Seymour Middle School
Extracurricular Handbook

2021-2022

"The Home of Cougar Pride"

Principal: Jodie Roden
Assistant Principal: Kathleen Reynolds

211 Mountain Road
Seymour, CT 06483
203.888.4513

www.seymourschools.org
SMS Mission Statement

Seymour Middle School, in partnership with the community, is committed to providing a safe environment that promotes social, emotional, and physical health. It encourages personal responsibility and accountability from all its members in an environment where teaching and learning are exciting. Our mission is to empower our students to become life-long learners and reach their highest potential. We will provide a nurturing environment that promotes dignity, mutual respect, and embraces diversity.

The Seymour Middle School Community members are expected to:

- Respect Self
- Respect Others
- Respect the Environment

Seymour Middle School Philosophy for Participation in Activities and Sports

The activity and sports programs of Seymour Middle School are designed to help students develop a positive self-image, confidence, leadership skills, and to provide an opportunity to have fun while exploring new interests. The variety of programs provides opportunities for teambuilding, emphasizing skill development, sportsmanship, personal best, and team spirit. In addition, we believe that participation in a wide variety of activities is important to the student’s overall educational experiences.

- Opportunities and time to explore and learn new interests
- Extended involvement with school
- Making new friends with students having similar interests
- Staying active
- Improvement in skills
- Team spirit
- Helping others
- Social, cognitive, and physical growth
- Teamwork, self-esteem, perseverance, and fortitude
- Giving back to the community through service projects
- Development of productive citizens
- Building of character, responsibility, and accountability
- Connectedness with peers and teachers
Clubs

Advisors

Duties and Responsibilities

- Maintain accurate attendance records for each meeting using the google sheet provided.
- Supervise students from the start of the activity until they are either on the bus or picked up by their designated transportation.
- Submit meeting dates on a monthly basis for the school calendar.
- When students are involved in multiple activities, including sports, advisors and coaches will communicate and work cooperatively with each other about attendance.

Club Members

Responsibilities

- Students will abide by all school rules and behavior expectations.
- Attend the chosen activity with a good attitude.
- Understand that the advisors are there to help students grow and learn in an area of their interest.
- When involved in multiple activities, including sports, students will communicate with the advisors and coaches about attendance.

Parents

- Parent pick-up is at 3:45pm. If a student’s transportation has not arrived by the time the late bus arrives the student will be placed on the late bus.
- Some clubs need permission slips filled out. All permission slips are to be completed in a timely manner.
- If a student is in school but not attending the after school club, inform the advisor.

Transportation

A late bus is available to students staying after school with a teacher or advisor. The students must obtain a late bus pass from the advisor and hand it to the bus driver when boarding the bus. The bus stops for the late bus are community stops and not the regular bus stops. The late bus departs the middle school at approximately 4:00pm. The late bus will run on Mondays, Tuesdays, and Thursdays.

Students not taking the late bus are to be picked up between 3:45pm and 3:55pm. Any student not picked up by the time the late bus arrives will be placed on the late bus.
Club Descriptions

Guided Student Support

Advisor – Ms. Garofalo & TBD

Purpose: Students are recommended to attend based on academic needs in reading, math or work completion. Guided support will start in October and end in May. Students will meet after school until 3:45 p.m.

Art Club

Advisor – Ms. Dingle

Purpose: The Art Club is a club that meets weekly. It is open to all SMS students. Anyone who enjoys creating art, or who wants to explore areas of visual art or crafts more fully, has an opportunity to try new media or investigate those that they are already familiar with. Weaving, clay, watercolor and pastels are just some areas available for your enjoyment.

Debate Club

Advisor – Mr. Catlin & Mrs. Wood

Purpose: The Debate Club provides students with an opportunity to become better speakers, well-informed global citizens, and to be active in the school community. This club is open to 7th and 8th grade students only.

Environmental Club

Advisor - Mrs. Peterson

Do you enjoy helping the environment around us? Do you want to help the Earth? This is the place for you. This student lead club will help spread awareness about the environment around us, and we will help fix it as well.

Flip the Script

Advisor – Mrs. Rush (Dest)

Purpose: “Flip the Script” is the SMS drama club, where students participate in improvisation games, learn about stage direction, and rehearse to perform a play at the end of the school year. Participation in this club not only allows students the opportunity to explore the different aspects of theater and drama, but also fosters an environment where students can break out of their shells and have fun!
B Sharp

Advisor – TBD

Purpose: B Sharp Club is an audition group that meets weekly. Members of B Sharp are expected to be at every rehearsal. Three unexcused absences will result in removal from the ensemble. B Sharp auditions are open to all Seymour Middle School members. The B Sharp group is composed of 15-20 6th, 7th and 8th grade students. The B Sharp’s is our performing ensemble and performs several times around town, around the state and around the region throughout the year. They have performed at Radio City Music Hall and have taken a vocal workshop with the cast of Wicked.

Jazz Band

Advisor – Ms. Quinn (Meek)

Purpose: The Jazz Band is an audition group made up of 6th, 7th and 8th grade students that meet after school to rehearse on a weekly basis. The students in Jazz Band play advanced jazz, swing and rock music and perform many times during the year. The students perform as a group and as soloists during their performances.

Math Counts

Advisor – Mrs. Batterton

Purpose: Math Counts is a national middle school coaching and competitive mathematics program that promotes mathematics achievement through a series of fun and engaging “bee style” contests. Weekly, students will work on challenging “Warm Ups” and “Workouts”, some requiring the use of a calculator, others without, that promotes additional opportunities for discourse and problem solving outside of the school day. Math Counts is a club first. For those that choose to compete in December or January, we will form a school team and additionally send four students to the New Haven Chapter competition in February. Students may have the opportunity to advance to the Connecticut state competition in March.

STEM Club

Advisor – Ms. Dest

Purpose: The STEM club is an investigative way to provide students with the opportunity to explore independent STEM related projects. Students will work in small groups to solve integrated Science-Technology-Engineering-Math (STEM) problems. Students will be able to choose their own topics of investigation and then define how to solve the problem through research and inquiry. They will utilize both the experimental and engineering design methods. They will then be able to share their work with club members and the school community as applicable.
Student Council

Advisors – Mrs. Batterton and Mrs. McQuillan

Purpose: The Seymour Middle School Student Council is an organization designed to help promote leadership opportunities for students in grades six through eight. The Student Council is representative-based, modeled loosely after the Executive Branch of the United States, with a President, Vice-President, Secretary, Treasurer and Homeroom Representatives. Members represent the student body by identifying and responding to student issues and creating student activities that promote school spirit and enthusiasm. In addition, the members will plan and participate in service activities that will benefit local and national charities.

Yearbook Club

Advisor – Ms. Sponheimer

Purpose: Yearbook club is responsible for taking pictures around the school as well as the promotion, production, and distribution of the school yearbook.

Dance Club

Advisor- Ms. Lydiksen

Purpose: Back by popular demand, the SMS Dance Team Club has returned!!! Ms. Diane, is the head coach of the SHS Dance Team. She brings energy, and knowledge to the sport. The club will focus on: poms, kick and dance routines and technique, combined with a great team environment.
Sports

Families must create an account and register with FamilyID, www.familyid.com prior to the start of the sports season. Completion and submission of this form must be received before the student-athlete may participate in any school team-organized practice, scrimmage, or regularly scheduled game contest. Select the Seymour High School Fall 2021 Athletics Registration link to create student-athlete account.

Coaches

At Seymour Middle School the coaches must always put the student’s welfare as the focus at all times. The coach is the role model for our students and they must set the standards for honor and dignity at a high level. The function of our coaches is to teach attitudes, knowledge, skills, and strategies as well as to provide a positive role model for our youth in both actions and language.

The coach will be thoroughly acquainted with CIAC guidelines and is responsible for their interpretation and communication to team members.

The coach will use the CIAC training modules to maintain the necessary certification.

The coach will exhibit strong moral character while providing a positive role model for youth, their parents, and for the community. As an employee of the Seymour School district, it is expected that the coach will follow these standards.

- Always set a good example for your team and fans to follow
- Maintain dignity and self-control and pursue victory with honor
- Abide by the rules of the game and CIAC in letter and spirit
- Respect the integrity and judgment of the game officials
- Teach and model good sportsmanship
- Treat opposing coaches, teams, and their fans with respect
- Develop and enforce consequences for participants who do not display good sportsmanship

Duties and Responsibilities

- Conducts tryouts and selects the team that best represents SMS.
- Conducts well-planned practices.
- Creates an atmosphere conducive to learning.
- Disciplines athletes in a fair and positive manner.
- Demonstrates an understanding of effective teaching skills, game rules, and strategies of coaching.
- Understands and demonstrates knowledge of appropriate conditioning techniques.
- Contributes to the development of the self-worth and dignity of the athlete.
- Teaches athletes to play competitively within the rules of the game.
- Demonstrates sportsmanship, dignity, and poise while coaching.
- Recognizes the need for medical intervention and utilizes proper first aid techniques when necessary.
- Supervises the care of equipment to include requisition, distribution, storage, inventorifying, and return.
- Communicates and cooperates with other professional staff in regard to school events.
- Explains, enforces, and complies with all school, and CIAC rules and regulations.
- Performs other such related duties as assigned by the building principal and/or athletic coordinator.
- Ensures that charter transportation to athletic contests goes directly to and from that event and does not stop for food or any other purpose (unless approved by the principal).
- Last person to leave the facility.
- Provides the practice schedule to the athletic coordinator.

Coordinator of Athletics

Duties and Responsibilities

- Organizes and administers the overall program of interscholastic athletics.
- Fosters good school-community relationships by keeping the community aware of and responsive to the athletic program.
- Hires officials and other necessary personnel as required.
- Arranges transportation for athletic contests whenever necessary.
- Assists personnel in the improvement of knowledge and instruction of skills by informing coaches of available clinics or modules for improvement of knowledge.
- Requisitions all program supplies and equipment.
- Arranges field and general practice schedules.
- Implements all policies and rules relating to the athletic program.
- Arranges for visiting teams and officials to be greeted upon arrival at the game site and insures for the provision of all needs.
- Arranges the distribution of athletic schedules to coaches.
- Collects practice schedules.
- Performs such other duties that are consistent with the nature of the position and that may be requested by the principal and/or the superintendent.
Eligibility

A student-athlete, in order to be eligible to participate in interscholastic athletics, must comply with all CIAC regulations and school policies. In addition:

- Students begin every school year with a clean record. The grades of the previous school year will not affect the students fall eligibility.
- Student-athletes must be passing (D or higher) 75% of all content and UA classes each semester in order to be eligible to try out or remain on the team.
- Student-athletes will have their grades checked every two weeks by the coach. If at the end of a two week period, a student is not passing 75% of their classes, that student will be placed on a two week academic probation. The student and parents will be notified by the coach. During this time, the student is not allowed to participate in games. At the end of those two weeks, if the student still is not passing 75% of their classes, they will be on a two week academic leave. During this period the student cannot participate for two weeks in practices and games. The student will not be reinstated to active play until passing 75% of their classes. School vacation weeks (December and April) do not count as weeks of probation or leave.
- Student-athletes must be able to participate in PE classes in order to try out and participate in practices and games.
- Student-athletes must try out each year in order to make their respective teams.
- Student-athletes must be in attendance during the school day for a minimum of 4 hours in order to practice or play on that day unless excused by the office.
- Attendance will be monitored for all student-athletes. No student-athlete can exceed 9 days of unexcused absences. Late arrivals will be monitored for all student-athletes. If a student expects to try out for/or remain on the team, late arrivals must not exceed 10% of his/hers overall attendance.
- Seymour Middle School encourages athletes to be involved in as many teams as they are capable. First priority needs to be to the school team. The coaches reserve the right to require athletes to be present at practices in their entirety in order to participate in the schools’ games. Athletes leaving early or arriving late due to a non-school function will participate at the coach’s discretion.
- Athletes are expected to be available for practices and games after school on every school day.
- Athletes must have an updated physical form, Form B, on file with the school nurse.
- Athletes must have submitted a completed Form A and have on file with the nurse’s office.
Detention/Suspensions

If a student is given a detention (by either the classroom teacher or by an administrator), that student must serve the detention on the date it is assigned. Upon completion of the detention, the student may attend practice. Participation in practice will be at the coach’s discretion.

A student who is assigned an ISS will not be able to attend or participate in practice on the day of ISS.

A student who is suspended externally may not participate until the suspension has been served and has attended one day of classes following the suspension.

Additional sanctions may be enforced by the coach.

Due Process (Solving Conflicts)

Participation in the interscholastic athletic program is a privilege, not a right. Students who do not abide by the schools rules, CIAC regulations and/or coaches’ rules, will be excluded from that activity for a period of time or for the entire season. In the event an athlete violates any rule or regulation set forth by the district, he/she will be subject to the penalties as designated by the coach or the principal. If a parent disagrees with the penalty due to a rule violation, or if the parent has a concern with the coach, due process is required. Due process involves the following steps:

1. The student-athlete and/or parent/guardian must first seek to resolve the problem or concern through direct contact with the coach.
2. If the concern is not resolved with Step 1 the Principal must be notified in writing. The Principal and Coach will strive to solve the problem.
3. Upon failure to resolve the concern with Steps 1 and 2, the concern must be addressed in writing to the Superintendent of Schools for a final disposition.

Captains

Each coach will be responsible for setting up criteria for selection of team captains. Each coach may have a different approach to the selection of captains. It is not mandatory that teams have a captain. It is the coach’s decision.

Managers

The team manager(s) will be appointed by the coach. The team manager must be a Seymour Middle School student. The coach will define the specific duties and responsibilities of the team manager. Managers must adhere to the same academic standards as student-athletes.

The student team manager will:

- Travel with the team.
- Attend all games.
- Follow the appropriate team dress code.
Physical Examination Requirements

To participate in interscholastic athletics, students must have an annual physical examination. Students are urged to obtain physicals during July or August from their own physician. Physicals are valid for 13 months from the date of the exam. Each athlete must have an annual physical exam from a medical doctor. Proof of such an exam is to be given to the nurse.

Additional forms are also required. These are the Form A and Health Assessment Forms found at the end of this handbook. Students missing either a physical or a completed form will not be allowed to practice, or play in contests. Coaches will carry emergency medical information cards for athletes and manager in their medical kit to practices, home, and away games.

Student Athletes

Responsibilities and Expectations

It is important for students and parents to realize that participation in the Seymour Middle Interscholastic Athletic Program is a privilege granted to individuals who possess the ability, attitude, and desire to uphold the highest esteem for the student body, the school district, and the Seymour community. Students interested in participating in the sports program at Seymour Middle School must be willing to assume the responsibilities to achieve academic success, exemplify good sportsmanship, and show respect for others. If an individual feels he/she is unable to abide by the rules in this handbook, and the coach’s rules, he/she should not register to play on an athletic team.

Student-athletes will be expected to:
- Conform to the school and CIAC eligibility rules (including medical and academic requirements).
- Act in a responsible manner and obey the rules and regulations in the Seymour Middle School Athletic Handbook.
- Abide by coaches rules of attendance.
- Represent our school with dignity and pride.
- Travel to and from contests on the team bus accompanied by the coach (unless pre-approved by an administrator). Parents who wish to pick their child up from an away game/meet/competition must provide written notification to an administrator the day prior to the contest.
- Conform to the proper dress code. Student athletes may only wear their uniforms at scheduled games. No part of a uniform may be worn at any other time unless approved by the coach.

In addition, student-athletes will:
- Demonstrate respect for your opponents, their fans, and the game officials.
- Accept the responsibility and privilege the student-athlete has in representing your school.
- Work for the good of your team at all times.
- Be gracious in victory and accept defeat with dignity.
- Refrain from the use of illegal substances to gain an unfair advantage.
- Abide by all the rules of the game.
Violation of rules will result in discipline. Discipline may include but is not limited to:
- Loss of a starting position
- Game and/or practice suspension
- Team suspension
- Other

Uniform/Equipment Responsibility

Athletes are encouraged to leave valuables at home during athletic contests. The Board of Education, the school, and the bus company are neither liable nor responsible for lost items.

The issue of uniform/equipment security is the responsibility of the athlete. Lost uniforms and equipment will result in accountabilities for the athlete. If not paid, these accountabilities can result in ineligibility to play the next season.

Transportation

The Seymour School District shall provide transportation for all players, personnel, and coaches of athletic teams in authorized school vehicles when a contest or practice has been scheduled away from the school site.

In the interest of building and maintaining team spirit and unity and limiting athletic program liability, all players, managers, and anyone travelling on the bus to a contest, are strongly encouraged to return with the team bus.

- Parents will not transport athletes unless a written request is submitted to administration the day prior to the contest.
- Athletes will remain with their team and under the supervision of the coach.
- Athletes who miss the bus will not be allowed to participate in any contest unless there are extenuating circumstances and with the coach’s approval.

Hazing/Harassment/Bullying

Middle School athletics provide an opportunity where adolescents can continue to develop their self-esteem and confidence in a challenging and supportive environment. Coaches need to be alert to opportunities to promote and support growth while being clear that harassment of any kind will not be tolerated. Hazing, initiations, or bullying of student-athletes by other team members are not acceptable, and any practice of this type of behavior will not be tolerated. Actions (such as but not limited to taunting, teasing, bullying, and sexual harassment) of this type may be illegal, and those involved may
be subject to police action as well as dismissal and/or suspension from participation in any athletic program.

Any incidence of sexual harassment or hazing should be immediately reported to the coach and school administrator. Dealing with the issue “in-house” is not an option. At every opportunity, coaches should discuss the genuine need to respect and care for one another; it is in this environment that individual and team goals can best be met.

In addition, coaches should ensure players are comfortable talking to coaches about issues between players.

Expectations of Parents/Guardians

- Attend games whenever possible.
- Do not offer excuses to athletes if they are not playing.
- Do not “put down” coaches or other athletes. We are all a part of one team. Let us support our coaches, athletes, and our team.
- Encourage athletes to follow the rules.
- Insist on good grades. Be sure your athlete is doing his/her homework.
- As a fan, show your vocal support at games in a positive manner.
- Insist that your son/daughter respect team rules, school rules, game officials, and demonstrate sportsmanship. Self-respect begins with self-control.
- At competitions, you represent the town, our school, and your son/daughter. Please be a positive role model for other spectators and your child.
- Help develop a community reputation for good sportsmanship.
- Show respect for all players, coaches, game officials, and visiting spectators.
- Cheer for your team and respect your opponent.
- Respect the judgment and strategy of the coach.
- Recognize and show appreciation for an outstanding play by either team.
- Pick up students in a timely manner from practice.
- Parents and spectators demonstrating poor sportsmanship or negative attitudes towards players, coaches, or officials, asked to leave the building.

Rules and Regulations

1. All Board of Education policies affecting students must be followed.
2. Attendance
   - Student athletes must attend and be punctual to all practices and games as scheduled.
   - Students may not leave a practice or a scheduled game/contest to participate on a recreational team. A commitment to the school program is the responsibility of the athlete.
   - Student athletes must attend classes on the day of a contest. Students who are dismissed early (due to an illness) may not return that day to either practice or to participate in interscholastic athletics.
• Absences from team activities due to medical or family obligations are acceptable when approved in advance by the team coach.

3. Drugs/Alcohol Prohibited: Drug or alcohol consumption is forbidden. Any documented use of or possession of drugs/alcohol by a student will constitute grounds for dismissal from the team and full school discipline as outlined in the student handbook.

4. Sportsmanship: SMS athletes are expected to exhibit good sportsmanship both on and off the playing field. Each coach will discuss good sportsmanship with team members at the beginning of the season. Emphasis will be placed on courtesy and respect for one another and for members of opposing teams. All athletes and coaches will strive to maintain good sportsmanship conduct.

5. Unsportsmanlike Conduct: Unsportsmanlike conduct on or off the field of competition may result in an athlete's dismissal from the team and may jeopardize future participation in athletics. The final decision in this matter will be made cooperatively by administration. Any student-athlete ejected from a contest for unsportsmanlike conduct will not be permitted to participate in the next contest (CIAC by-law 4.6).

6. Hazing: Hazing means committing an act of physical or emotional harm against a student, or coercing a student into committing an act, that creates a risk of physical or emotional harm to a person. Hazing is not permitted or tolerated at SMS. Students cannot engage in any hazing activity at any time either on or away from school property. Coaches are responsible and obligated to inform their teams of this policy. A student-athlete who is involved in any hazing incident will be subject to immediate team dismissal and/or be subject to school discipline policy.

7. Verbal and Physical Abuse: All team members are expected to treat opponents, officials, coaches, and spectators with respect. Any abuse by students/athletes may result in the immediate suspension from the team. Taunting will not be allowed.

8. Travel and Behavior: Responsible behavior is expected by athletes at all times. Especially in the locker room and on the bus. The Board of Education provides transportation to and from all “away” contests. All athletes are to use this means of transportation. It is not encouraged, but with a written note from the athlete’s parent or guardian the day prior to the contest, an athlete may be transported home by the athlete’s parent or guardian.

9. Responsibility of Equipment: The athlete is responsible for the supervision, care and return of all assigned equipment. An athlete will be held financially responsible for the replacement of uniforms and/or equipment which are not returned or which are not returned in reasonable condition.

10. Cleats: Athletes cannot wear cleats into the school building.

11. Dress Code: Student/Athletes are expected to conform to the proper dress code set forth by the team coach on game day.

Team Rule Infractions

Coaches may make “team rules”, and infractions may result in penalties. All coaches are expected to review their team rules with the athletes and, when possible, their parent.
FORM A

SEYMOUR MIDDLE SCHOOL EMERGENCY DATA
Information must be on file for student to participate in Seymour Middle athletics.

Student Name__________________________________________

Home Address ____________________________________________

Cell #________________________

Email address ____________________________________________

Home Phone __________________________

Birth Date ________________________________

Sport ________________________________

Current Grade ____________________________

Homeroom ________________________________

Please Complete The Following:

Highly allergic to (bee stings, medication, etc)__________________________

Please Specify ___________________________________________________

Taking Medication (please name)_____________________________________

Diabetic ____________ Epileptic ____________ Date of last Tetanus ____________

Mother’s Name______________________________ Father’s Name______________________________

Employer ________________________________ Employer ________________________________

Business Phone ____________________________ Business Phone ____________________________

Family Doctor ____________________________ Telephone ____________________________

Family Dentist ____________________________ Telephone ____________________________

Hospital Preference ____________________________________________

Please list below persons readily available whom we may call if parents are unavailable

1. ___________________________________ Telephone ____________________________

2. ___________________________________ Telephone ____________________________

3. ___________________________________ Telephone ____________________________

Date: ________________________________

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow his instructions. If it is impossible to contact this physician, the school may take whatever arrangements seem necessary.

Signature of parent/guardian: ________________________________
SEYMOUR MIDDLE SCHOOL

CONTEST TRAVEL RELEASE FORM

Date_____________________

This is to certify that ___________________ has my permission to ride
(Student's Name)

(to-from-both) the __________________ athletic contest on ________________
(Sport) (Date)

At ________________________.
(Location of Contest)

I certify that I am personally transporting the above-named student, or have arranged
for transportation with an adult (non-student) of my choosing for this student.

The reason for not riding the bus is: _________________________________________

_____________________________________.
(Reason must be sufficient enough to justify not riding the bus)

I understand that the Seymour Middle School Athletic Rules require that students ride
the buses to and from all athletic events and a departure from this requirement will
release the Seymour School District from all liability for any adverse results that may
occur.
I agree to release the Seymour School District and its employees and officers from all
liability with reference to the above-stated transportation.

This form must be on file in the Athletic Office prior to the dismissal of school on
the day of the contest.

______________________________
(Signature of Parent/Guardian)

APPROVED       NOT APPROVED

______________________________
(Principal)
**State of Connecticut Department of Education**

**Health Assessment Record**

To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse licensed pursuant to chapter 379, a physician assistant, licensed pursuant to chapter 370, a school medical advisor, or a legally qualified practitioner if medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating in sports teams.

**Please print**

<table>
<thead>
<tr>
<th>Student Name (Last, First, Middle)</th>
<th>Birth Date</th>
<th>☐ Male ☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street, Town and ZIP code)</td>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Parent/Guardian Name (Last, First, Middle)</td>
<td>Race/Ethnicity</td>
<td>☐ Black, not of Hispanic origin</td>
</tr>
<tr>
<td>☐ American Indian</td>
<td>☐ White, not of Hispanic origin</td>
<td></td>
</tr>
<tr>
<td>☐ Alaskan Native</td>
<td>☐ Asian/Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>☐ Hispanic/Latino</td>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

Does your child have health insurance? ☐ Y ☐ N

If your child does not have health insurance, call 1-877-CT-HUSKY

Does your child have dental insurance? ☒ Y ☐ N

*If applicable

**Part I — To be completed by parent/guardian.**

Please answer these health history questions about your child before the physical examination.

Please circle ☒ if "yes" or ☐ if "no." Explain all "yes" answers in the space provided below.

<table>
<thead>
<tr>
<th>Any health concerns</th>
<th>☐ Y ☐ N</th>
<th>Hospitalization or Emergency Room visit</th>
<th>☐ Y ☐ N</th>
<th>Concussion</th>
<th>☐ Y ☐ N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any food or bee stings</td>
<td>☐ Y ☐ N</td>
<td>Any broken bones or dislocations</td>
<td>☐ Y ☐ N</td>
<td>Swelling or blocking out</td>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td>Any medications</td>
<td>☐ Y ☐ N</td>
<td>Any muscle or joint injuries</td>
<td>☐ Y ☐ N</td>
<td>Chest pain</td>
<td>☐ Y ☐ N</td>
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<tr>
<td>Any other allergies</td>
<td>☐ Y ☐ N</td>
<td>Any neck or back injuries</td>
<td>☐ Y ☐ N</td>
<td>Heart problems</td>
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<td>Any daily medications</td>
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<td>Problems running</td>
<td>☐ Y ☐ N</td>
<td>High blood pressure</td>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td>Any problems with vision</td>
<td>☐ Y ☐ N</td>
<td>&quot;Mono&quot; (past year)</td>
<td>☐ Y ☐ N</td>
<td>Feeling more than expected</td>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td>Uses contacts or glasses</td>
<td>☐ Y ☐ N</td>
<td>Has only 1 kidney or testicle</td>
<td>☐ Y ☐ N</td>
<td>Problems breathing or coughing</td>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td>Any problems hearing</td>
<td>☐ Y ☐ N</td>
<td>Excessive weight gain/loss</td>
<td>☐ Y ☐ N</td>
<td>Any smoking</td>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td>Any problems with speech</td>
<td>☐ Y ☐ N</td>
<td>Dental braces, caps, or bridges</td>
<td>☐ Y ☐ N</td>
<td>Asthma treatment (past 3 years)</td>
<td>☒ Y ☐ N</td>
</tr>
<tr>
<td>Family History</td>
<td>☐ Y ☐ N</td>
<td>Seizure treatment (past 2 years)</td>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N</td>
<td></td>
</tr>
<tr>
<td>Any relative ever have a sudden unexpected death (less than 50 years old)</td>
<td>☐ Y ☐ N</td>
<td>Diabetes</td>
<td>☐ Y ☐ N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any immediate family members have high cholesterol</td>
<td>☐ Y ☐ N</td>
<td>ADHD/ADD</td>
<td>☐ Y ☐ N</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? ☐ Y ☐ N If yes, explain:

Please list any medications your child will need to take in school:

All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian: __________________________ Date: ________________

To be maintained in the student's Cumulative School Health Record

HAR-3 Rev. 4/2007

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# Part II — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation and physical examination

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Birth Date</th>
<th>Date of Exam</th>
</tr>
</thead>
</table>

☐ I have reviewed the health history information provided in Part I of this form

## Physical Exam

Note: *Mandated Screening/Tests to be completed by provider under Connecticut State Law*

<table>
<thead>
<tr>
<th>*Height in / %</th>
<th>*Weight lbs / %</th>
<th>BMI / %</th>
<th>Pulse</th>
<th>*Blood Pressure /</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic</th>
<th></th>
<th>Neck</th>
<th>Normal</th>
<th>Describe Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEENT</td>
<td></td>
<td>Shoulders</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Gross Oral</em></td>
<td></td>
<td>Arms/Hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lymphatic</td>
<td></td>
<td>Hips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
<td>Knees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lungs</td>
<td></td>
<td>Feet/Ankles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
<th></th>
<th>*Postural</th>
<th>No spinal abnormality</th>
<th>Spine abnormality:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genitalia/ Hema</td>
<td></td>
<td>□ MILD □ Moderate □ Marked □ Referral made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Skin |                  | Normal | Describe Abnormal |

## Screenings

### *Vision Screening*

<table>
<thead>
<tr>
<th>Type</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>With glasses</td>
<td>20 / 20</td>
<td></td>
</tr>
<tr>
<td>Without glasses</td>
<td>20 / 20</td>
<td></td>
</tr>
</tbody>
</table>

☐ Referral made

<table>
<thead>
<tr>
<th>TB: High risk group?</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ PPD date noted:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Results:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### *Auditory Screening*

<table>
<thead>
<tr>
<th>Type</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Pass</td>
<td>□ Fail</td>
<td></td>
</tr>
</tbody>
</table>

☐ Referral made

### History of Lead level

<table>
<thead>
<tr>
<th>≥ 54 W/L</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

### *HCT/HGB:*

### *Speech: (school entry only)*

### Other:

## IMMUNIZATIONS

☐ Up to Date or ☐ Catch up Schedule  **MUST HAVE IMMUNIZATION RECORD ATTACHED**

### Chronic Disease Assessment:

- **Asthma**: ☐ No ☐ Yes ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent ☐ Exercise induced

  *If yes, please provide a copy of the Asthma Action Plan to School*

- **Anaphylaxis**: ☐ No ☐ Yes ☐ Food ☐ Insects ☐ Latex ☐ Unknown source

- **Allergies**: *If yes, please provide a copy of the Emergency Allergy Plan to School*

- **Diabetes**: ☐ No ☐ Yes ☐ Type I ☐ Type II ☐ Other Chronic Disease:

- **Seizures**: ☐ No ☐ Yes, type

☐ This student has a developmental, emotional, behavioral or psychiatric condition that may affect his/her educational experience

*Explain:*

Daily Medications (specify):

This student may: ☐ participate fully in the school program

☐ participate in the school program with the following restrictions/adaptation:

This student may: ☐ participate fully in athletic activities and competitive sports

☐ participate in athletic activities and competitive sports with the following restrictions/adaptation:

☐ Yes ☐ No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness

Is this the student’s medical home? ☐ Yes ☐ No ☐ I would like to discuss information in this report with the school nurse.
# Immunization Record

To the Health Care Provider: Please complete and initial below.

Vaccine (Month/Day/Year) Note: Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Dose 1</th>
<th>Dose 2</th>
<th>Dose 3</th>
<th>Dose 4</th>
<th>Dose 5</th>
<th>Dose 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DTaP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required 7th-12th grade</td>
<td></td>
</tr>
<tr>
<td>IPV/OPV</td>
<td>*</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
<td></td>
</tr>
<tr>
<td>Rabies</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td>Required K-12th grade</td>
<td></td>
</tr>
<tr>
<td>Hib</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td>PK and K (Students under age 5)</td>
<td></td>
</tr>
<tr>
<td>Hep A</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>See below for specific grade requirement</td>
</tr>
<tr>
<td>Hep B</td>
<td>*</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td>Required PK 12th grade</td>
</tr>
<tr>
<td>Varicella</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required PK 12th grade</td>
</tr>
<tr>
<td>PCV</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td>PK and K (Students under age 5)</td>
<td></td>
</tr>
<tr>
<td>Meningococcal</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Required 7th-12th grade</td>
</tr>
<tr>
<td>HPV</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PK students 2-5 months old - given annually</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Disease Hx of above (Specify) | (Date) | (Confirmed by) | Exemption: Religious | Medical: Permanent | Temporary | Date |

Reex. Date:

Religious exemption documentation is required upon school enrollment and then renewed at 7th grade entry.
Medical exemptions that are temporary in nature must be renewed annually.

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### Kindergarten Through Grade 6

- **DTaP**: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus diphtheria containing vaccine.
- **Poli**: At least 3 doses, with the final dose on or after the 4th birthday.
- **MMR**: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- **Hib**: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- **Pneumococcal**: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- **Hep A**: 2 doses given 6 months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.
- **Hep B**: 3 doses, with the final dose on or after 24 weeks of age.
- **Varicella**: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.

### Grades 7 Through 12

- **Tdap**: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus diphtheria containing vaccines are required, one of which must be Tdap.
- **Poli**: At least 3 doses, with the final dose on or after the 4th birthday.
- **MMR**: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- **Meningococcal**: 1 dose
- **Hep B**: 3 doses, with the final dose on or after 24 weeks of age.
- **Varicella**: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.
- **Hep A**: 2 doses given 6 months apart, with the 1st dose on or after the 1st birthday. See "HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES" column at the right for more specific information on grade level and year required.

### Hepatitis A Vaccine 2 Dose Requirement Phase-In Dates

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7 th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

**Verification of disease:** Confirmation in writing by an M.D. PA. or APRN that the child has a previous history of disease, based on family or medical history.

Note: The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

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Initial Signature of Health care provider: MD/DO/APRN/PA | Date Signed | Printed/Scanned Provider Name and Phone Number