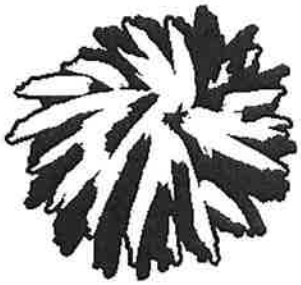

Poms 2024

Information Packet

Poms Auditions Day 1: Thursday, October 24th
Poms Auditions Day 2: Friday, October 25th

Important Information:

- In order to audition for the Poms squad, students must attend both audition dates. No additional practices will be held.

- Prior to the first day of auditions, all students planning on auditioning for the Poms squad must turn in:

    - To a Poms coach: completed and signed Poms parent/student Poms contract and a completed and signed Interscholastic Sports permission form (see attached)
    - To the nurse: If not already on file, a completed and signed sports physical (see attached for a copy of the physical form and a school physical resource list, if needed)
        - Note: Sports physicals are valid for one calendar year from the date of the physical. Please check that the sports physical will cover the entire duration of the Poms season (or make arrangements to obtain an updated sports physical during the Poms season, if the student is accepted on the Poms squad)

- **Students must turn in both permission slips and have a current (not expired) sports physical on file with the nurse or they will not be able to attend the audition dates.**

FORMS ARE DUE NO LATER THAN 7:40 AM on Thursday, October 24th

Questions? See a Poms Coach:

Ms. Ghani (room 125) or Mrs. Hoffman (room 132)

School District 54 Spectator Sportsmanship Statement

One of the highlights of a student athlete's time on the court, field or track is looking into the spectator section and seeing their classmates, family and friends cheering for them.

In School District 54 we work to develop a positive environment for our students and staff. We promote respect and strive to create a culture where all students feel safe and know they belong. We drafted this Spectator Sportsmanship Statement with those same beliefs. Thank you for your support.

1. Respect the students playing the game, including your child, their teammates and opponents.

2. Respect the officials. The officials are here to enforce the rules of the sport and allow your children to compete in our sports. Even if you don't agree with their calls, please show them respect.

3. Respect the coaches. They give countless hours of their time to offer this opportunity for students. Even if you don't agree with the plays they call or the line-up they chose, respect them for the commitment they made to these kids.

4. Respect other fans.

5. Anyone using profane language, being physically aggressive, or threatening or intimidating another person will be removed from the game or event.

6. Focus on positively supporting the teams. Avoid negative fan behavior such as booing, inappropriate language and negative fan gestures.

Cheer loudly. Wear your school colors. Stand up, clap and celebrate amazing plays and players. And remember, our children are watching us. As adults, we are the role models for their future behavior.

Thank you and enjoy the season!

KEEP THIS PAGE

POMS IMPORTANT INFORMATION

What is Poms?

Poms is a sport at Keller Junior High. Poms members perform dance choreography and performs during the boys' basketball season during home games only. The choreography involves the use of pom-poms and the movement in the dances is very sharp and precise. Poms routines combine jazz and hip-hop dance movement and may involve technical elements such as leaps and turns. Basic dance technique will be taught, if students have not had previous dance training. Students must audition for a spot on the Poms squad. Dance ability, showmanship and performance quality, confidence, attitude, creativity, effort and how well students recover after making a mistake will be evaluated. Students who were on the Poms squad last year must re-audition.

Attendance

- Attendance is mandatory at all rehearsals and performances.
    - Poms practices every day after school except for Wednesdays (see attached calendar). Practices start promptly at 2:20 pm and last until 3:50 pm. At 2:20 pm, students should be dressed in their gym uniforms/comfortable clothing and ready to start practice. Practice last until 5:30 on days on which Poms is performing at a home game (see attached calendar).
- If a student is going to miss a practice or a rehearsal *for a reason other than being absent from school*, notify a coach in advance:
    - *Ms. Ghani (847-357-6533 or rehanaghani@sd54.org) or Mrs. Hoffman (847-357-6541 or sarahoffman@sd54.org).*
- Students who miss rehearsals before a performance may be pulled from the performance, at coaches' discretion, if the student is not prepared.

Transportation

- Rehearsals end at 3:50 pm if there is not a game. Students may walk home or take the activity bus home. **Please be prompt if you plan on picking up your student from school.**
- On game days, students need to be picked up at 5:30 pm. There is no activity bus at this time.
- If a student chooses to watch the basketball game after 5:30 pm, they must be accompanied by a parent. As per school policy, student spectators are not allowed at the games after 3:50 pm without a parent.

Uniforms

- All students who are accepted onto the Poms squad will be issued a uniform (long-sleeve leotard and black jazz pants) to be worn during halftime performances. This uniform is the property of Keller Junior High School. If any piece of the uniform is lost, damaged, or discolored, you will be responsible for the cost of its replacement. *Students must keep their uniform at Keller.*
- Additionally, each student will need to provide their own black or mostly black gym/dance shoes. If a student *already owns* black jazz shoes, they may use them. Jazz shoes can be costly, so please do not purchase jazz shoes just for Poms. Lower cost options like all-black Keds style shoes would be acceptable. **Students may bring their black shoes to school at any point after uniforms are issued but must have their black shoes no later than the first performance (November 1st).**

keep this page

Fees

- In the event that your child is accepted on to the squad, a check for **$10.00** should be made to Keller Junior High. Cash is also acceptable. **The money is due FRIDAY, NOVEMBER 1st**. The money will cover a hair bow that the students will keep after the season is over and will pay for uniform dry cleaning/maintenance at the end of the season.

Behavior Eligibility

- The behavior standards for Poms will follow the Be Safe, Be Respectful, and Be Responsible guidelines.
- At the discretion of coaches and/or administration, major infractions occurring at Poms rehearsal/performances or during the school day may result in temporary or permanent removal from Poms.

Academic Eligibility

- Per School Board Policy, to be academically eligible for the following week, a student may not be failing any class or have a D in two or more classes.
- Students not meeting academic requirements will attend a study session during practice time supervised by the coaches and will be ineligible for practice and the performances for that week.
- Students who are ineligible for two or more weeks may be removed from the Poms squad, at the discretion of an administrator.

Parent Meeting (if accepted on the squad)

- Coaches must host a meeting for the parents of the students on any interscholastic sport team. The Poms parent meeting will be Monday, October 28th, 3:45-4:00 PM in room 132 at Keller Jr. High. If the parent/guardian of any Poms member cannot attend the parent meeting, information will be communicated via phone or e-mail.

In order to audition for Poms, your child must:

- ☐ Review all information in the Poms packet carefully – including the practice/performance calendar; keep both pages for your records.
- ☐ Return the following completed/signed forms to a Poms Coach no later than October 24th at 7:40 AM:
  - Parent/Student Poms Contract
  - Interscholastic Sports Permission Form (sign all pages)
- ☐ Have a sports physical on file with the school nurse
  - Note: sports physicals are valid for one calendar year from the date of the physical. Please check that the sports physical will cover the entire duration of the Poms season (or make arrangements for a new physical)
- ☐ Attend BOTH audition days (OCTOBER 24th and OCTOBER 25th)

If your child is accepted on the Poms Squad:

- ☐ $10.00 fee due Friday, November 1st.
- ☐ Students must provide their own black shoes no later than November 1st to ensure they are prepared for the first performance.
- ☐ Poms parent meeting will be on October 28th from 3:45 to 4:00 PM
- ☐ Review the attached calendar for rehearsal dates and pick-up times

KEEP THIS PAGE

OCTOBER 2024

Please review the practice and game schedule. **We only allow for 2 EXCUSED absence during the season.** Be mindful of the commitment.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1	2	3	4 Poms Packet Available
7	8	9	10	11
14 NO SCHOOL Columbus Day	15	16	17	18
21	22	23	24 Poms Audition: Day 1 2:20-3:50 Cafeteria Change into your gym uniform/comfortable clothing. Remove all jewelry and tie back long hair. **FORMS DUE:** ✓ Parent/Student Contract ✓ Interscholastic Sports Permission Form ✓ Valid Sports Physical with the School Nurse	25 Poms Audition: Day 2 2:20-3:50 Cafeteria Change into your gym uniform/comfortable clothing. Remove all jewelry and tie back long hair.
28 Practice in the Café 2:20-3:50 **Parent Meeting in Room 132 at 3:45 to 4:00** If your parents are not able to attend, information will be sent home.	29 Practice in Room 132 2:20-3:50 Fit Uniforms Room 132 If you have your black shoes, bring them.	30	31 *Happy Halloween!* Practice in Room 132 2:20-3:50 	*November 1* **MONEY DUE TO MS. GHANI** Practice in the Café 2:20-3:50 Bring in black shoes.

NOVEMBER & DECEMBER 2024

Please review the practice and game schedule. **We only allow for 2 EXCUSED absences during the season.** Be mindful of the commitment.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
KEEP THIS PAGE				*November 1* **MONEY DUE TO MS. GHANI** Practice in the Café 2:20-3:50 **Bring in black shoes.**
4 **GAME DAY** Lincoln Prairie at Keller Room 132 Parent pick-up at 5:30	5 NO SCHOOL Presidential Election Day	6	7 **GAME DAY** Addams at Keller Room 132 Parent pick-up at 5:30	8 No Practice PBIS Social Event 2:20-3:50
11 Practice in the Café 2:20-3:50	12 Away Game Practice in the Gym 2:20-3:50	13	14 **GAME DAY** Frost at Keller Room 132 Parent pick-up at 5:30	15 Practice in the Café 2:20-3:50
18 Practice in the Café 2:20-3:50	19 Away Game Practice in the Gym 2:20-3:50	20	21 Practice in Room 132 2:20-3:50	22 Practice in the Café 2:20-3:50
25 NO SCHOOL Parent-Teacher Conferences	26 NO SCHOOL Parent-Teacher Conferences	27 NO SCHOOL Thanksgiving Break	28 NO SCHOOL Happy Thanksgiving! 	29 NO SCHOOL Thanksgiving Break
December 2 Practice in the Café 2:20-3:50	*December 3* Away Game Practice in the Gym 2:20-3:50	*December 4*	*December 5* **GAME DAY** Mead at Keller Room 132 Parent pick-up at 5:30	*December 6* Practice in the Café 2:20-3:50
December 9 Away Game Practice in the Gym 2:20-3:50	*December 10* **GAME DAY/LAST GAME** **IKE at Keller** Room 132 **TURN IN UNIFORMS** **Parent pick-up at 5:30**			

RETURN THIS PAGE

Return to Ms. Ghani or Ms. Hoffm

ALL STUDENTS AUDITIONING FOR POMS
NEED A PHYSICAL ON FILE WITH THE SCHOOL NURSE BEFORE THE FIRST DAY OF AUDITIONS

PARENT/STUDENT CONTRACT FOR POMS

Return to Ms. Ghani in room 125 or Mrs. Hoffman in room 132
no later than 7:40 a.m. on Thursday, October 24th
If your child does not return this contract, your child may not audition for Poms.
MAKE SURE THIS FORM IS COMPLETE!

Contact Information

Student name: _____ (first and last; print neatly)

Grade Level (circle): 7 / 8

Student ID number: _____

Transportation arrangements for my child on practice days (dismissal at 3:50pm) (circle):

Walk Ride Bus

Is this how your child will be getting home on the audition days? If not, please explain:
(This will affect the order of auditions.)

Yes No

By signing this contract, you (the parent/guardian) give permission for your child to audition for Poms and pledge to follow the guidelines in this contract if your child is accepted on to the Poms squad.

There is a short parent meeting on October 28th from 3:45-4:00 PM If you cannot attend this meeting, coaches will communicate the content to you via phone or e-mail.

X _____
(parent signature)

By signing this contract, you (the student) pledge to follow the guidelines in this contract if you are accepted on to the Poms squad.

Students must meet all behavioral and academic expectations to participate in extra-curricular activities.

X _____
(student signature)

For Coach Use Only Physical on File: YES NO

Date of Physical: _____

Return to Ms. Ghani or Ms. Hoffman

School District 54 INTERSCHOLASTIC SPORTS PERMISSION FORM

This permission slip and insurance coverage note must be returned to the coach and on file with the school before the student may tryout and participate in interscholastic sports.

X **Student's Name**_____ **Grade**_____

Sport Poms (dance team)

Interscholastic Sports Statement of Philosophy

It is the philosophy of the District 54 interscholastic program to provide a variety of opportunities to teach values in a competitive atmosphere while enhancing total fitness and character through organized activities. District 54 believes that interscholastic activities are an integral part of the educational process and allow for the development of skills in both group and individual experiences. The District believes that students participating in interscholastic sports will embrace the expectations of PBIS (*Positive Behavioral Interventions and Supports*) during their school hours and in their community at large.

Behavioral Expectations for Student Athletes

I am **RESPECTFUL** of my teammates, coaches, and opponents. I work at maintaining my positive attitude even in the face of the tremendous pressures of the game. I do not use profanity or make inappropriate comments toward my teammates or opponents. I respect my body by avoiding the use of dangerous and illegal substances.

I accept full **RESPONSIBILITY** for my actions. I am committed to doing my personal best on and off the field. When things get tough, I continue to focus on my goals. I am accountable for my behavior. I will demonstrate self-control and sportsmanship at practice, during contests, and throughout my life.

I will serve as a role model of **SAFE** behavior during practices and games. I will follow the rules and guidance from my coaches at all times. I will warm up and stretch before active competition and ensure to wear appropriate, properly-fitting sports gear.

NOTE: Board Policy 8:130/8:130-AP states in part: *Community Consolidated School District 54 does not grant permission to spectators to release personal tapings of productions for use on cable or other mass media.*

Attendance Requirements

Athletes **must** be dressed in a P.E. uniform and participate in P.E. class the day of practice/competition in order to participate in interscholastic sports.

Physical Examinations for Students Participating in Interscholastic Sports

Board Policy 7:300/7:300-AP states that physical examinations will be required for any student to try out for a team and participation in scheduled team practice or competition. A complete physical examination by a licensed physician, advanced practical nurse or physician assistant will cover a period of one year from the date of examination. A student's physical must be completed with proper forms and must be submitted to the school nurse. **Only students who have successfully and properly completed the physical examination will be permitted to tryout or participate in interscholastic sports.**

Athletic Program Participation Insurance Coverage Requirement

If you do not elect the insurance coverage made available to families by School District 54, a comparable insurance plan is required before your child may try out and participate in any interscholastic sports program. Your signature below will indicate that these requirements have been met.

Additional Health Information (please check all that apply):

Diabetes ___ Seizures ___ Concussions ___ Asthma___ Allergies ____ Other (list)_____

Concussion Information Sheet

Each student and the student's parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic sports or intramural athletics. The completed agreement should be returned to the coach.

My child, _____, wishes to participate in the following interscholastic sports or intramural athletics Poms (dance team).

(An agreement must be signed for each sport the student joins.)

1. Physical examinations are required for any student to participate in intramurals, try out for a team and or participate in a scheduled team practice or competition. A complete physical examination by a licensed physician, advanced practical nurse or physician assistant will cover a period of one year from the date of examination. A student's physical must be completed with proper forms and must be submitted to the school nurse. Only students who have successfully and properly completed the physical examination will be permitted to try out or participate in interscholastic sports and/or intramurals.
2. The student agrees to abide by all conduct rules and will behave in a sportsman-like manner. The student agrees to follow the coaches' instructions, playing techniques and training schedule, as well as all safety rules.
3. The student and the student's parent/guardian understand that Board Policy 7:305 – Student Athlete Concussion and Head Injuries requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by an Illinois licensed physician.
4. The following Concussion Information Sheet explains concussion prevention, symptoms, treatment and guidelines, and includes guidelines for safely resuming participation in an athletic activity following a concussion.
5. The student and the student's parent/guardian are aware that with participation in sports comes the risk of injury, and that the degree of danger and seriousness of risk vary significantly from one sport to another, with contact sports carrying the highest risk. The student and the student's parent/guardian are aware that participating in sports involves travel with the team. The student and the student's parent/guardian acknowledge and accept the risks inherent in the sports or athletics in which the student will be participating and in all travel involved. The student and the student's parent/guardian agree to indemnify and hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with the student participating in the school-sponsored interscholastic sports or intramural athletics, to the extent allowed by law, including relating to physical injury to the student or others while participating in the above indicated sport or activity. The terms hereof shall serve as a release and assumption of risk for the student and the student's parent/guardian and their heirs, estate, executor, administrator, assignees, and for all members of the student and the student's parent/guardian's family. The parent/guardian certifies that the student is in good physical health and is capable of participation in the above indicated sport or activity.
6. If any term, covenant, condition, or provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired, or invalidated.

Concussion Information

Board Policy 7:305 – Concussion and Head Injuries requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by an Illinois licensed physician.

This Agreement to Participate and Concussion Information Sheet must be completed and signed each year by students and their parents/guardians (meaning the student's natural or adoptive parent or other legal guardian or person with legal authority to make medical decisions for the student) before the student may participate in interscholastic sports or intramural athletics for the school year. This form contains all language from the Concussion Information Sheet approved by the Illinois High School Association.

A concussion is a brain injury and all brain injuries are serious. Concussions are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly**. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

Signs observed by teammates, parents and coaches may include one or more of the following:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete's safety.

Return to Ms. Ghani or Ms. Hoffman

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to play or physical activity, including the physical activity portion of physical education courses, after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from an Illinois licensed physician prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. Board policy requires clearance before such a student can return to intramural athletics and the physical activity portion of a physical education class.

You should also inform your child's coach if you think that your child may have a concussion, even if it resulted from an injury that occurred outside of school/school activities. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

How can you help your child prevent a concussion or other serious brain injury?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
- However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.
- Tell your child's coaches if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

For up-to-date information on concussions, visit https://www.cdc.gov/headsup/youthsports.

Adapted from the *IHSA Sports Medicine Acknowledgement & Consent Form*, which is adapted from the CDC and the 3rd International Conference on Concussion in Sports.

- ☐ I have read and agree to the *Behavioral Expectations for Student Athletes.*
- ☐ My child has permission to try out and participate in interscholastic sports.
- ☐ My child has a current physical (dated within one year) on file with the school nurse.
- ☐ My child does not have a current physical, but I will schedule an appointment before tryouts.

X _____ _____

Student Athlete Signature Date

X _____ _____

Parent Signature Date

Ms Ghani _____ 9-30-24

Coach Signature Date

Emergency phone #_____ Alt. phone #_____

Return to the School Nurse

State of Illinois

Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date (Mo/Day/Yr)	Sex	Race/Ethnicity	School/Grade Level/ID#
Street Address City ZIP Code	Parent/Guardian			Telephone (home/work)

HEALTH HISTORY: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)	☐ Yes ☐ No	**List:**	**MEDICATION** (Prescribed or taken on a regular basis)	☐ Yes ☐ No	**List:**

Diagnosis of Asthma?	☐ Yes ☐ No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	☐ Yes ☐ No	
Child wakes during night coughing?	☐ Yes ☐ No		Hospitalization? When? What for?	☐ Yes ☐ No	
Birth Defects?	☐ Yes ☐ No		Surgery? (List all) When? What for?	☐ Yes ☐ No	
Developmental delay?	☐ Yes ☐ No		Serious injury or illness?	☐ Yes ☐ No	
Blood disorder? Hemophilia, Sickle Cell, Other? Explain.	☐ Yes ☐ No		TB skin test positive (past/present)?	☐ Yes* ☐ No	*If yes, refer to local health department
Diabetes?	☐ Yes ☐ No		TB disease (past or present)?	☐ Yes* ☐ No	
Head injury/Concussion/Passed out?	☐ Yes ☐ No		Tobacco use (type, frequency)?	☐ Yes ☐ No	
Seizures? What are they like?	☐ Yes ☐ No		Alcohol/Drug use?	☐ Yes ☐ No	
Heart problem/Shortness of breath?	☐ Yes ☐ No		Family history of sudden death before age 50? (Cause?)	☐ Yes ☐ No	
Heart murmur/High blood pressure?	☐ Yes ☐ No				
Dizziness or chest pain with exercise?	☐ Yes ☐ No				

Eye/Vision problems? _____ ☐ Glasses ☐ Contacts Last exam by eye doctor _____

Other concerns? (Crossed eye, drooping lids, squinting, difficulty reading) _____

Ear/Hearing problems?	☐ Yes ☐ No	
Bone/Joint problem/injury/scoliosis?	☐ Yes ☐ No	

☐ Dental ☐ Braces ☐ Bridge ☐ Plate ☐ Other

Additional Information:

Information may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian Signatures: _____ **Date:** _____

IMMUNIZATIONS: To be completed by health care provider. The mo/day/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine/Dose	**DOSE 1** MO DA YR	**DOSE 2** MO DA YR	**DOSE 3** MO DA YR	**DOSE 4** MO DA YR	**DOSE 5** MO DA YR	**DOSE 6** MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric **DT** (Check specific type)	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT	☐ Tdap ☐ Td ☐ DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophiles Influenza Type B						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles, Mumps, Rubella				**Comments:** * indicates invalid dose		
Varicella (Chickenpox)						
Meningococcal Conjugate						
RECOMMENDED, BUT NOT REQUIRED Vaccine/Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.
If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature _____ Title _____ Date _____

Return to the School Nurse

Student's Name Last First Middle	Birth Date (Mo/Day/Yr)	Sex	School	Grade Level/ID#

Certificates of Religious Exemption to Immunizations or Physician Medical Statement of Medical Contraindication are reviewed and *Maintained* by the School Authority.

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.

*MEASLES (Rubeola) (MO/DA/YR) _____ **MUMPS (MO/DA/YR) _____ HEPATITIS B (MO/DA/YR) _____ VARICELLA (MO/DA/YR) _____

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official. Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease _____ Signature _____ Title _____

3. Laboratory Evidence of Immunity (check one) ☐ Measles* ☐ Mumps** ☐ Rubella ☐ Varicella Attach copy of lab result.

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Physician Statements of Immunity MUST be submitted to IDPH for review.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____

PHYSICAL EXAMINATION REQUIREMENTS **Entire section below to be completed by MD/DO/APN/PA**

HEAD CIRCUMFERENCE if < 2-3 years old _____ HEIGHT _____ WEIGHT _____ BMI _____ BMI PERCENTILE _____ B/P _____

DIABETES SCREENING: (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** ☐ Yes ☐ No And any two of the following: **Family History** ☐ Yes ☐ No

Ethnic Minority ☐ Yes ☐ No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) ☐ Yes ☐ No **At Risk** ☐ Yes ☐ No

LEAD RISK QUESTIONNAIRE: Required for children aged 6 months through 6 years enrolled in licensed or public-school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high-risk zip code.)

Questionnaire Administered? ☐ Yes ☐ No **Blood Test Indicated?** ☐ Yes ☐ No **Blood Test Date** _____ **Result** _____

TB SKIN OR BLOOD TEST: Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

☐ No test needed ☐ Test performed **Skin Test:** Date Read _____ Result: ☐ Positive ☐ Negative mm _____

Blood Test: Date Reported _____ Result: ☐ Positive ☐ Negative Value _____

LAB TESTS (Recommended)	Date	Results	SCREENINGS	Date	Results
Hemoglobin or Hematocrit			Developmental Screening		☐ Completed ☐ N/A
Urinalysis			Social and Emotional Screening		☐ Completed ☐ N/A
Sickle Cell (when indicated			Other:		

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin	☐		**Endocrine**	☐	
Ears	☐	Screening Result:	**Gastrointestinal**	☐	
Eyes	☐	Screening Result:	**Genito-Urinary**	☐	LMP:
Nose	☐		**Neurological**	☐	
Throat	☐		**Musculoskeletal**	☐	
Mouth/Dental	☐		**Spinal Exam**	☐	
Cardiovascular/HTN	☐		**Nutritional Status**	☐	
Respiratory	☐	☐ Diagnosis of Asthma	**Mental Health**	☐	
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g., Short Acting Beta Agonist) ☐ Controller medication (e.g., inhaled corticosteroid)			**Other**	☐	

NEEDS/MODIFICATIONS required in the school setting

DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES (e.g., safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup)

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?

☐ Yes ☐ No If yes, please describe:

On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)

PHYSICAL EDUCATION ☐ Yes ☐ No ☐ Modified **INTERSCHOLASTIC SPORTS** ☐ Yes ☐ No ☐ Modified

Print Name _____ ☐ MD ☐ DO ☐ APN ☐ PA Signature _____ Date _____

Address Phone