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Campus Complex High Schools
207-01 116th Avenue
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July 11, 2018

Dear Parents,

On behalf of the Campus Principals and Coaches, we want to introduce you to the opportunities available to your child through the Public School Athletic League (PSAL) teams. Our campus has twenty (20) different athletic teams, which comprise students from all four schools.

We are reaching out to you today because the fall season begins on Sunday, August 19, 2018. During the fall season, we offer the following sports:

- Girls Varsity Bowling
- Girls Cross Country
- Junior Varsity Football
- Varsity Football
- Boys Varsity Soccer
- Girls Varsity Soccer
- Girls Varsity Tennis
- Girls Varsity Volleyball

If your child wishes to participate on one of the teams, they will need to have a PSAL Sports Physical Form completed by their doctor and a PSAL Parental Permission Form completed by you. Both forms are attached to this letter and must be given to the coach on the first day of practice.

If you have any questions, please contact your child's school at (718) 723-7301 or the Campus Athletic Director, Ms. Rojas, at (718) 723-7301 x5020.

Sincerely,

Gareth Robinson
Principal-in-Charge of PSAL

Rhonda Rojas
Athletic Director

Public Schools Athletic League

Interscholastic Athletics Parental Consent Form

Students Name: _____

Date of Birth: _____

High School: _____

Official Class: _____

Sport: _____

OSIS Number: _____

1. I, the parent/guardian of the student named above, hereby, give permission for my child to try out for the team indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child's participation in this activity is purely voluntary. However, if selected, I understand that my child will be required to attend regularly scheduled practices and competitions throughout the City of New York. **Initial** _____
2. I understand that my child will meet all PSAL practice and participation requirements. **Initial** _____
3. I understand that my child is responsible for his/her behavior at all time, and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team. **Initial** _____
4. I understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed. **Initial** _____
5. I understand that with the participation in sports comes the risk of injury, particularly with contact sports. Such injuries may include, but not be limited to, concussions, and injury to bones, neck, spine or internal organs. I understand the risks involved and expressly agree to accept all the risks existing in the sport in which my child will be participating. **Initial** _____
6. I have received and read the "Concussion information Sheet". I agree to thoroughly read through the information sheet and report to the school if there is any change in my child medical condition. **Initial** _____
7. I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child. **Initial** _____
8. I agree to be responsible for the return of all equipment issued by the school to him/her. **Initial** _____
9. I understand and give permission for my child to travel unaccompanied on public transportation or accompanied on a DOE approved bus to and from all scheduled practices and competitions. **Initial** _____
10. I hereby give permission for my child's photograph and information about my child's performance in PSAL activities, together with my child's name, school and grade level to be put on the www.PSAL.org website, in accordance with the policies set forth in the DOE's Internet Acceptable Use Policy. **Initial** _____
11. I understand that the information to be posted does not include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personally identifiable information such as my child's address, telephone number or social security number. **Initial** _____
12. I hereby give permission for my child to be interviewed, videotaped and/or photographed by the media as it pertains to PSAL athletic contests. I also hereby release the Department of Education of the City of New York, and its agents and employees, from all claims, demands, liabilities whatsoever in the connection with the above. **Initial** _____
13. I hereby release, discharge, the New York City Department of Education, the City of New York, the New York City Public Schools Athletic League, and their employees of all claims, demands or causes of action which are in any way connected with my child's participation in this activity, except if such claims arise out of the gross negligence or willful misconduct of the New York City Department of Education, the City of New York, the New York City Public Schools Athletic League or their employees. **Initial** _____

In case of emergency, please contact me at: (____) _____ or (____) _____

_____ / ____ / ____

PRINT – PARENT/GUARDIAN

SIGNATURE

DATE

I have found the medical certificate submitted by student and parent to be acceptable.

TEACHER/COACH SIGNATURE

____ / ____ / ____
DATE

**DEPARTMENT OF HEALTH * THE CITY OF NEW YORK * BOARD OF EDUCATION
 INTERSCHOLASTIC * SPORTS EXAMINATION * - CONFIDENTIAL**

Regulation of the Chancellor

PART 1 to be filed in
 Student's Health folder

OSIS # _____ I.D. # _____
 NAME: _____
 ADDRESS: _____

 TELEPHONE: _____
 SPORT: _____
 SPORT: _____

SCHOOL: _____ BOROUGH: _____
 HOMEROOM: _____ GRADE: _____
 DATE OF BIRTH: _____
 EMERGENCY TELEPHONE: _____

PARENTAL PERMISSION: I have reviewed the **STUDENT MEDICAL HISTORY** section below and I agree with the answers. I give permission for _____ to have a physical examination. I understand that completion of the Maturation Index is optional.

DATE: _____ SIGNATURE: _____
 RELATIONSHIP: _____

CLINICIAN'S RECOMMENDATIONS

Based on my review of the history and physical examination as noted below and on the back of this form, and review of the guidelines for this student:

- (1) May participate in the following sports:
 DRAW A LINE THROUGH ANY SPORTS TO BE OMITTED:

| <u>CONTACT</u> | <u>ENDURANCE</u> | <u>OTHER</u> |
|----------------|------------------|--------------|
| Football | Gymnastics | Bowling |
| Baseball | Swimming | Golf |
| Basketball | Track & Field | Crew |
| Soccer | Cross-country | Cheerleading |
| Hockey | Tennis | Field Events |
| Wrestling | Volleyball | Archery |
| Lacrosse | Handball | |
| Softball | Fencing | |
| Cricket | Double Dutch | |
| Rugby | | |

DATE OF LAST TETANUS BOOSTER: _____

- (2) Special conditions for participation (e.g., pre-exercise medication or protective equipment), if any:

DATE: _____ SIGNATURE: _____
 (CLINICIAN)
 TELEPHONE: _____ NAME: (PRINT) _____
REGISTRY #: _____ **ADDRESS:** _____

STUDENT'S MEDICAL HISTORY

| <u>(To be filled out by student and parent)</u> | | <u>Clinician's Comments</u> |
|--|----------------|-----------------------------|
| Has anyone in your family under age 45 died suddenly | Yes ___ No ___ | |
| Have you ever had: | | |
| Concussion or been knocked out? | Yes ___ No ___ | |
| Fainting? | Yes ___ No ___ | |
| Heat Stroke? | Yes ___ No ___ | |
| Epilepsy, seizures, or fits? | Yes ___ No ___ | |
| Head or neck injury? | Yes ___ No ___ | |
| Very bad vision in one or both eyes? | Yes ___ No ___ | |

Do you wear glasses, contacts, other? Yes ___ No ___
 Have you ever had:
 Hearing loss or deafness? Yes ___ No ___
 Perforated ear drum or "tubes" in ears? Yes ___ No ___
 Draining ears? Yes ___ No ___

**PART 1 – STUDENT’S HEALTH FOLDER
 STUDENT’S MEDICAL HISTORY**

CONTINUED:

(To be filled out by student and parent) _____

Clinician’s Comments

Have you ever had:
 Sinus problems or hay fever? Yes ___ No ___
 Braces or removable teeth? Yes ___ No ___
 Have you ever had:
 Any broken bones? _____ Yes ___ No ___
 Dislocation or other serious problems? Yes ___ No ___
 Serious foot problem? Yes ___ No ___
 Back injury or frequent backaches? Yes ___ No ___
 Ankle or knee injury or problem? Yes ___ No ___
 Other joint problems? Yes ___ No ___
 Do you have a hernia? Yes ___ No ___
 Boys: Any problems with testicles? Yes ___ No ___
 Girls: Any menstrual problem? Yes ___ No ___
 Age at first menstrual period? _____
 Do you miss school because of your period? Yes ___ No ___
 Have you ever had:
 Diabetes? Yes ___ No ___
 Single illness for more than 10 days? Yes ___ No ___
 Any operations? Yes ___ No ___
 Easy bruising or bleeding tendency? Yes ___ No ___
 Anemia? Yes ___ No ___
 Asthma? Yes ___ No ___
 Bee sting allergy? Yes ___ No ___
 Other allergies (food or medicine) Yes ___ No ___
 Heart trouble or murmurs? Yes ___ No ___
 High blood pressure? Yes ___ No ___
 Cough lasting more than 3 weeks? Yes ___ No ___
 Chest pain or faintness with exercise? Yes ___ No ___
 Kidney problems? Yes ___ No ___
 Skin infections? Yes ___ No ___
 Do you take any medicines? Yes ___ No ___
 Do you smoke? Yes ___ No ___
 Have you ever been told not to play any sport?
 Because of your health? Yes ___ No ___

PHYSICAL EXAMINATION

A complete physical examination for all students is recommended. Omission of the Maturation Index will not disqualify a student from participation.

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

Vision Uncorrected: L20/____ R20/____ Corrected: L20/____ R20/____

| | <u>Normal</u> | <u>Abnormal</u> | <u>Comments</u> |
|--------------------|---------------|-----------------|-----------------|
| Skin | _____ | _____ | _____ |
| Eyes | _____ | _____ | _____ |
| ENT | _____ | _____ | _____ |
| Mouth & Teeth | _____ | _____ | _____ |
| Neck | _____ | _____ | _____ |
| Cardiovascular | _____ | _____ | _____ |
| Lungs, Chest | _____ | _____ | _____ |
| Spine | _____ | _____ | _____ |
| Abdomen | _____ | _____ | _____ |
| Genitalia (Hernia) | _____ | _____ | _____ |

Maturation Index _____

Extremities

Orthopedic _____

Neuromuscular _____

Other tests, if done (Lab, ECC, ECT.) _____

Assessment:

Plan:

GUIDELINES FOR DISQUALIFYING CONDITIONS FOR SPORTS PARTICIPATION

| CONDITIONS | CONTACT | NONCONTACT | ENDURANCE | OTHER |
|--|---------|------------|-----------|-------|
| Acute infections: | | | | |
| Respiratory, genitourinary, infectious mononucleosis, hepatitis, active rheumatic fever, active tuberculosis, boils, furuncles, impetigo | X | X | | X |
| Obvious physical immaturity in comparison with other competitors | X | | | |
| Obvious growth retardation | X | | | |
| Hemorrhagic disease | | | | |
| Hemophilia, purpura, and other bleeding tendencies | X | | | |
| Diabetes, inadequately controlled | X | X | | X |
| Jaundice, whatever cause | X | X | | X |
| EYES | | | | |
| Absence or loss of function of one eye | X | | | |
| Sever myopia, even if correctable | X | | | |
| EARS | | | | |
| Significant impairment | X | | | |
| RESPIRATORY | | | | |
| Tuberculosis (active or under treatment) | X | X | | |
| Severe pulmonary insufficiency | X | X | | X |
| CARDIOVASCULAR | | | | |
| Rheumatic heart disease coarctation or aorta, cyanotic heart disease, recent carditis or any etiology | X | X | | X |
| Hypertension on organic basis | X | X | | X |
| Significant residual heart disease following heart surgery for congenital or acquired heart disease | X | X | | X |
| LIVER , enlarged | X | | | |
| SPLEEN , enlarged | X | | | |
| HERNIA , inguinal or femoral | X | X | | |
| MUSCULOSKELETAL | | | | |
| Symptomatic inflammation | X | X | | X |
| Functional inadequacy incompatible with the contact or skill demand of the sport | X | X | | |
| NEUROLOGICAL | | | | |
| History of symptoms of previous serious head trauma or repeated concussions | X | | | |
| Convulsive disorder not completely controlled by medication | X | | | |
| Previous surgery on head or spine | X | X | | |
| RENAL | | | | |
| Absence of one kidney | X | | | |
| Renal disease | X | X | | X |

GENITALIA

| | |
|-------------------------|---|
| Absence of one testicle | X |
| Undescended testicle | X |

The Guidelines for Disqualifying Conditions for Sports Participation listed on this form serve only as recommendations to the examining physician. The decision as to whether a student is qualified to participate should be individualized. In case of differences of interpretation the decision of the school physician has precedence. Appeals may be requested through established procedures.



IMPORTANT NOTICE TO PARENTS / GUARDIANS!

- New York State Commissioner of Education Regulations requires every student to have a physical examination before participating in senior high school interscholastic sport activities.
- The physical examination and the Department of Health/Department of Education Sport Examination form may be completed by the Department of Health physician at no cost to you, or, by your personal physician.
- The attached Sports Examination form is more comprehensive than the form it replaced. The purpose of this new form is to ensure that your child receives a complete physical examination prior to participating in interscholastic sports.
- The American Academy of Pediatrics, the New York City Department of Health and the Department of Education strongly recommend that every student have a complete physical examination including the Maturation Index prior to competing in interscholastic athletics. The Maturation Index* notes the stage of pubertal development and should be included for the protection of the student. The index is one indicator of a child's bone development and is helpful to the physician in assessing the total development of the child and his or her fitness for sports participation. However, as inclusion of the Maturation Index is optional, the parent/guardian decides whether or not the physician includes the rating. (If you do not want the physician to make an entry for the Maturation Index, write "No Maturation Index" to the left of your signature.)
- The term "clinician", appears on the Sports Examination form and refers to physicians, nurse-practitioners and physicians' assistant. The physical examination may be performed by any of these medical personnel.
- As the Sports Examination form indicates, the student's medical record is strictly confidential and is on file in the school medical office. The student's medical record is not part of his or her academic record, and is not subject to examination by anyone except authorized personnel.

PLEASE NOTE: ALL STUDENTS SHOULD RECEIVE REGULARLY SCHEDULED COMPLETE PHYSICAL EXAMINATION BY A PHYSICIAN OF THE PARENT/GUARDIAN'S CHOICE.

Parent notice misc. 02 25-1190.00.5 (250 PKGS) 2/03

*For more detailed information about the Maturation Index, please consult your physician