPHONE NUMBER _____

PARENT/GUARDIAN CELL PHONE _____

I have never used my athletic skill or knowledge of athletics for monetary gain. I have never competed under an assumed name. I am currently residing at the above address and if at any time reside outside district boundaries, for any reason, I will alert the athletic department and guidance office.

Signature of Student

SECTION II - TO BE FILLED OUT BY FATHER, MOTHER OR GUARDIAN

I hereby certify that it is with my full knowledge and consent that my daughter, _____ may participate in Danceline/Kickline.

Endurance Activities
Danceline/Kickline

In appreciation of the loan to my daughter of the uniforms used in connection with the activities named above, I HEREBY AGREE TO REPLACE ANY ITEMS NOT RETURNED BY HER WHILE IN HER CARE. I also certify that Section I is filled out correctly.

I further give my permission for her to go on any trips with the team under the supervision of the advisor. In addition, if it is necessary for her to wear glasses while participating, I will assume responsibility for providing shatterproof lenses. (It is also recommended that the Tetanus Toxoid immunization be up to date.)

Permission Letter for Contact Lenses and Orthodontic Appliances

My child, _____, has my permission to engage in all physical education programs and/or athletic activities while wearing his/her contact lenses and/or orthodontic appliances. I understand that there is a possibility of loss of or damage to the lenses or appliances during participation by my child in such activities. I recognize that the lenses and/or appliances can be lost, crushed or damaged during body contact activities and other vigorous exercise. I am willing to take calculated risks involved and assume responsibility for replacement of the above should they be lost or broken.

_____ Contact Lenses _____ Orthodontic Appliances

Date

Signature of Parent or Guardian

Commack Public Schools Health Appraisal Form-TO BE COMPLETED BY PARENT/GUARDIAN

Name: _____ Date of Birth: _____
 Address: _____ Home Phone # _____
 _____ Family Physician/Phone: _____
 _____ Family Dentist/Phone: _____
 Mother's Name _____ Work # _____ Cell # _____
 Father's Name _____ Work # _____ Cell # _____

School: _____ Gender: M F Grade: _____ Teacher: _____

Chicken Pox _____ Pneumonia _____ Diabetes _____
 Diphtheria _____ Poliomyelitis _____ Epilepsy _____
 German Measles _____ Scarlet Fever _____ Tuberculosis _____
 Measles _____ Whooping Cough _____ TB Contact _____
 Mumps _____ Rheumatic Fever _____

<i>Please check each item with YES or NO</i>	NO	YES-PLEASE EXPLAIN <u>AND</u> INCLUDE DATES
1. Eye Disorder, Loss of Vision, Detached Retina		
2. Ear Disorder, Hearing Loss		
3. Nose Disorders		
4. Throat Disorders, Thyroid Conditions		
5. Facial Injuries		
6. Heart Murmur, Heart Disease, Rheumatic Fever		
7. Lungs, Pneumonia, Bronchitis, Asthma		
8. Kidney/Bladder Disorder, Loss of Kidney		
9. Abdominal, Intestinal Disorders		
10. Hernia, Varicocele, Hydrocele		
11. Undescended Testicle, Loss of Testicle		
12. Bones/Joints- Fractures, Dislocations, Disorders		
13. Head Injuries, Seizure Disorder, Loss of Consciousness		
14. Allergies		
15. Prescribed Medications- Regular Basis Dosage		
16. Surgeries, Hospital Admissions		
17. Diabetes, Endocrine Disorders		

My child _____ has my permission to engage in all physical education programs and/or athletic activities while wearing his/her contact lenses and/or orthodontic appliances. I understand that there is a possibility of loss of or damage to the lenses or appliances during participation by my child in such activities. I recognize that the lenses/and or appliances can be lost, crushed or damaged during body contact activities and other vigorous exercise. I am willing to take calculated risks involved and assume responsibility for replacement of the above, should they be lost, stolen or broken. () Contact Lenses () Orthodontic Appliances

Date _____ Parent/Guardian Signature _____

PHYSICAL EXAM- To be completed by provider

Student's Name _____ Date of Exam: _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Referral

Body Mass Index: _____ . _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision - without glasses/contact lenses	R	L	
	Vision - with glasses/contact lenses	R	L	
	Vision - Near Point	R	L	
	Hearing <input type="checkbox"/> Pass 20 db sc both ears or:	R	L	

EXAM ENTIRELY NORMAL Tanner: I. II. III. IV. V. Scoliosis: Negative Positive: _____

Menarche (date-first time) _____ Urinalysis: protein _____ glucose _____

Specify any abnormality (use reverse of form if needed): _____ **Lead Level** _____ **Date** _____

Medications (For medications dispensed in school, we must have a doctor's order. Please Attach.):

List all _____ None

Significant Medical/Surgical History: See attached _____

Specify current diseases:	<input type="checkbox"/> Asthma	Diabetes: <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2	<input type="checkbox"/> Hyperlipidemia	<input type="checkbox"/> Hypertension
	<input type="checkbox"/> Other: _____			

Allergies: LIFE THREATENING Food: _____ Insect: _____

Seasonal Medication: _____ Other: _____

PHYSICAL EDUCATION / SPORTS / PLAYGROUND / WORK QUALIFICATION / CSE CONSIDERATION

Free from contagions & physically qualified for all physical education, sports, playground, work & school activities OR only as checked:

- ___ Contact: baseball, basketball, field hockey, football, lacrosse, soccer, handball, softball, wrestling
- ___ Endurance: badminton, cheerleading & kickline, cross-country, tennis, volleyball, track, fencing, gymnastics
- ___ Other: bowling, golf, swimming, field events

Restrictions: _____

Protective equipment required: Athletic Cup Sport goggles/impact resistant eyewear Other: _____

IMMUNIZATION RECORD *serology report must accompany this form if child has had disease.

3 Doses Hepatitis B	month/date/year	month/date/year	month/date/year		
4-5 Diphtheria Toxoid (DTaP/DTP/Tdap)	month/date/year	month/date/year	month/date/year	month/date/year	month/date/year
3-4 Polio Vaccines	month/date/year	month/date/year	month/date/year	month/date/year	
2 MMR Vaccines	month/date/year	month/date/year			
2 Varicella Vaccines	month/date/year	month/date/year		Had Disease(date)	
1-2 Meningococcal Conjugate Vaccine	month/date/year	month/date/year			

Chest XRay Date _____ Result _____

TB Test Date _____ Result _____ Other _____ Date _____ Result _____

Provider's Signature: _____ Phone: _____ (STAMP BELOW-not valid without stamp)

Name/Address: _____ Date: _____ *Revised 11/2017 K-12 Provider Form*

COMMACK PUBLIC SCHOOLS
COMMACK, NEW YORK
Cardiac History Form

MANDATORY for all students entering grades 7 and 10 and for all students participating in athletics

Student's Name _____ Date of Birth _____ Age _____

Address _____

Home Phone _____ Cell Phone _____ Male _____ Female _____

Parent's/Guardian's Name _____

Name, Address and Phone Number of Primary Care Physician/Pediatrician: _____

1. Has your child ever had chest pain or discomfort? If yes, please describe YES NO

2. Has your child ever passed out or almost passed out? If yes, please describe YES NO

3. Has your child ever been short of breath or experienced fatigue with exercise? If yes, please describe YES NO

4. Has your child ever been told he/she has a heart murmur? If yes, please describe YES NO

5. Has your child ever had high blood pressure? If yes, please describe YES NO

6. Has anyone in your family died before the age of 50? If yes, please describe YES NO

7. Has anyone in your family died before the age of 50 due to heart disease? If yes, please describe YES NO

8. Do you know of any relatives less than 50 that are disabled with heart disease? If yes, please describe YES NO

9. Do you know of any family members with the following heart diseases: Cardiomyopathy, Long-qt Syndrome, Marfan Syndrome, Arrhythmogenic Right Ventricular Dysplasia, Anomalous Coronary Artery, Catecholmanigeric Polymorphic Ventricular, Arrythmias Tachycardia (CPVT)? If yes, please describe YES NO (Please circle any applicable)

10. Is your child currently on any medication? If yes, please describe YES NO

Name of person completing form: _____ Relationship to Child _____

Signature: _____ Date/Time _____

Form Reviewed by (Commack UFSD) _____

Name

Signature

Date

FOR PHYSICIAN USE ONLY:

1. Heart Murmur YES NO 2. Marfan Syndrome Physical Stigmata YES NO Brachial Artery Blood Pressure (sitting position) _____

Physician's Signature: _____ Date _____