



Freshman (Class of 2024)

<u>Required for All Freshman (4.0 hours)</u>		
<u>Theology</u> Theology 1 (0.5) Theology 2 (0.5)	<u>English</u> English 9 (1.0)	<u>Math (1.0 Each)</u> Algebra 1 Geometry Honors Geometry
<u>Science</u> Intro to Chem/Physics (1.0) Biology (1.0)		

<u>Electives to Choose (Need 4.0 Hours)</u>		
<u>Social Studies</u> World History 1 (0.5) World History 2 (0.5)	<u>Foreign Language</u> Spanish 1 (1.0) Spanish 2 (1.0) Latin 1 (1.0)	<u>PE/Health</u> PE 1 (0.5) or (1.0) PE 2 (0.5) or (1.0) Driver's Ed (0.5) Health (0.5)
<u>Fine Arts</u> Art 1 (1.0) Applied Arts (0.5) Ceramics (0.5) or (1.0) Photography (0.5) Digital Art (0.5) Digital Art - Animation (0.5) Drama - Technical (0.5) Choir (1.0) Band (1.0) Music Theory/Appreciation (0.5) Percussion (0.5) Guitar (0.5) Piano (0.5)	<u>Electives</u> Creative Writing (0.5) Journalism (0.5) or (1.0) Public Speaking (0.5) Graphic Design (0.5) Web Design (0.5)	<u>Study Hall (1.0)</u> Study Hall (1.0)



Sophomores (Class of 2023)

<u>Required for All Sophomores (4.0 hours)</u>		
<u>Theology</u> Theology 6 (0.5) Theology 3 (0.5)	<u>English</u> English 10 (1.0) Honors English 10 (1.0)	<u>Math (1.0 Each)</u> Geometry Honors Geometry Algebra 2 Honors Algebra 2
<u>Science</u> Intro to Chem/Physics (1.0) Chemistry (1.0) Astronomy (0.5) Geology (0.5)		

<u>Electives to Choose (Need 4.0 Hours)</u>		
<u>Social Studies</u> World History 1 (0.5) World History 2 (0.5) Human Geography (0.5)	<u>Foreign Language</u> Spanish 1 (1.0) Spanish 2 (1.0) Spanish 3 (1.0) Latin 1 (1.0) Latin 2 (1.0)	<u>PE/Health</u> PE 1 (0.5) or (1.0) PE 2 (0.5) or (1.0) Driver's Ed (0.5) Health (0.5)
<u>Fine Arts</u> Art 1 (1.0) Art 2 (1.0) Applied Arts (0.5) Ceramics (0.5) or (1.0) I or II Photography (0.5) Digital Art (0.5) Digital Art - Animation (0.5) Drama - Technical (0.5) Choir (1.0) Band (1.0) AP Music Theory (1.0) Music Theory/Appreciation (0.5) Percussion (0.5) Guitar (0.5) Piano (0.5)	<u>Electives</u> Creative Writing (0.5) Journalism (0.5) or (1.0) Public Speaking (0.5) Graphic Design (0.5) Web Design (0.5)	<u>Study Hall</u> Study Hall (1.0)



Juniors (Class of 2022)

<u>Required for All Juniors (5.0 hours)</u>		
<u>Theology</u> Theology 6 (0.5) Theology 4 (0.5)	<u>English</u> English 11 (1.0) AP English (1.0)	<u>Math (1.0 Each)</u> Algebra 2 Honors Algebra 2 Statistics Pre-Calculus Business Math
<u>Science</u> Intro to Chem/Physics (1.0) Chemistry (1.0) Astronomy (0.5) Geology (0.5) Dual Credit Human Bio (1.0) (Parkland Admission is Required) BOLD - Chemistry is a Prerequisite		<u>Social Studies</u> US History (1.0) AP US History (1.0)

<u>Electives to Choose (Need 3.0 Hours)</u>		
<u>Social Studies</u> World History 1 (0.5) World History 2 (0.5) Human Geography (0.5) Civics (0.5) (Req for grad) Psychology (0.5) Sociology (0.5) Comparative Politics (0.5)	<u>Foreign Language</u> Spanish 1, 2, 3, or 4 (1.0) Latin 1, 2, or 3 (1.0)	<u>PE/Health</u> PE 1 (0.5) or (1.0) PE 2 (0.5) or (1.0) Driver's Ed (0.5) Health (0.5)
<u>Fine Arts</u> Art 1 (1.0) Art 2 (1.0) AP Art (2D or 3D) (1.0) Art Portfolio (1.0) Applied Arts (0.5) Ceramics (0.5) or (1.0) I or II Photography (0.5) Digital Art (0.5) Animation (0.5) Drama - Technical (0.5) AP Music Theory (1.0) Choir (1.0) Band (1.0) Music Theory/Appreciation (0.5) Percussion (0.5) Guitar (0.5) Piano (0.5)	<u>Electives</u> Creative Writing (0.5) Journalism (0.5/1.0) Public Speaking (0.5) Graphic Design (0.5) Web Design (0.5) Computer Networking (0.5)	<u>Study Hall</u> Study Hall (1.0)



Seniors (Class of 2021)

<u>Required for All Seniors (3.0 hours)</u>		
<u>Theology</u> Theology 6 (0.5) Elective (0.5)	<u>English</u> English 12 (1.0) AP English (1.0)	<u>Social Studies</u> Civics (0.5) Economics (0.5) *Some students took Civics during Junior year*

<u>Electives to Choose (Need 5.0 Hours)</u>		
<u>Social Studies</u> World History 1 (0.5) World History 2 (0.5) Human Geography (0.5) Psychology (0.5) Sociology (0.5) Comparative Politics (0.5)	<u>Foreign Language</u> Spanish 1, 2, 3, 4, or 5 (1.0) Latin 1, 2, 3, 4 (1.0)	<u>PE/Health</u> PE 1 (0.5) or (1.0) PE 2 (0.5) or (1.0) Driver's Ed (0.5) Health (0.5)
<u>Fine Arts</u> Art 1 (1.0) Art 2 (1.0) AP Art (2D or 3D) (1.0) Art Portfolio (1.0) Applied Arts (0.5) Ceramics (0.5) or (1.0) I or II Photography (0.5) Digital Art (0.5) Animation (0.5) Drama - Technical (0.5) AP Music Theory (1.0) Choir (1.0) Band (1.0) Music Theory/Appreciation (0.5) Percussion (0.5) Guitar (0.5) Piano (0.5)	<u>Electives</u> Creative Writing (0.5) Journalism (0.5) or (1.0) Public Speaking (0.5) Graphic Design (0.5) Web Design (0.5) Computer Networking (0.5) <u>Math (1.0 Each)</u> Statistics Pre-Calculus AP Calculus Business Math	<u>Study Hall</u> Study Hall (1.0) Early Out/Late Arrival (1.0) **If Possible** <hr/> <u>Science</u> Intro to Chem/Physics (1.0) Chemistry (1.0) Astronomy (0.5) Geology (0.5) AP Bio (1.0) AP Chem (1.0) H Physics 1 or 2 (1.0 each) Human Anatomy (1.0) Dual Credit Human Bio (1.0) (Parkland Admission is Required) BOLD - Chemistry is a Prerequisite

The High School of Saint Thomas More

2020-2021 Bell Schedules & Calendar

Schedule 1			Schedule 2	
Warning Bell	7:55		Warning Bell	7:55
Period 1	8:00 - 8:48		Period 1	8:00 - 8:37
Period 2	8:52 - 9:37		Period 2	8:41 - 9:17
Period 3	9:41 - 10:26		Mass/Adoration/ House	9:34 - 10:29
Period 4	10:30 - 11:15		Period 3	10:33 - 11:10
Period 5a	11:19 - 12:04		Period 4	11:14 - 11:51
1st Lunch	11:15 - 11:42		Period 5a	11:55 - 12:32
Period 5b	11:46 - 12:31		1st Lunch	11:52 - 12:17
2nd Lunch	12:04 - 12:31		Period 5b	12:20 - 12:57
Period 6	12:35 - 1:20		2nd Lunch	12:33 - 12:57
Period 7	1:24 - 2:09		Period 6	1:01 - 1:38
Period 8	2:13 - 3:00		Period 7	1:42 - 2:19
			Period 8	2:23 - 3:00

Staff meetings 1st and 3rd Tuesday of the month at 7:30 a.m.



Draft Academic Calendar 2020-2021

Aug-20						
						1
2	3	4	5	6	7 ^T	8
9	10 ^T	11 ^T	12	13	14 ^M	15
16	17	18	19 ^S	20	21	22
23	24 ^M	25	26 ^S	27	28	29
30	31			14 Days		

Sep-20						
		1	2 ^S	3	4	5
6	7	8 ^M	9	10	11	12
13	14	15	16 ^S	17	18	19
20	21	22	23 ^A	24	25	26
27	28	29	30			
				21 Days		

Oct-20						
				1	2	3
4	5	6	7 ^A	8	9 ^{PT}	10
11	12	13	14 ^S	15	16 ^T	17
18	19	20	21 ^S	22	23	24
25	26	27	28 ^M	29	30	31
				22 Days		

Nov-20						
1	2	3	4 ^S	5	6	7
8	9	10	11 ^S	12	13	14
15	16	17	18 ^A	19	20	21
22	23	24 ^M	25	26	27	28
29	30					
				18 Days		

Dec-20						
		1	2 ^A	3	4	5
6	7	8 ^M	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
				14 Days		

Jan-21						
					1	2
3	4 ^T	5	6 ^A	7	8	9
10	11	12	13 ^S	14 ^T	15 ^T	16
17	18	19	20	21	22 ^M	23
24	25	26	27 ^S	28	29	30
31				18 Days		

Feb-21						
	1	2 ^M	3 ^A	4	5	6
7	8	9	10 ^S	11	12	13
14	15	16	17 ^M	18	19	20
21	22	23	24 ^S	25	26	27
28						
				19 Days		

Mar-21						
	1	2	3 ^S	4	5	6
7	8	9	10 ^A	11	PT	12
13	14	15	16	17	18	19
20	21	22	23	24	25 ^M	26
27	28	29	30	31 ^S		
				18 Days		

Apr-21						
				1	2	3
4	5	6	7 ^M	8	9	10
11	12	13	14	15	16	17
18	19	20	21 ^A	22	23	24
25	26	27	28 ^S	29	30	
				20 Days		

May-21						
						1
2	3	4	5 ^S	6	7	8
9	10	11 ^M	12 ^S	13	14	15
16	17	18 ^A	19	20	21	22
23	24	25	26	27	28	29
30	31			20 Days		

**June-21						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			
				3 Days		

Key to Symbols						
	Regular School Day					
	Not in Session					
T	Faculty Only					
M/A	Mass and Adoration Bell #2					
S	Saber House, Bell Schedule #2					
	Half Day Schedule					

Calendar is subject to change. Refer to STM communications and website often for changes.

****By Diocesan mandate, inclement weather days have been built into the 2019-2020 Academic Calendar. On or about April 1, 2020, Administration will review the academic calendar. Any unused days may be subtracted from the stated end to Semester 2.**

Academic Schedule

House Leader Training Aug. 6 and 7
New Students & House Leaders Aug. 12
School Begins Aug. 13
Jr PSAT/NMSQT Testing Oct. 14
Semester Exams Dec. 16 - 18
PSAT/SAT Testing Apr. 14
Senior Exams May 12 and 13
Senior Honors Luncheon May 14
& Graduation Practice
Baccalaureate Mass May 14
Commencement May 15
Semester Exams May 21, 24, 25
Emergency Days May 26 - June 3

Explanations

All-School Masses

1st School Mass Aug. 14
Grand-Saber Mass Sept. 8
Thanksgiving Mass & Academic Awards
Nov. 24
Ash Wednesday Feb. 17

Retreats

Coaches Retreat Aug. 1
Faculty Aug. 12
Freshmen Sept. 4
Sophomores Feb. 19
Juniors Oct. 23
Seniors Ending Retreat Apr. 14
Sr. LOGOS Nov. 11-13
Jr. & Sr. LOGOS Mar. 3-5

Faculty Meetings

CDOP Wkshp-New Faculty Aug. 7
Catechetical Institute Oct. 16
ICLE Training Jan. 14, 15
Professional Development/Spiritual Development
Aug 10-11, Jan. 4

Holidays, Vacations, Other

Fee/Registration Day Aug. 4
New Family Night Aug. 11
Picture Day Aug. 20
Back to School Night Aug. 26
Labor Day Sept. 7
Parent-Teacher Conf. Oct. 9
Homecoming Week TBA
Empty Bowl Supper Nov. 20
Thanksgiving Break Nov. 25-27
Madrigal Dinner Dec. 4, 5
Christmas Break Dec. 21 - Jan. 4
Martin Luther King Day Jan. 18
March For Life Jan. 27 - 31
Catholic Schools Week Jan. 31 - Feb. 7
President's Day Feb. 15
Explore STM Day Mar. 12
Parent-Teacher Conf. Mar. 12
Spring Break Mar. 15-19
Easter Break Apr. 2, 5
STM Prom Apr. 24
Memorial Day May 31

187 Student Days
Revised: 05/18/2020

THE HIGH SCHOOL OF SAINT THOMAS MORE
Emergency Contact Information

In the event that your student has some emergency, you as the primary parent/guardian will be contacted first. Please list two (2) other local individuals that you authorize to act on your behalf if we are unable to reach you. Please also be sure that the **school is informed of any changes** throughout the year.

Your student's name: _____

CONTACT #1 (PARENT/GUARDIAN)

Full Name: _____
Relationship to student: _____
Place of work: _____ Work Phone Number: _____
Home phone: _____ Cell phone: _____

CONTACT #2 (PARENT/GUARDIAN)

Full Name: _____
Relationship to student: _____
Place of work: _____ Work Phone Number: _____
Home phone: _____ Cell phone: _____

CONTACT #3 (NOT A PARENT)

Full Name: _____
Relationship to student: _____
Place of work: _____ Work Phone Number: _____
Home phone: _____ Cell phone: _____

CONTACT #4 (NOT A PARENT)

Full Name: _____
Relationship to student: _____
Place of work: _____ Work Phone Number: _____
Home phone: _____ Cell phone: _____

STUDENT MEDICAL INFORMATION:

Preferred Hospital: _____
Physician: _____ Phone: _____
Dentist: _____ Phone: _____
Eye Care: _____ Phone: _____

*If your student has been diagnosed with a severe allergy, should the office have medication on hand?
___Yes ___ No

If you answer yes, you must bring the medication to the school office. We are not permitted to dispense medication unless it is brought to the office by a parent/guardian.

Parent/Guardian Signature: _____ Date: _____



MEDICAL INFORMATION



CATHOLIC DIOCESE OF PEORIA, IL

STUDENT/MINOR NAME (first, middle, last): _____

Address: _____ **Date of Birth:** _____

STUDENT/MINOR'S DOCTOR (first, middle, last): _____ **Phone:** _____

MEDICAL CONDITIONS: Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.):

List any allergies or allergic reactions to medications of the student minor: _____

List any medications the student/minor is presently taking: _____

Other pertinent medical information: _____

Date of student/minor's most recent tetanus shot: _____

MEDICAL INSURANCE INFORMATION: Insurance Company: _____

Plan Number: _____ Employee Identification#: _____

EMERGENCY CONTACTS: Parent or Guardian (first, middle, last name): _____

Cell: _____ Work: _____ Home: _____

Other Contact: Name (first, middle, last): _____

Phone (with area code): _____ Relationship to student/minor: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the school/parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____, [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the school/parish will try to notify me or the person I have listed as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the school/parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Signature of Parent/Guardian: _____ Date: _____

Health Records

State law requires that a health certificate, including all immunizations, be presented by all students entering ninth grade, and by all transfer students. All students entering the 12th grade shall show proof of having received two doses of meningococcal conjugate vaccine prior to entering the 12th grade. Students who do not have health and immunization records on file or provide documentation of a scheduled doctor's appointment by October 15 will not be allowed to attend school until they are compliant. An interscholastic athletic physical does not meet this requirement.

All students coming directly from another state or country, must provide documentation of an updated eye examination. Students who do not have an updated eye examination on file or provide documentation of a scheduled doctor's appointment by October 15 will not be allowed to attend school until they are compliant.

All students entering the 9th grade are required to have a dental examination. Students who do not have a dental record on file or provide documentation of a scheduled dental appointment by May 15 will not be allowed to attend school until they are compliant.

All students who participate in interscholastic athletics must obtain a new health certificate each year prior to participation.



State of Illinois
Certificate of Child Health Examination

Student's Name				Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#	
Last First Middle				Month/Day/Year				
Address Street City Zip Code				Parent/Guardian		Telephone # Home	Work	
IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for <u>every</u> 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	DOSE 1		DOSE 2		DOSE 3		DOSE 4	
Vaccine / Dose	MO	DA	YR	MO	DA	YR	MO	DA
DTP or DTaP								
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV	<input type="checkbox"/> IPV <input type="checkbox"/> OPV
Hib Haemophilus influenza type b								
Pneumococcal Conjugate								
Hepatitis B								
MMR Measles Mumps Rubella							Comments: * indicates invalid dose	
Varicella (Chickenpox)								
Meningococcal conjugate (MCV4)								
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		
Signature				Title		Date		
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) <input type="checkbox"/>Measles* <input type="checkbox"/>Mumps** <input type="checkbox"/>Rubella <input type="checkbox"/>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.								
Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____ Physician Statements of Immunity MUST be submitted to IDPH for review.								

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and Maintained by the School Authority.

Last			First			Middle			Birth Date Month/Day/Year			Sex		School		Grade Level/ ID			
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER																			
ALLERGIES (Food, drug, insect, other)						Yes No		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		Hospitalizations?						Yes No					
Birth defects?						Yes No		When? What for?						Yes No					
Developmental delay?						Yes No		Surgery? (List all.)						Yes No					
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.						Yes No		When? What for?						Yes No					
Diabetes?						Yes No		Serious injury or illness?						Yes No					
Head injury/Concussion/Passed out?						Yes No		TB skin test positive (past/present)?						Yes* No		*If yes, refer to local health department.			
Seizures? What are they like?						Yes No		TB disease (past or present)?						Yes* No					
Heart problem/Shortness of breath?						Yes No		Tobacco use (type, frequency)?						Yes No					
Heart murmur/High blood pressure?						Yes No		Alcohol/Drug use?						Yes No					
Dizziness or chest pain with exercise?						Yes No		Family history of sudden death before age 50? (Cause?)						Yes No					
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____						Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other _____													
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)						Information may be shared with appropriate personnel for health and educational purposes.													
Ear/Hearing problems?						Yes No		Parent/Guardian Signature _____						Date _____					
Bone/Joint problem/injury/scoliosis?						Yes No													
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 <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: Family History Yes <input type="checkbox"/> No <input type="checkbox"/> Ethnic Minority Yes <input type="checkbox"/> No <input type="checkbox"/> Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk Yes <input type="checkbox"/> No <input type="checkbox"/>																			
LEAD RISK QUESTIONNAIRE: Required for children age 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 <input type="checkbox"/> No <input type="checkbox"/> Blood Test Indicated? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> Test performed <input type="checkbox"/> Skin Test: Date Read _____ Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> mm _____ Blood Test: Date Reported _____ Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Value _____																			
LAB TESTS (Recommended)		Date		Results				Date		Results									
Hemoglobin or Hematocrit												Sickle Cell (when indicated)							
Urinalysis												Developmental Screening Tool							
SYSTEM REVIEW		Normal		Comments/Follow-up/Needs				Normal		Comments/Follow-up/Needs									
Skin												Endocrine							
Ears				Screening Result:								Gastrointestinal							
Eyes				Screening Result:								Genito-Urinary							
Nose												LMP							
Throat												Neurological							
Mouth/Dental												Musculoskeletal							
Cardiovascular/HTN												Spinal Exam							
Respiratory												Nutritional status							
												Mental Health							
												Other							
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)																			
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: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/> INTERSCHOLASTIC SPORTS Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>																			
Print Name _____ (MD, DO, APN, PA) Signature _____ Date _____																			
Address _____ Phone _____																			

Dress and Appearance Code

"Your beauty should not come from outward adornment, such as elaborate hairstyles and the wearing of gold jewelry or fine clothes. Rather, it should be that of your inner self, the unfading beauty of a gentle and quiet spirit, which is of great worth in God's sight."

1 Peter 3:3-4

Our goal is to ensure a safe and healthy environment that honors the values and mission of The High School of St. Thomas More. These policies emerge from our shared mission in promoting Catholic values that recognize the dignity and self-worth of all people made in the image and likeness of God. Dress for school should serve as a means to emphasize the beauty and dignity of the whole person as male and female "of a virtuous and Christ-centered person at all times."

In order to promote the dignity of the human person, students are expected to always present a neat, clean and modest appearance. Any attire deemed inappropriate, distracting, immodest, or unsafe by the administration is a violation of the Dress Code. Students not in compliance will be sent home to change, and any time missed from school will be considered unexcused. To view appropriate style of dress and purchase pants and shirts with logos, visit <https://www.landsend.com/pp/SchoolSearch.html?action=landing&selectedSchoolNum=900191891>

*C&A Inspirations Uniforms are still able to be worn by all students.

Teachers and coaches may impose a higher standard for field trips or special programs. No t-shirts are allowed unless on Saber Days.

Pants, Dress Shorts, and Skirts

Uniform khaki, black or navy tailored pants purchased from Lands' End (available in two styles) must be worn daily. A solid black or solid brown belt must be in all belt loops.

Khaki, black, or navy shorts purchased from Lands' End may be worn from the first day of school until November 30th and then again from April 1st until the end of the school year. The start of the shorts season in the spring may be moved up at the discretion of administration. Shorts may not be worn on Mass days. Shorts must be no shorter than 2 inches above the knee.

Female students also have the option to wear a uniform skirt purchased from Lands' End and approved by the school. There will be a uniform skirt reserved only for freshman and sophomore girls (blue plaid) and another uniform skirt reserved only for junior and senior girls (maroon plaid). Female students who choose to wear the skirt are required to wear opaque leggings, tights or pantyhose. Leggings/tights/pantyhose must be solid black, white, navy or gray. Leggings must be worn to the ankles and be free of writing. Khaki skirts may not be worn. **Skirts must be no shorter than 3 inches above the knee.**

Students in violation of the STM dress code will be subject to disciplinary measures and will be sent home to change. Any time missed from class will be marked as unexcused.

Shirts, Blouses, and Sweaters

Shirt: Students must wear a white, navy, gray or Hunter green polo shirt with the school's logo. The logo can be put on relatively new white, navy or Hunter green polo shirts at Lands' End for a minimal cost per shirt. New shirts with the logo can be purchased from Lands' End. Gray polo shirts with the logo must be purchased at Lands' End to maintain uniformity in color. These shirts with logos will be available at registration. All polo shirt sleeve underarm seam must be at least 3 inches in length. **Polo shirts must be tucked in at all times.**

Third piece: If a student wishes to wear an additional piece of clothing for warmth, the collar of the polo or oxford shirt must be visible. Students will have the option to wear a heather gray, navy, or burgundy cardigan purchased from Lands' End, the STM hunter green fleece, any STM crew neck sweatshirt or pull over. No other hooded sweatshirts may be worn.

Undershirts (optional): Undershirts must be solid white, black, or a color that corresponds to the polo worn, short or long sleeved and must be free from any writing that shows through the shirt.

Saber Days: Students will be allowed to wear Saber Gear, Club/Organization Shirts, and team shirts on Fridays, unless otherwise instructed. Students will also be allowed to wear any appropriate closed-toed shoes (including boots and athletic shoes) on Saber Days. Pants/skirts must otherwise be in compliance with the dress code.

Dress Down Days: Throughout the school year, students may have the possibility of having dress down days for certain events or fundraisers for a variety of causes. On these days students may dress out of uniform following the guidelines of the dress down day and meeting the following expectations:

- Loose fitting athletic or sweatpants or jeans (no holes in the legs)
- Tops that are chaste and modest in appearance (no crop tops)
- Tennis shoes; no open-toed shoes
- Any student wearing clothing that violates the policy will be asked to change or sent home if dress is provocative or immodest until the attire is in-line with these guidelines.
- Any changes to the dress down day will be communicated prior.

Shoes/Socks

Tan, brown, or black leather dress shoes must be worn: must be free from excessive ornamentation, patterns or branding. Loafers or dress boots (no higher than the ankle) are acceptable for students to wear.

Students may not wear canvas shoes, tennis/gym/skater shoes, shoes with open toes or an open heel (Crocs), slippers (Uggs or fleece lined shoe), sandals, work boots (for example, Doc Martens), shoes with an excessive heel, or casual boots (for example, Uggs).

Mass Attire

Students will be required to wear a short-sleeved or long-sleeved, solid white full button down dress shirt / dress blouse with a collar and tie or crossover for the entire day. The shirt is required to be tucked in at all times and must have 3" length past waist to remain tucked in. **Students who are not wearing a dress shirt will be sent home to change and any time missed from class will be marked as unexcused.**

Female students will have the option of the STM crossover tie or traditional STM tie. Male students must wear the traditional STM tie. Ties and crossovers are available at Lands' End or our Saber Store. Shorts and polo shirts may not be worn on Mass Days; fleeces and Nike pullovers may not be worn during Mass.

Hair/Facial Hair

Hair must be of natural color, neat and clean. (For boys: no longer than three inches anywhere on the head, and above the eyebrows, ears, and collar). For safety reasons certain hair styles may not be allowed. No designs of any kind may be cut into the hair.

Boys must be clean-shaven at all times, and sideburns must not be lower than the bottom of the earlobe. Any student not in compliance with the facial hair policy will be **required to purchase a disposable razor and shaving cream or rent an electric shaver** at the cost of \$1.00 and be required to shave at school. Continued failure to comply with this policy will result in additional disciplinary action.

Hats/Jewelry

Hats and hoods must be removed upon entering the school building and must remain off during the entire school day. Girls may wear non-religious hair accessories during the school day as long as they are not a disruption to the classroom setting. At no time should a student's head be completely covered. Appropriate rings and watches, medals, crosses, etc. may be worn. Students may not wear body-piercing jewelry. Boys may not wear earrings. Girls may not wear excessive or unsafe earrings, (2 inches or larger in diameter). Visible tattoos or similar decorations are not allowed. Coats, jackets, backpacks, etc. must be kept in the locker during the school day. Girls may carry small purses no larger than a folder during the school day.

Acceptable Use Guidelines for Technology

STM's Technology Mission

The High School of Saint Thomas More seeks to initiate and promote a classroom environment that allows students to interact with 21st century technology to enhance their learning experience in a Christ-centered environment.

Technology Vision

Technology has the potential to enhance both the academic and working environments at STM. In addition, it has the power to unify the school community by connecting staff, students, parents and community members through its communication network.

At STM, the use of technology is to support all aspects of the school's operation. At the core of the Technology Vision is a set of beliefs that provides the foundation for the school's implementation and utilization of technology.

Specifically, the STM community believes:

- Technology is a tool that can enhance and diversify teaching, learning, communication, and productivity.
- All students and staff shall have equal access to technology and shall receive support in the use of that technology through ongoing teaching and training.
- The dynamic nature of technology requires that the school's technology vision be consistently monitored and updated to maximize its effectiveness.

Acceptable Use Policy

The High School of Saint Thomas More provides internet access as a means of creating an environment where students can learn and may provide computers upon request. Technology, which includes computers, networks, internet access and peripherals, are a part of that environment.

Students are expected to use the school's computer technology correctly and appropriately. The misuse of technological devices (including personal devices) will be subject to appropriate academic and disciplinary consequences.

General Guidelines

- No device, personal or otherwise, may be used to record, store, or transmit any type of image, sound, or video from STM, except for approved projects with the express permission of the teacher.
- Transmission of material in violation of any state or federal regulation is prohibited.
- Students who install or store in a computer, hand held calculator, or any electronic storage device any program contradictory to the mission or philosophy of the school or who are in possession of such technology are subject to appropriate academic and disciplinary consequences and to the confiscation of the device.
- Despite our strong firewalls, it is still possible to find internet sites that contain objectionable, adult-oriented, or otherwise inappropriate sites. Students may not access, download or print from these sites. Violations may result in disciplinary action, including suspension or expulsion.
- Abuse of the network and/or any form of illegal conduct including any form of vandalism to equipment or software, uploading or creation of computer viruses, and unauthorized access to the files of other users, may result in disciplinary action including revocation of access privileges, possible suspension/expulsion from Saint Thomas More, and/or appropriate legal action.

BYOD Acceptable Use Policies

- **The student is fully responsible, at all times, for the personally owned device brought to school.** Devices not in use should be stored in a locked locker.
- **STM is not liable for any loss/damage/theft of a personally owned device.** Devices should be marked in some way. Engraving is recommended.

- The student is responsible for the condition of the device brought to school, including updates, antivirus software, configuration, and repair.
- Personal devices should be charged and recharged outside of school, unless specific permission from teachers is granted.
- Device use is limited exclusively to the current STM Acceptable Use policy. Violations of acceptable use may result in disciplinary consequences.
- Students are unauthorized from having software on machines being brought into STM that could harm or circumvent STM or the STM internet filtering policies on the STM school network. These include, proxy applications (such as TOR, etc.), hacking/cracking tools, network mapping or sniffing tools, or any other application deemed harmful to the STM network by STM Administration.
- Students are unauthorized from connecting any device that is NOT school owned into the local LAN network by using an Ethernet cable to connect to a wall outlet. Students may ONLY use the STM Student wireless network for connectivity.
- All students/parents must sign the Acceptable/BYOD Use Policy agreement at the beginning of each school year term.
- **The School's Technology/Internet Acceptable Usage Policy is a working document and is not intended to be limited to the above provisions.**

Technology Use During the School Day

- Cell Phones should be turned off and left in the student's locker. Cell phones may not be used during class or study hall time without express permission from the teacher. When a student is found to be using a cell phone during the school day, or a cell phone causes a class disruption, or a student is using a laptop in a way that violates policy:
 - The device will be confiscated and
 - On the first violation, the student will pay a \$10 fine and the device will be released to the student at the end of the school day.
 - On the second violation, the student will pay a **\$20 fine** and serve an after school detention. The device will be released to the **student's parent/guardian** after the detention is completed.
 - On the third violation, the student will pay a **\$20 fine** and serve a Saturday detention. The device will be released to a parent or guardian.
 - Repeated misuse of laptops in the classroom or study hall may include the loss of the privilege of using a laptop during the school day for a period of one week.
- Game playing on electronic devices is not allowed during academic classes or study halls. Students playing games during classes may have their devices confiscated.
- It is not acceptable to use the Internet during academic classes for non-academic communications. Social media is not permitted during academic classes or study halls.
- Students who refuse to give their device to a teacher when suspected of violating acceptable use policy may be subject to additional disciplinary action, including suspension.
- The Administrative staff reserves the right to examine all internet transactions to determine when violations have occurred.

Use of Proxy Servers

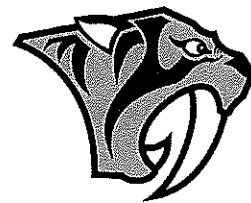
To maximize and create a positive learning environment in the classroom, we hope to create a space for learning, community, and communication to happen between students and teachers. When this space breaks down because of inappropriate internet or device usage, the following consequences will be assigned:

- **1st Infraction:** A warning that the next infraction is a 1 week loss of STM internet with the screen-shot sent home to mom and dad showing the student connected to a VPN/Proxy
- **2nd Infraction:** Loss of internet & device use for 1 week and communication sent home with a warning that the 3rd infraction means loss of STM internet & device use for rest of the semester.
- **3rd Infraction:** Loss of internet & device use for the rest of the semester and communication sent home with a warning that the 4th infraction is revocation of STM internet & device use for the entire year.
- **4th Infraction:** Loss of all internet & device use for the rest of the year.



The High School of Saint Thomas More

ATHLETICS



Principal	Dean	Chaplain	Athletic Director	Asst. Athletic Director
Sr. Bridget	Thomas Woods	Father Pica	Thomas Welte	Jon Marston

Welcome to The High School of Saint Thomas More! We are excited that you will be joining us this fall! At STM, we offer many options for student-athletes. So far this school year, 77% of our students have participated in athletics, and 53% of our students have competed on both a fall and a winter sport. Through the SportsLeader program, STM athletics deepens the faith and character of our athletes and allows them to form lasting friendships on and off the playing field.

What can you expect before August? Many of our teams hold non-mandatory activities during the summer. Listed at the end of this letter is the contact information for each of our coaches. If you are interested in playing a sport, you may want to contact the coach to introduce yourself and get on their email list for summer plans. The coaches will be able to give you more details about summer camps, workouts, or other activities that may take place over the summer.

Another thing you can do to get ready for the season is to get started on our paperwork, which you will find in your August Registration packet. The IHSA sport physical needs to be filled out and signed by a doctor/physician's assistant. **This form needs to be turned in to the Athletic Office before the student can participate in the season.** There are also additional forms that must be completed before participation in a season. Make sure you turn in these forms at Registration.

For updates on anything and everything to do with Saber Athletics, go to STM's athletic webpage on www.hs-stm.org. And don't forget to follow us on Twitter at @STMoreADs. You won't regret it!

See you soon!

Thomas Welte
Athletic Director

Jon Marston
Assistant Athletic Director

Athletic Department @STMoreADS

Fall Sports

Cheer	Shelly Damore	sdamore@hs-stm.org	 @STM Cheer
Boys and Girls Cross Country	Andy Wszalek	awszalek@hs-stm.org	 @STM Distance
Boys Golf	Greg Flesher	gflesher@hs-stm.org	
Girls Golf	TBA	Contact twelte@hs-stm.org	
Football	Nathan Watson	nwatson@hs-stm.org	 @STM fball  @Coach_Watson
Boys Soccer	James Johnson	jjohnson@hs-stm.org	 @soccerSTM
Girls Swimming	Angie Deptula	adeptula@hs-stm.org	
Girls Tennis	Eric Schacht	Contact twelte@hs-stm.org	
Volleyball	Kelly McClure	kmcclure@hs-stm.org	 @STM Volleyball1

Winter Sports

Boys Basketball	Alex Anderson	aanderson@hs-stm.org	 @STM_BBB
Girls Basketball	Jon Marston	jmarston@hs-stm.org	 @STM GBB
Cheer	Shelly Damore	sdamore@hs-stm.org	 @STM Cheer
Boys Swimming	TBA	Contact twelte@hs-stm.org	
Wrestling	TBA	Contact twelte@hs-stm.org	

Spring Sports

Baseball	Scott Runyan	srunyan@hs-stm.org	 @MoreSTM
Softball	Rush Record	rrecord@hs-stm.org	
Girls Soccer	James Johnson	jjohnson@hs-stm.org	 @soccerSTM
Boys Track	Caleb Ball	cball@hs-stm.org	 @STM Distance
Girls Track	Michelle Meyer	mmeyer@hs-stm.org	 @STM Distance
Boys Tennis	Tanner Gosda	tgosda@hs-stm.org	



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle
Address _____ City/State _____
Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____
Parent's Name _____ Phone No. _____
Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.
☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____
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Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____

Last

First

Middle

EXAMINATION		
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP / (/)	Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none">Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat <ul style="list-style-type: none">Pupils equalHearing		
Lymph nodes		
Heart ^a <ul style="list-style-type: none">Murmurs (auscultation standing, supine, +/- Valsalva)Location of point of maximal impulse (PMI)		
Pulses <ul style="list-style-type: none">Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin <ul style="list-style-type: none">HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/Ankle		
Foot/toes		
Functional <ul style="list-style-type: none">Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.^bConsider GU exam if in private setting. Having third party present is recommended.^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____

No _____

Limited _____

Examination Date _____

Additional Comments:

Physician's Signature _____

Physician's Name _____

Physician's Assistant Signature* _____

PA's Name _____

Advanced Nurse Practitioner's Signature* _____

ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They 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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 include:

- 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



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet (Cont.)

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.

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 activity 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. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school 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.

You should also inform your child's coach if you think that your child may have a concussion. Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 7/1/2011 Reviewed 4/24/2013, 7/16/2015, July 2017



IHSA Sports Medicine Acknowledgement & Consent Form

IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

IHSA PES Policy

<http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18 PES policy.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.pdf>



IHSA Sports Medicine Acknowledgement & Consent Form

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IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Substance Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.

Living the Faith Hours and Service Hours

Living the Faith Hours and Service Hours (LFH&SH), allows the students to put their faith into practice through volunteer work in the community. In this way, students come to understand that they can encounter Jesus Christ not only in the scriptures and the liturgy, but also, for instance, in the elderly, the sick, and the poor. In addition, the program challenges students to learn about their community and its needs while arousing in them a sense of responsibility for spreading the Gospel. There is a rich diversity of parish and community service opportunities in the Champaign-Urbana area to accommodate the interests and gifts of all students.

What is the purpose of Living the Faith?

The ultimate purpose of these hours of service is to help students realize that their faith should not be confined to the church or chapel but should permeate every aspect of their lives such that faith becomes the guiding principle of every action. Living the Faith is one way in which this objective is measured.

What exactly is expected of the student?

Before students can be eligible to graduate, they must demonstrate a living faith by documenting 150 hours of service (**20 hours as a Freshman, 30 hours as a Sophomore, and 50 hours as both a Junior and Senior**). Transfer students are usually required to perform a lesser amount and should consult with the chaplain.

How are Living the Faith Hours and Service Hours counted?

While there are many different examples of how we are called to Live the Faith and Serve our neighbors, the purpose of these hours is to help each student to begin to live his/her faith daily. The following table does not exhaust the opportunities in the Champaign-Urbana community, but is meant to serve as an example of how hours will be counted.

Each student's total LFH&SH may be comprised of any combination of the three columns or solely from Living the Faith Hours column.		
Living the Faith Hours	Service Hours (@STM) *Total Hours cannot exceed 15-hours/year	Service Hours (in the Community) *Total hours cannot exceed 20-hours/year
Spiritual / Corporal Work of Mercy	Managing a sports team	Volunteering at Community events
Campus Ministry [March for Life, LOGOS, etc.]	Assisting with the Music and Theater Department	Volunteering in Community businesses
Parish Apostolates / CU-Youth	Assisting with extracurriculars	Volunteering at Sports Camps (i.e. FCA Day Camp)

What are some criteria for a good service project?

It incorporates one or more of the corporal or spiritual works of mercy: The Catechism of the

Catholic Church (n. 2447) teaches: "The works of mercy are charitable actions by which we come to the aid of our neighbor in his spiritual and bodily necessities."

The Spiritual Works of Mercy are:

- To counsel the doubtful;
- To instruct the ignorant;
- To admonish sinners;
- To comfort the sorrowful;
- To bear wrongs patiently;
- To forgive injuries;
- To pray for the living and the dead

The Corporal Works of Mercy are:

- To feed the hungry;
- To give drink to the thirsty;
- To clothe the naked;
- To shelter the homeless;
- To welcome the stranger;
- To visit the sick and imprisoned;
- To bury the dead

What are some other things to note?

All things being equal, a project which has a commitment of at least one year is to be preferred to a project which lasts only a short time. A project with a four-year commitment is even more laudable.

The project is well supervised and can be easily verified by a supervisor (who is not a parent) and thoroughly evaluated by the student.

The project cannot provide material compensation of any kind to the student (e.g., one cannot be paid for service) nor can projects be done for a family member.

It brings the student into direct service of another person or persons (other than a family member) so that the student is aware that another person's life has been enhanced due to his or her selfless generosity.

It provides an educational experience for the participating student that will challenge the student beyond what is known and comfortable.

Projects, as long as they have received the chaplain's approval, may be worked on at any time, even during the summer.

All transcripts and diplomas carry a notification that Living the Faith has been successfully completed.

What are the responsibilities of those involved in the project?

Students should fill out the required paperwork and seek the appropriate permissions before beginning a project. During the project, each student should keep a running list of the hours worked and provide the supervisor with the appropriate evaluation form. When the project is completed (or at the completion of each academic year), the student should submit the supervisor's evaluation to the chaplain.

Project supervisors must be a responsible adult capable of adequately supervising a minor, and should typically not be a member of the student's family. Supervisors of projects must be willing to keep accurate records of student service hours and evaluate the students when asked. Supervisors of service (or their superior) not officially affiliated with the Catholic Church must sign and submit a liability waiver on behalf of the organization upon request.

Parents should be involved in selecting a suitable project and should monitor the project to ensure that the student is well supervised. Parents must submit a liability waiver at the beginning of the academic year.

The **chaplain** will maintain accurate records of each student's status in Living the Faith; educate, motivate, and support students involved in Living the Faith; promote and advertise service opportunities; and act as a resource for students and parents requesting information on Living the Faith.

Whenever a student, parent, or supervisor becomes aware of inappropriate behavior at a project site, the chaplain should be contacted immediately so that appropriate action may be undertaken. Examples would include sexual harassment, immoral or illegal activity, or lack of proper supervision.

How are these hours to be documented?

The documenting of LFH&SH has changed. Whereas in previous years students would submit a form to the Chaplain and then the student's hours would be inputted into the STM computer system; students will no longer need to submit forms. Paper forms, however, for students turning in LFH&SH will be accepted until August 30, 2020.

As of June 1, 2020, each student will receive the instructions for documenting LFH&SH. In making this move, the documentation of LFH&SH is paperless using Mobile Serve. Mobile Serve is an app that we have partnered with to make submitting hours more convenient for our students. It is accessible online and on mobile devices. Each student will have their own account to track their progress.