

## **STUDENT HEALTH VERIFICATION**

**4001.1**

### **Statement of Health**

All students entering kindergarten will be expected to have a statement of health as provided by their physician. The extent of the examination is up to each individual parent. Pursuant to Wisconsin Statute 118.135, parents/guardians of students entering kindergarten shall be requested to provide evidence that their child has had their eyes examined or evaluated.

All students newly enrolled in school will also be required to show evidence of a recent statement of health.

Statements of health are to be performed by the physician of the parent's choice, and the cost is to be assumed by the parent. The physician will state briefly in letter form the findings of the health exam and also state when another exam is due.

A completed school emergency card with the physician's statement of health attached shall be filed in the District office no later than the close of the first week of school. This will also be recorded in the student's cumulative record. The District Administrator or his/her designee will follow up on students who fail to file the required statement of health.

### **Medical Form for Extra-Curricular Sports**

Prior to participation in North Lake School activities, it is necessary to certify the health of students. All students participating in extra-curricular sports must have a current athletic health form on file in the office.

The foregoing health examination requirements will be waived if they conflict with a student's personal convictions and if a statement to that effect, signed by the parent/guardian, is on file in the District office.

### **Immunizations**

Under law, all pupils entering school are required to have a written statement from a physician certifying that they have received immunizations against: a) poliomyelitis (or are in the process of receiving such immunization); b) measles (with live measles vaccine or have had measles); c) German measles (if the child is under the age of puberty or certification that the child has had German measles); DTP; d) Mumps; e) Hepatitis B; and f) Varicella.

A written statement by the person in parental relationship to the child is accepted in lieu of a physician's statement when the child has received these immunizations before certain dates to be specified annually.

Evidence of completed basic and recall (booster) series as required by law must be presented prior to first time admission into the District.

The foregoing immunization requirements will be waived if they conflict with a student's personal convictions and if a statement to that effect, signed by the parent/guardian, is on file in the District office.

### **Nondiscrimination**

It is the policy of the North Lake School District, pursuant to s. 118.13, Wisconsin Statutes, and PI 9, that no person, on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional, or learning disability, or a disability under Section 504 of the Rehabilitation Act of 1973 may be denied admission to any school in this district or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extra-curricular, pupil services, recreational, or other program. This policy applies to all school operations, including school-sponsored programs and activities.

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Legal References: Section 118.125 Wisconsin Statutes  
Section 118.135 Wisconsin Statutes  
Section 140.05(16) Wisconsin Statutes

Cross Reference: North Lake School Medical Form for  
Extra-Curricular Sports

Adopted: 5-26-83  
Revised: 9-14-98  
Revised: 8-17-05

**NORTH LAKE SCHOOL MEDICAL FORM FOR  
EXTRA-CURRICULAR SPORTS (Good for two years)**

School Year \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, Middle Initial, First)

Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Present Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents Work Phone \_\_\_\_\_

Family Physician (Name/Phone) \_\_\_\_\_

Family Dentist (Name/Phone) \_\_\_\_\_

Name of Private Health Insurance Carrier \_\_\_\_\_

Policy Number(s) and Address \_\_\_\_\_

The above named student has been examined and there are no apparent contraindications to participating in interscholastic athletic activities. (Check here if yes) \_\_\_\_\_

Exceptions are as follows: sports or school activities in which this student cannot participate are (if none - write NONE): \_\_\_\_\_

If student is restricted or disqualified, please indicate reason(s): \_\_\_\_\_

If approved for one year of competition, instead of two, please check here: \_\_\_\_\_

**Signature of Licensed Physician or Surgeon** \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

Telephone \_\_\_\_\_ **Date of Examination** \_\_\_\_\_

**ALL BOYS AND GIRLS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS MUST HAVE THIS FORM ON FILE AT NORTH LAKE SCHOOL PRIOR TO PRACTICE OR PARTICIPATION.**

1. I, as a parent or legal guardian of the above athlete, have read, understand, and therefore agree to support the Policies and rules set forth for athletes at North Lake School and give my son/daughter permission to Participate under those conditions.
2. I also give permission for school personnel, in an emergency situation at a school athletic event, to make Decisions on certified medical assistance, first aid and care to my child should he/she require such assistance Or emergency first aid by the coach.
3. As parent (or legal guardian) of the above named student, I agree to be financially responsible for the safe Return of all athletic equipment issued to him/her. I further agree to hold my son/daughter financially account- Able for any and all equipment which he/she may lose, misplace, or damage through carelessness or intent.
4. I realize that there is a risk of injury inherent in all sports. I realize the risk may be severe, including the risk of fractures, brain injuries, paralysis or even death. I have sufficient accident insurance and am willing to take full financial responsibility for any and all injuries sustained by my child while participating in the athletic program under the direction of North Lake School.

\_\_\_\_\_  
Parent Signature/Date