TUXEDO UNION FREE SCHOOL DISTRICT

Summer Bridge Program Registration Check List

Student Name: _____

Grade (in September): _____

DOB: _____

Signature of Person Verifying

☐ Updated Immunization Records _____

☐ Updated Physical Form _____

☐ Summer Bridge Registration Form _____

☐ Emergency Contact Information Form _____

TUXEDO UNION FREE SCHOOL DISTRICT

SUMMER BRIDGE REGISTRATION FORM

STUDENT INFORMATION

Student's Last Name First Name Middle Name

Date of Birth

Home Phone Grade

Mailing Address Mailing City / State / Zip

Physical Address (If different from above) Physical City / State / Zip

I verify that the above information is correct.

Parent/Guardian Name (Please Print) Date

Parent/Guardian Signature

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: ☐ M ☐ F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies ☐ No ☐ Yes, indicate type	Type: ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached
Asthma ☐ No ☐ Yes, indicate type	☐ Intermittent ☐ Persistent ☐ Other : ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached
Seizures ☐ No ☐ Yes, indicate type	Type: Date of last seizure: ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached
Diabetes ☐ No ☐ Yes, indicate type	Type: ☐ 1 ☐ 2 ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: *Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.*

BMI_____kg/m2

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and>

Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height: **Weight:** **BP:** **Pulse:** **Respirations:**

Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	☐	☐		
Sickle Cell Screen-PRN	☐	☐		
Lead Level Required Grades Pre- K & K			**Date**	
☐ Test Done ☐ Lead Elevated ≥5 µg/dL				

☐ **System Review and Abnormal Findings Listed Below**

☐ HEENT	☐ Lymph nodes	☐ Abdomen	☐ Extremities	☐ Speech
☐ Dental	☐ Cardiovascular	☐ Back/Spine	☐ Skin	☐ Social Emotional
☐ Neck	☐ Lungs	☐ Genitourinary	☐ Neurological	☐ Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations:	Diagnoses/Problems (list) ICD-10 Code*
☐ Additional Information Attached	*Required only for students with an IEP receiving Medicaid

Name:	DOB:

SCREENINGS

Vision (w/correction if prescribed)	**Right**	**Left**	**Referral**	**Not Done**
Distance Acuity	20/	20/	☐ Yes ☐ No	☐
Near Vision Acuity	20/	20/		☐
Color Perception Screening ☐ Pass ☐ Fail				☐
Notes				

Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.			**Not Done**
Pure Tone Screening	**Right** ☐ Pass ☐ Fail	**Left** ☐ Pass ☐ Fail	**Referral** ☐ Yes ☐ No	☐
Notes				

Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	**Negative**	**Positive**	**Referral**	**Not Done**
	☐	☐	☐ Yes ☐ No	☐

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ **Student may participate in all activities without restrictions.**

☐ **Student is restricted from participation in:**

- ☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
- ☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
- ☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field.
- ☐ **Other Restrictions:**

Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level **OR** Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable) : _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prostectic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

☐ **Order Form for Medication(s) Needed at School Attached**

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIIS

HEALTH CARE PROVIDER

Medical Provider Signature:

Provider Name: *(please print)*

Provider Address:

Phone: Fax:

Please Return This Form To Your Child's School When Completed.

EMERGENCY PROCEDURE FORM

PLEASE PRINT THE FIRST AND LAST NAMES OF ALL YOUR CHILDREN ATTENDING TUXEDO UNION FREE SCHOOL DISTRICT:

1. _____ 2. _____

3. _____ 4. _____

HOME TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____

STREET ADDRESS: _____ MAILING ADDRESS: _____

MOTHER/GUARDIAN'S NAME:

_____

_____

WORK PHONE NUMBER: _____ CELL NUMBER:

_____

FATHER/GUARDIAN'S NAME: _____ BUSINESS

ADDRESS: _____ WORK PHONE NUMBER: _____ CELL

NUMBER: _____

IN CASE OF AMBULANCE TRANSPORT STUDENTS WILL BE TAKEN TO GOOD SAMARITAN HOSPITAL IN SUFFERN, NEW YORK. (845.368.5000)

IN CASE OF EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIANS LISTED ABOVE. IF A PARENT/GUARDIAN CANNOT BE REACHED, PLEASE LIST PERSON(S) WHO MAY PICK UP YOUR CHILD(REN) IN AN EMERGENCY.

YOUR CHILD(REN) WILL ONLY BE RELEASED TO PEOPLE LISTED ON THIS FORM.

1. NAME: _____ PHONE NUMBER: _____

2. NAME: _____ PHONE NUMBER: _____

3. NAME: _____ PHONE NUMBER: _____

4. NAME: _____ PHONE NUMBER:

_____

PLEASE INDICATE ANY EMERGENCY MEDICAL INFORMATION THAT WE SHOULD KNOW BELOW:
(PLEASE PROVIDE DOCUMENTATION TO THE SCHOOL NURSE)

CIDLD'S NAME: _____ CONDITION: _____

CHILD'S NAME: _____ CONDITION: _____

THE FOLLOWING PERSON(S) ARE LEGALLY PROHIBITED FROM UNAUTHORIZED CONTACT WITH MY CHILD(REN *(PLEASE ATTACH LEGAL DOCUMENTATION)*

_____

_____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PLEASE MAIL/FAX (845.351.4823) THIS FORM TO THE HIGH SCHOOL OFFICE (845.351.3402) GGM OFFICE