

**EAST IRONDEQUOIT CENTRAL SCHOOLS
HEALTH APPRAISAL INFORMED CONSENT**

Please read and sign this if you wish your child to have a health appraisal done in school.

Should you choose to have a health appraisal done by the Nurse Practitioner in school, it will be scheduled at a time convenient to the District. Most parents do not choose to attend, but if you wish to be in attendance, please notify the School Nurse. Otherwise, please be advised of how the appraisal will be conducted in your absence.

Your child will be asked to disrobe to underclothing. Other children of the same sex may be in the changing area. Paper drapes will be available. The Nurse Practitioner will first conduct a mini-interview for history either verbally or by asking the student to read a list of questions, or both. The interview includes age-appropriate questions that explore psychosocial areas of concern for children as identified by the American Academy of Pediatrics. At the junior and senior high level, these questions include pertinent topics of chemical experimentation and use as well as sexuality, among others. The student is told that if he/she is uncomfortable discussing such topics with the Nurse Practitioner, the exam should instead be conducted by the private healthcare provider.

Next, the screening physical exam is done. It is a head-to-toe screening of all major organ systems. This includes a testicular exam and a hernia check for boys and a breast exam for girls sixteen and older. You will be advised of any areas of concern found on the examination. Please remember that this exam is not meant to take the place of your child's yearly well child visit with their own healthcare provider. The discussions that take place about any current concerns and the health education are often the most important parts of that visit and should not be missed.

In matters pertaining to the psychosocial interview, if there is any concern that a student is engaging in activities that are immediately self-injurious, e.g. suicidal ideation, you will be notified without delay. In instances where a student's choices cause concern for future problems, e.g. smoking, a referral may be made to the appropriate school staff member. Most often, this includes counseling the student to involve you. Often, the counselor is involved to explore more deeply whether issues discussed with the Nurse Practitioner are of a serious nature. Please understand that New York State students are protected by law to rights of confidentiality in matters pertaining to sexuality. Every effort is made by the District to educate a student about the importance of responsibility in such matters, particularly in regard to involving their parents in their decision-making. However, we encourage you to develop an atmosphere in your home from the time your children are young that will allow your teenager to come to you to discuss anything. We also urge you to involve your primary physician in matters of sexuality if you feel uncomfortable addressing the issue yourself.

We ask that you discuss what will be involved in the health appraisal with your child so that there are no surprises. We also request that you involve your child in the decision of whether the exam should be done in school or by your private healthcare provider. **IN ORDER FOR YOUR CHILD TO HAVE AN EXAM AT SCHOOL, YOU MUST COMPLETE AND SIGN THE FORM ON THE BACK OF THIS SHEET AND RETURN IT TO THE SCHOOL NURSE.**

Please call the Health Office at your child's school if you have any questions regarding the health appraisal. Thank you for your cooperation.

CONTINUED ON REVERSE SIDE →

Please answer the following questions:

| HAS THE STUDENT EVER | YES | NO | DATE & DESCRIBE |
|--|------------|-----------|----------------------------|
| 1. Had any serious injuries, illnesses or operations? | | | |
| 2. Had any acute infections, including mononucleosis? | | | |
| 3. Had asthma or other respiratory problems? | | | |
| 4. Had any heart problems, including high blood pressure? | | | |
| 5. Had a bleeding disorder? | | | |
| 6. Had a liver or spleen problem? | | | |
| 7. Had a hernia, undescended testicle or absence of one testicle? | | | |
| 8. Had kidney disease or absence of one kidney? | | | |
| 9. Had any muscular or bone problems, including fractures? | | | |
| 10. Been knocked unconscious, or had a sudden loss of consciousness? | | | |
| 11. Had seizures? | | | |
| 12. Is the student currently taking any medication? | | | |
| 13. Are there any allergy problems that we should be aware of? | | | |
| 14. Does your child have absence of vision in one eye or loss of an eye? | | | |
| 15. Does your child wear glasses or contact lenses? | | | |
| 16. Does your child wear orthodontic equipment (braces, retainer, etc.)? | | | |
| 17. Are you aware of any medical or physical limitations that would disqualify or limit your child's full participation in any athletic program? | | | |

Student's Name _____ Grade _____

I give permission to have my child interviewed and examined by the Nurse Practitioner as scheduled at the convenience of the school. I have read the information on health appraisals, answered the questions, and have advised my child of my decision.

Parent/Guardian Signature _____

Please print your name _____

Please return to the school Health Office immediately.