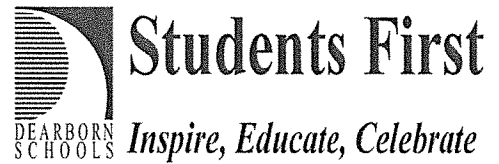


O. L. Smith Middle School



Dear Parents/Guardians:

Welcome to the 2022-23 school year! We are excited to be starting the year under much more certain times than a year ago.

The first day of school for students is August 29th, which will be a half day. We will welcome our 6th grade Vikings to O.L.Smith with a school-wide clap-in, starting at 8:20am. The first bell will ring at 8:25am and students will be dismissed at 11:30am, as the first day is a half day of school. Dismissal on full days is 3:20pm.

In order to help our 6th grade Vikings with this transition, we will have a special sixth grade WEB (Where Everyone Belongs) Welcome Day/Orientation for students. **This orientation will take place on Tuesday, August 23rd from 8:30-12:00pm.** There will be a lot of fun activities for students to enjoy. Students will pick up their schedules, get their lockers, and meet classmates and teachers. Please make sure your 6th grader brings all completed forms listed below so they can pick up their schedule afterwards.

Schedules will be distributed as listed below:

6th grade, Tuesday, August 23, 2022 Orientation with WEB Leaders & Schedule Pick-Up
(Please make sure your 6th grader brings all completed forms so they can pick up their schedule.)

7th grade, Wednesday, August 24, 2022 8:00-10:00am (Students may tour the building)

8th grade, Wednesday, August 24, 2022 12:00-2:00pm (Students may tour the building)

Important: In order for students to receive their schedules, they must:

- ❖ Bring in the signed Blue Cell Phone Policy sheet. - **ALL STUDENTS**
- ❖ Bring in the signed "Consent for Disclosure of Immunization" sheet. - **ALL STUDENTS**
- ❖ Bring in the signed "Student Code of Conduct Level III Violations" Sheet. - **6th GRADE ONLY**
- ❖ Bring in the Green Physical Form (completed and signed by a physician). - **6th GRADE ONLY**
- ❖ The district has an online Emergency Form system you can access through Parent Connect.

Parents/guardians must update, and submit all emergency contact information through Parent Connect.

Please remember that your active involvement in your child's education is valued and encouraged. Decades of research studies on the effect of meaningful parent involvement programs in schools have found that when parents are involved, students achieve more, regardless of socioeconomic status, ethnic/racial background, or the parents' education level. When parents and guardians are involved, students exhibit more positive attitudes and behavior. It is through our partnership (between home and school) that students achieve at high levels. We encourage you to sign up for our blog: smith.dearbornschools.org , to get school news sent to your email address the moment it is announced.

Every successful, high achieving student begins with a solid relationship between the student, teachers, and parents, therefore your participation is essential. On behalf of the O.L.Smith staff, we look forward to another exciting year!

Sincerely,

Mark A. Rummel
Principal
O.L.Smith Middle School

إعدادية او - إل - سميث

أولياء الأمور /الأوصياء الكرام :

مرحباً بكم في السنة الدراسية ٢٠٢٢ - ٢٠٢٣! نشعر بالحماسة و السعادة للعودة إلى التعليم المباشر داخل المبنى هذا العام. على أمل عودة الأمور إلى طبيعتها نخطط للعودة إلى التعليم المباشر الشخصي الكلي %١٠٠ من الوقت.

نبلغكم أن أول أيام العام الدراسي للطلاب والذي سوف يكون يوم دوام جزئي (نصف يوم) هو الموافق ل ٢٩ آب/ ٢٠٢٢ ، سوف ترحب وتستقبل المدرسة طلاب الصف السادس الفايكنج الجدد في او - إل - سميث بالتصفيق ابتداء من الساعة ٨: ٢٠ ص. سوف يقرع الجرس الأول في التوقيت الجديد عند ٢٥ : ٨ صباحاً .والإنصراف في الساعة ١١:٣٠ صباحاً. نرجو الانتباه إلى أن الانصراف في أيام الدوام الكامل عند الساعة ٢٠ : ٣ عصرأ.

من أجل مساعدة طلاب الصف السادس للتأقلم مع هذا الانتقال سنقوم بيوم ترحيب خاص لهؤلاء الفايكنج الجدد من أجل تعريفهم على المدرسة وذلك يوم الثلاثاء ٢٣ آب ٢٠٢٢ من الساعة الثامنة والنصف حتى الساعة الثانية عشر ظهراً. يتخلل هذا اليوم التعريفي الكثير من المرح و الأنشطة الممتعة للطلاب. سوف يتم خلال هذه الجولة أيضاً استلام برنامج / جدول الطالب الدراسي و تحديد الخزائن ومقابلة زملاء الدراسة والمدرسين. الرجاء التأكد من أن يجلب طالب الصف السادس جميع النماذج المطلوبة مكتملة كي يتمكن من استلام الجدول الدراسي.

● سيتم توزيع الجداول كما هو موضح أدناه:

- الصف السادس، الثلاثاء ٢٣ آب ٢٠٢٢ التوجه مع رؤساء حلقات التعريف و استلام الجدول الدراسي (الرجاء التأكد من أن يجلب طالب الصف السادس جميع النماذج المطلوبة مكتملة كي يتمكن من استلام الجدول الدراسي).
- الصف السابع، الأربعاء ٢٤ آب ٢٠٢٢ من الثامنة وحتى العاشرة صباحاً
- الصف الثامن الأربعاء ٢٤ آب ٢٠٢٢ من الثانية عشرة حتى الثانية مساءً.

هام: من أجل استلام الجدول يجب على الطلاب أن:

- إحضار نموذج سياسة الهاتف الخليوي موقعة. - جميع الطلاب .
 - إحضار نموذج " الموافقة على الإفصاح عن التطعيم" - جميع الطلاب
 - إحضار نموذج "قوانين و حقوق الطلاب انتهاكات ومخالفات المستوى الثالث" موقعة. - طلاب الصف السادس فقط
 - إحضار التقرير الطبي (الورقة الخضراء) مكتملة وموقعة من قبل الطبيب. - طلاب الصف السادس فقط .
 - يقوم القطاع التعليمي بإصدار نموذج طوارئ إلكتروني لذا لن تتوفر لدينا نسخة مكتوبة في الوقت الحالي.
- يجب على الآباء / الأوصياء تحديث وتقديم جميع معلومات الاتصال في حالات الطوارئ من خلال Parent Connect / رابط الأهل .

نرجو منكم التذكر بأننا نقدر ونشجع مشاركتكم الفعالة والنشطة في الفعاليات والأنشطة التعليمية الخاصة بابنائكم. لقد بينت الدراسات و الأبحاث التي جرت على مدى عقود خلقت عن تأثير برامج مشاركة الأهالي في التقدم و النجاح الأكاديمي للطلاب، بغض النظر عن الحالة الاجتماعية والاقتصادية، والخلفية العرقية، أو مستوى تعليم الوالدين. عندما يشارك الآباء في العملية التعليمية، يظهر الطلاب سلوكيات أكثر إيجابية و انضباطاً. ومن خلال شراكتنا (بين المنزل والمدرسة) يصل الطلاب إلى أعلى المستويات.

إن نجاح أي طالب يبدأ ببناء علاقة متينة بين الطلاب والمعلمين، والآباء والأمهات، ولذلك تعتبر مشاركتكم ضرورية و مهمة. نيابة عن الموظفين في إعدادية سميث نتطلع إلى عام دراسي جديد و مشوق!

مع كل الشكر

السيد مارك رمل

مدير المدرسة

او - إل - سميث



O.L. Smith Cell Phone, Electronic Accessories, and Devices Policy

O.L. Smith will enforce a red and green zone cell phone policy. The hallways, cafeteria, and outside the building are considered green zones where cell phone usage is allowed ONLY when the time permits. **Green Zone times are anytime before 8:20am and after 3:20pm.** **ALL CLASSROOMS ARE CONSIDERED RED ZONES**, unless the classroom teacher makes it a green zone for educational purposes. When the teacher indicates it is a red zone, all phones need to be turned off and out of sight. **All school offices are always a red zone.** Students may have their cell phones on them, but if their phones cause any type of audible or visual distraction, the phone will be confiscated by the teacher. **REMEMBER: Not Seen, Not Heard!**

To eliminate distractions, disruptions, academic dishonesty and theft, we expect parents to respect the educational process by not texting or calling their child during the school day. If there is a family emergency, parents should call the school at 313-827-2800. The following disciplinary actions will occur for students who do not adhere to the policy:

FIRST OFFENSE: Teacher will confiscate electronic device and send it to the office and a phone call home will be made by office staff. As long as the student is cooperative and respectful, he/she will receive the electronic device at the end of the day from the office.

SECOND OFFENSE: The student may still come to the office; however, a parent/guardian listed on the emergency card with proper identification must accompany them at the end of the day to retrieve his/her electronic device.

THIRD OFFENSE: The parent/guardian listed on the emergency card with proper identification must come in and retrieve the electronic device from the office and the student will receive **1 hour** of detention, lunch detention, or community service.

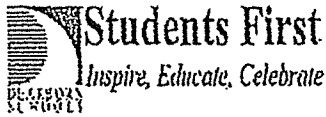
FOURTH OFFENSE: All consequences of the third offense, plus additional hours of detention, lunch detention or community service, along with administrative intervention.

SMITH WILL NOT BE RESPONSIBLE FOR LOST OR STOLEN CELL PHONES & ELECTRONIC DEVICES.

REFUSAL TO COMPLY WHEN ASKED TO SURRENDER PHONE TO ANY STAFF MEMBER STUDENT WILL AUTOMATICALLY BE REFERRED TO OFFICE: The student will be given one more chance to turn the electronic device over to the office providing profanity and threats are not used with staff involved, and the parent/guardian will be notified of the insubordinate behavior. The student will be required to attend a restorative session. A behavior contract will be developed with the student.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



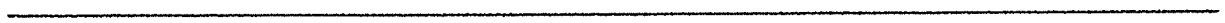
Department of Student Services
18700 Audette St., Dearborn MI 48124
Phone: 313-827-3005 Fax: 313-827-3133

**HEALTH RELEASE FORM
CONSENT FOR DISCLOSURE OF IMMUNIZATION INFORMATION
TO LOCAL AND STATE HEALTH DEPARTMENTS**

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender, and address with State and Local health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. Section 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosure of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.



I authorize Dearborn Public Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ D.O.B. ____/____/____

Parent/Guardian Name: _____ Date: _____

Printed Parent/Guardian Name: _____

مدارس ديربورن الرسمية
قسم شؤون و خدمات الطلاب
١٨٧٠٠ شارع أوديت ، ديربورن ، ميشيغان ٤٨١٢٤
هاتف رقم ٨٢٧-٣٠٩٠-٣١٣ / فاكس: ٣١٣-٨٢٧-٣١٣٣

تصريح الحصول على السجل الطبي
الموافقة على الإفصاح عن معلومات التلقيح
إلى إدارات الصحة المحلية والوطنية

اللقاحات هي جزء مهم من الحفاظ على صحة أطفالنا. يجب على المدارس ودوائر الولايات الصحية والمحلية مراقبة مستويات التلقيح لضمان حماية جميع أفراد المجتمع من الأمراض التي تهدد الحياة، وإذا لزم الأمر، الاستجابة القوية لتهديد الصحة العامة الناشئة من المهم الحد من تهديدات الأمراض من خلال مراقبة لقاحات الطلاب.

مشاركة سجلات اللقاحات ومعلومات التعريف الشخصية بما في ذلك اسم الطالب، تاريخ الميلاد، الجنس، والعنوان مع الإدارات الصحية المحلية والوطنية يساعد على إبقاء طفلك في مأمن من الأمراض التي يمكن الوقاية منها باللقاحات. يتطلب قانون الخصوصية والحقوق التعليمية للأسرة FERPA 20 U.S.C القسم 1232g موافقة الوالدين المكتوبة قبل أن يتم الكشف عن معلومات التعريف الشخصية من سجلات طفلك التعليمية إلى قسم الصحة. إذا كان عمر الطالب 18 عاماً أو أكثر، يعتبر طالب مؤهل بالغ ويتعين عليه تقديم موافقته على مشاركة المعلومات من سجلاته التعليمية. يمكنك سحب موافقتك على مشاركة هذه المعلومات كتابياً في أي وقت.

اسمح لمدارس ديربورن العامة بمشاركة سجل لقاحات طفلي مع مديرية الصحة والخدمات الإنسانية وإدارة الصحة المحلية في ميشيغان أدرك و أفهم أن هذه المعلومات ستستخدم لتحسين جودة خدمات التحصين وتوقيتها ومساعدة المدارس على الامتثال لقانون ميشيغان ويشمل ذلك أي معلومات تتعلق بالتحصين ومعلومات محدودة التعريف الشخصية من المدرسة.

اسم الطالب:

تاريخ الميلاد:

توقيع ولي الأمر / الوصي القانوني:

التاريخ:

اسم ولي الأمر أو الوصي القانوني:

School Year of Application: _____

Department of Student Services
18700 Audette St., Dearborn MI 48124
Phone: 313-827-3005 Fax: 313-827-3133

STUDENT CODE OF CONDUCT CONSEQUENCES FOR POSSESSION OF A WEAPON

Students who possess, handle, transmit, use, or threaten to use any dangerous instrument capable of harming another person or any item that could be thought to be a dangerous instrument on school property, including while on the way to or from school (on a school bus or walking), will be immediately suspended from school and will be required to attend an expulsion hearing with the Dearborn Board of Education.

Expulsion means being permanently removed from all Michigan Public Schools. Students who are expelled may not apply for readmission for 180 school days (an entire school year) for students in grades 7-12 or 90 school days (an entire semester) for students in grades K-6.

Examples of weapons and other dangerous instruments include, but are not limited to the following: firearms, knives, explosive devices, fireworks or firecrackers, BB guns, starter guns, paint or air guns, toy guns, pellet guns, stun guns, razors, box cutters, bullets, daggers, mace, or pepper spray.

School: _____ Grade: _____ D.O.B. _____

Last Name: _____ First Name: _____

We have read this notice and are aware of the rules and penalties related to weapons in school.

(Student Signature)

(Date)

(Parent Signature)

(Date)

مدارس ديربورن الرسمية

قسم شؤون و خدمات الطلاب

١٨٧٠٠ شارع أوديت ، ديربورن ، ميشيغان ٤٨١٢٤

هاتف رقم ٣٠٩-٨٢٧-٣١٣ / فاكس: ٣١٣-٨٢٧-٣١٣

كتيب القوانين و السلوكيات – عواقب حيازة السلاح

سيتم طرد و على الفور اي طالب يقوم بحيازة او نقل او استخدام او التعامل مع من يقومون بحيازة و استخدام هذه الاسلحة . او يهدد باستخدام اي أداة خطيرة من شأنها إيذاء شخص آخر ، أو استخدام أي مادة من المواد التي تعتبر ويعتقد أنها تشكل خطراً على المدرسة وكادرها و ممتلكاتها بما في ذلك أثناء السير على الأقدام من و الى المدرسة. كما و سيتم إلزامه بحضور جلسة استماع مع مجلس إدارة القطاع التعليمي لمدينة ديربورن . الفصل يعني الطرد التام و النهائي من جميع مدارس ميشيغان الرسمية . قد لا يتمكن الطالب المفصول من اعادة التسجيل في المدارس الرسمية إلا بعد مرور ١٨٠ يوماً او عاماً دراسياً كاملاً . للطلاب في صفوف السابع الى الثاني عشر و بعد مرور ٩٠ يوماً دراسياً او فصلاً دراسياً كاملاً للطلاب صفوف الروضة الى السادس .

أمثلة عن الأسلحة و المواد الخطرة التي لا يسمح بحيازتها تشمل و لكن لا تقتصر على: الاسلحة النارية ، السكاكين ، العيارات النارية والعبوات الناسفة و الألعاب النارية والمفرقات، بنادق الطلاء أو الهواء ، بنادق اللعب ،مسدسات الخرز (الخردق) ، بنادق الصعق ، شفرات الحلاقة ، أدوات قطع الصناديق ، الرصاص ، الخناجر و رذاذ الفلفل.

المدرسة: _____ الصف: _____ تاريخ الميلاد: _____
الاسم الأول و الأخير: _____

لقد قرانا هذا الاشعار و نحن على بينة و إدراك كامل لجميع القواعد والعقوبات التي تتعلق بحيازة الأسلحة في المدرسة.

توقيع الطالب: _____ التاريخ: _____

توقيع ولي الأمر: _____ التاريخ: _____

Department of Student Services
18700 Audette St., Dearborn MI 48124
Phone: 313-827-3005 Fax: 313-827-3133

CODE OF CONDUCT-MASS HARM

Bomb Threats or Other Threats of Mass Harm

In schools, few events cause great chaos and mass concern like a school shooting. When we learn of these events occurring, it is natural for students (and parents) to worry about their own safety. However, some students are failing to understand the seriousness of this situation and the implications associated with making threats against our students and schools.

Please speak with your child about the appropriate use of social media and the lasting consequences of making comments, whether in seriousness or in jest, that threaten the safety and or well being of a school building, students, or staff members. Comments made on social media implying actions such as "shooting up the school" are not humorous, not acceptable and will not be taken lightly.

All threats will continue to be taken seriously and reported to law enforcement who may choose to prosecute to the fullest extent of the law. It is incumbent on all of us as parents, teachers, and administrators to educate our students and provide our children with the safe schools that they deserve.

Bomb Threats or Other Threats of Mass Harm:

A student shall not threaten to set off a bomb or other explosive or dangerous device, or otherwise threaten the school in general by threatening to bring a weapon(s) to school in order to harm student(s) or staff member(s).

003-129 Harassment (Level III)

As per the Board of Education policy (5517), "harassment is defined as inappropriate conduct that is repeated enough, or serious enough, to negatively impact a student's educational, physical or emotional well being. This would include harassment based on any of the legally protected characteristics, such as sex, race, color, national origin, religion, height, weight, marital status or disability. This policy, however, is not limited to these categories and includes any harassment that would negatively impact students or staff. This would include such activities as stalking, bullying, name-calling, taunting, hazing, and other disruptive behaviors." Bullying, as defined in the Board of Education Policy 5517.01, is any written, verbal or physical act or electronic communication including, without limitation, cyberbullying (via social media or otherwise) that is intended or that a reasonable person would know is likely to harm one (1) or more students either directly or indirectly by:

- A. *substantially interfering with educational opportunities;*
- B. *affecting participation in programs or activities by placing the student in reasonable fear of physical harm or emotional distress;*
- C. *having an actual or substantial detrimental effect on a student's physical or mental health; or*
- D. *causing substantial disruption with the orderly operation of the school.*

At the Dearborn Public Schools, safety for students, staff and the community are our first priority and essential for a positive learning environment. Any event that can potentially cause chaos and hysteria will be dealt with swiftly and appropriately.

We have read this notice and are aware of the rules and penalties related to *Bomb Threats/Threats of Mass Harm* in school.

(Student Signature) (Date) (School) (Student ID#)

(Parent Signature) (Date)

قسم خدمات وشؤون الطلاب

١٨٧٠٠ شارع أوديت، ديربورن، ميشيغان ٤١٢٤

هاتف رقم: ٣١٣-٨٢٧-٣٠٠٥ فاكس رقم: ٣١٣-٨٢٧-٣١٣٣

مدونة السلوك - الضرر الجماعي

التهديد بالقيام بتفجير أو أي تهديد آخر لآحداث ضرر جماعي

في المدرسة العديد من الحوادث تسبب الكثير من الفوضى و المخاوف مثل اطلاق النار. و من الطبيعي عند حدوث هذه الأزمات أن يشعر الطلاب و الأهل بالتلق حول سلامتهم. لكن بالرغم من ذلك لا يتمكن العديد من الطلاب في فهم خطورة الموقف والتداعيات الناتجة عن القيام بالتهديدات ضد الطلاب الآخرين أو ضد المدرسة.

نرجو منكم التحدث مع أبنائكم حول استخدام مواقع التواصل الاجتماعي و العواقب الدائمة للتعليقات التي يتركونها سواء أ كانت جدية أو على سبيل المزاح. هذا يهدد سلامة الطلاب وطاقم العمل و المبنى المدرسي. لن يتم اعتبار أي من التعليقات التهديدية التي تكتب عبر وسائل التواصل الاجتماعي (مثل: اطلاق النار في المدرسة) أمراً مضحكاً أو مقبولاً و لن يتم التهاون في التعامل معها.

سيستمر التعامل مع جميع التهديدات على محمل الجد و إبلاغ السلطات القانونية التي قد تختار الإدانة و المضي بالأمر إلى أقصى حد قانوني يسمح به القانون. من واجبتنا جميعاً بوصفنا أولياء أمور و معلمين و إداريين أن نعلم طلابنا و نرود أطفالنا بالبيئة التعليمية الآمنة التي يستحقونها.

التهديد بتفجير قنبلة أو القيام بأي نوع من أنواع الضرر الجماعي:

لا يجوز للطلاب تهديد بتفجير قنبلة أو جهاز متفجر أو خطير آخر ، أو تهديد المدرسة بشكل عام عن طريق التهديد بإحضار سلاح (أسلحة) إلى المدرسة من أجل إلحاق ضرر بطالب (طلاب) أو موظف (موظفين)

003-129 المضايقة (المستوى الثالث)

وفقاً لسياسة مجلس التعليم (5517) ، يتم تعريف "المضايقة على أنها سلوك غير مناسب يتكرر بما فيه الكفاية ، أو جاد بما يكفي للتأثير سلباً على السوية التعليمية أو البدنية أو العاطفية للطلاب. ويشمل ذلك المضايقات بناءً على أي من الخصائص المحمية قانوناً مثل الجنس أو العرق أو اللون أو الأصل القومي أو الدين أو الطول أو الوزن أو الحالة العائلية أو الإعاقة. لا تقتصر هذه السياسة على هذه الفئات بل أيضاً تتضمن أي مضايقة قد تؤثر سلباً على الطلاب أو الموظفين. ويشمل ذلك أنشطة مثل الملاحقة والتنمر والنعت بالأسماء الغير لائقة والتخويف والمضايقة والسلوكيات التخريبية الأخرى. " التنمر ، كما هو مُعرف في كتيب سياسات مجلس التعليم البند (٠١ ، ٥٥١٧) هو أي فعل مكتوب أو ملفوظ أو جسدي أو أي نوع من التواصل الإلكتروني بما في ذلك ، على سبيل المثال لا الحصر، التنمر عبر الإنترنت (عبر وسائل التواصل الاجتماعي أو غير ذلك) تم القيام به عن قصد و تعمد أو من الممكن تعريفه من قبل أي شخص عاقل على أنه من المحتمل أن يضر طالباً واحداً أو أكثر سواء بشكل مباشر أو غير مباشر من خلال:

أ. تقليل كبير للفرص التعليمية أو مقاطعة لسير العملية التعليمية.

ب. التأثير على المشاركة في البرامج أو الأنشطة عن طريق وضع الطالب في خوف معقول من الأذى الجسدي أو الضيق العاطفي.

ت. له تأثير ضار فعلي أو كبير على صحة الطالب الجسدية أو العقلية ؛ أو

ج. يسبب اضطراباً كبيراً لطريقة عمل النظام المحدد و المنظم للمدرسة.

في مدارس ديربورن العامة ، تعد سلامة للطلاب والموظفين والمجتمع أولويتنا الأولى وهي ضرورية لإيجاد بيئة تعليمية إيجابية. أي حدث يمكن أن يسبب الفوضى والهستيريا سيتم التعامل معه بسرعة وبشكل مناسب.

لقد قرأنا هذا الإشعار ونحن على دراية بالقواعد والعقوبات المتعلقة بقنبلة تهديدات / تهديدات الضرر الجماعي في المدرسة.

رقم الطالب:

المدرسة:

التاريخ:

توقيع الطالب:

التاريخ:

توقيع ولي الأمر:

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. (BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)

PERSONAL

CHILD'S NAME (Last, First, Middle)	DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street) (City) (ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)	HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street) (City) (ZIP Code) MI	WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Yes</th> <th style="width: 10%;">No</th> <th style="width: 10%;">Resolved</th> <th style="width: 10%;">#</th> <th style="width: 60%;">Is your child having any of the problems listed below?</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1</td> <td>Allergies or Reactions (for example, food, medication or other)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>2</td> <td>Hay Fever, Asthma, or Wheezing</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>3</td> <td>Eczema or Frequent Skin Rashes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4</td> <td>Convulsions/Seizures</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5</td> <td>Heart Trouble</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6</td> <td>Diabetes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7</td> <td>Frequent Colds, Sore Throats, Earaches (4 or more per year)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>8</td> <td>Trouble with Passing Urine or Bowel Movements</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>9</td> <td>Shortness of Breath</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10</td> <td>Speech Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11</td> <td>Menstrual Problems</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12</td> <td>Dental Problems: Date of Last Exam / /</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="2">Other (please describe): _____</td> </tr> <tr> <td colspan="5"> </td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td colspan="3">Does your child take any medication(s) regularly?</td> </tr> <tr> <td colspan="5">Reason for Medication _____</td> </tr> <tr> <td colspan="5" style="text-align: center;">Parent/Guardian Signature _____ / / Date _____</td> </tr> </table>	Yes	No	Resolved	#	Is your child having any of the problems listed below?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	Allergies or Reactions (for example, food, medication or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	Hay Fever, Asthma, or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	Eczema or Frequent Skin Rashes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	Frequent Colds, Sore Throats, Earaches (4 or more per year)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	Trouble with Passing Urine or Bowel Movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	Speech Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	Dental Problems: Date of Last Exam / /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____		 					<input type="checkbox"/>	<input type="checkbox"/>	Does your child take any medication(s) regularly?			Reason for Medication _____					Parent/Guardian Signature _____ / / Date _____					<p>Birth History:</p> <p>Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please describe:</p> <p>If yes, list medications:</p> <p>Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____</p>
Yes	No	Resolved	#	Is your child having any of the problems listed below?																																																																																							
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Reason for Medication _____																																																																																											
Parent/Guardian Signature _____ / / Date _____																																																																																											

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	
<input type="checkbox"/>	<input type="checkbox"/>	VISION Date: / /	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT Height _____ Weight _____ Other: _____	Height				
			Muscle Imbalance							Weight				
			Other: _____							Other				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING Date: / /	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE Reading: _____					
			Other: _____											
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS Date: / /	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN Date: / / Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm					
			Albumin											
			Microscopic											
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.							

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			Influenza (IV/LAIV)	1
DTaP/DTP/DT/Td	1	4	2		4
	2	5	Meningococcal (MCV4 / MPSV4)	1	2
	3	6		2	
Tdap	1		Human Papillomavirus (HPV9/HPV4/HPV2)	1	3
Haemophilus Influenzae type b (HIB)	1	3		2	
	2	4	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
Polio (IPV/OPV)	1	3		1	
	2	4		2	
Pneumococcal Conjugate (PCV7/PCV13)	1	3	3		
	2	4	<i>Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable</i>		
Rotavirus (RV1/RV5)	1	3	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
	2				
Measles, Mumps, Rubella (MMR)	1	2	Parent/Guardian refused immunizations: <input type="checkbox"/>		
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____					
I certify that the immunization dates are true to the best of my knowledge					
_____				_____	_____ / _____ / _____
Health Professional's Signature				Title	Date

SECTION IV - RECOMMENDATIONS
(Required for Child Care and Head Start/Early Head Start)

No	Yes	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other
Other Recommendations		

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is:

_____ / _____ / _____

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____	_____ / _____ / _____	_____	_____
Examiner's Signature	Date	Examiner's Name (Print or Typo)	Degree or License
_____	_____	_____ MI _____	_____ (_____) _____
Number & Street	City	ZIP Code	Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS		Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?			
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 <input type="checkbox"/> Other:			
Have you ever spent the night in the hospital or have you ever had surgery?			
- HEART HEALTH QUESTIONS ABOUT YOU		Y	N
Have you ever passed out or nearly passed out DURING or AFTER exercise?			
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			
Does your heart ever race or skip beats (irregular beats) during exercise?			
Has a doctor ever told you that you have any heart problems? Check all that apply:			
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur <input type="checkbox"/> Heart infection <input type="checkbox"/> High cholesterol			
<input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other:			
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)			
Do you get lightheaded or feel more short of breath than expected during exercise?			
Do you have a history of seizure disorder or had an unexplained seizure?			
Do you get more tired or short of breath more quickly than your friends during exercise?			
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Y	N
Has anyone in your family had unexplained fainting, unexplained seizures or near drowning?			
Does anyone in your family have a heart problem, pacemaker or implanted defibrillator?			
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)?			
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?			
- BONE AND JOINT QUESTIONS		Y	N
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?			
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?			
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?			
Do you regularly use a brace, orthotics or other assistive device?			
Do you have a bone, muscle or joint injury that bothers you?			
Do any of your joints become painful, swollen, feel warm or look red?			
Do you have any history of juvenile arthritis or connective tissue disease?			
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			

- MEDICAL QUESTIONS		Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?			
Have you ever used an inhaler or taken asthma medicine?			
Is there anyone in your family who has asthma?			
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?			
Do you have groin pain or a painful bulge or hernia in the groin area?			
Have you had infectious mononucleosis (mono) within the last month?			
Do you have any rashes, pressure sores or other skin problems?			
Have you had a herpes or MRSA skin infection?			
Do you have headaches or get frequent muscle cramps when exercising?			
Have you ever become ill while exercising in the heat?			
Do you or someone in your family have sickle cell trait or disease?			
Have you had any problems with your eyes or vision or any eye injuries?			
Do you wear glasses or contact lenses?			
Do you wear protective eyewear such as goggles or a face shield?			
Immunization History: Are you missing any recommended vaccines?			
Do you have any allergies?			
Have you ever had a head injury or concussion?			
Do you have any concerns that you would like to discuss with a doctor?			
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?			
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?			
Have you ever had an eating disorder?			
Do you worry about your weight?			
Are you trying to or has anyone recommended that you gain or lose weight?			
Are you on a special diet or do you avoid certain types of foods?			
- FEMALES ONLY (Optional)		Y	N
Have you ever had a menstrual period?			
How old were you when you had your first menstrual period?			
How many periods have you had in the last 12 months?			
CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR			

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: _____ Weight: _____ Male Female BP: _____ / _____ Pulse: _____ Vision: R 20/ _____ L 20/ _____ Corrected: Y N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS:

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities NOT crossed out below.
BASEBALL - BASKETBALL - BOWLING - COMPETITIVE CHEER - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASTICS - ICE HOCKEY
LACROSSE - SKIING - SOCCER - SOFTBALL - SWIMMING/DIVING - TENNIS - TRACK & FIELD - VOLLEYBALL - WRESTLING

Name of Examiner (print/type): _____ Date: _____

Signature of Examiner: _____ (Check One): MD DO PA NP

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (____) _____

IN EMERGENCY (1): _____ Home #: (____) _____ Cell #: (____) _____

IN EMERGENCY (2): _____ Home #: (____) _____ Cell #: (____) _____

Drug Reactions: _____ Current Medications: _____

Allergies: _____



PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are FOUR (4) signatures on this page 4 to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: LAST FIRST MIDDLE INITIAL
Student Address: STREET CITY ZIP
Gender: M F Age: Date of Birth: Place of Birth (City/State):
School: Circle Grade: 6 7 8 9 10 11 12
Father/Guardian Name:
Phone (home): (work): (cell):
Mother/Guardian Name:
Phone (home): (work): (cell):
Email Address: Parent/Guardian/18-Year-Old:

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume; and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

1 Signature of STUDENT: Date:

2 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: YES NO

If YES, Family Insurance Co: Insurance ID #:

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

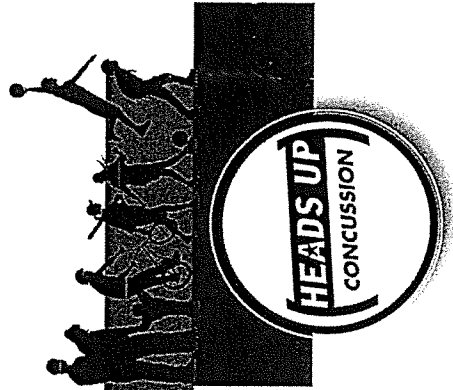
3 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:

(DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE)

MEDICAL TREATMENT CONSENT: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, an 18-year-old, or the parent or guardian of, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

4 Signature of PARENT or GUARDIAN or 18-YEAR-OLD: Date:



PARENT & ATHLETE CONCUSSION INFORMATION SHEET

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED _____

STUDENT-ATHLETE NAME SIGNED _____

DATE _____

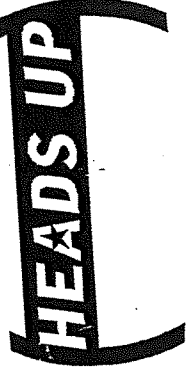
PARENT OR GUARDIAN NAME PRINTED _____

PARENT OR GUARDIAN NAME SIGNED _____

DATE _____

JOIN THE CONVERSATION → www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO → WWW.CDC.GOV/CONCUSSION



"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"



Michigan Department of Health & Human Services
BICY SHARPE, GOVERNOR | MICK LINDS, DIRECTOR

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

ما هو الارتجاج؟

الارتجاج هو نوع من الإصابات التي تغير طريقة عمل و وظيفة الدماغ. ينتج الارتجاج عن ضربة، أو ارتطام في الرأس أو بسبب اهتزاز الرأس و الدماغ بسرعة. حتى الضربة الخفيفة، أو ما يبدو على انه اصابتة أو ضربة خفيفة في الرأس يمكن أن تكون خطيرة.

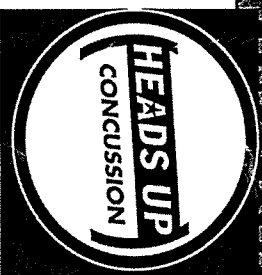
ما هي علامات وأعراض الارتجاج؟

يمكن أن تظهر علامات وأعراض الارتجاج مباشرة بعد الإصابة أو بعد عدة أيام أو أسابيع بعد الإصابة. إذا أبلغ لاعب الرياضي عن أصابته في منطقة الرأس أو الجسم، يجب عدم استمرار مشاركته في المباراة. ولا يسمح له بعبز أو لة اللعب إلا إذا أخصصه إثن من الطبيب أو من ذوي الخبرة في تقييم ارتجاج الدماغ.

هل تعلم؟

- * تحدث معظم حالات الارتجاج بدون فقدان الوعي.
- * تزداد مخاطر حدوث الارتجاج للرياضيين الذين قد تعرضوا لذلك من قبل.
- * الأطفال الصغار والمراهقين هم الأكثر عرضة للإصابة بالارتجاج ويستغرقون وقتاً أطول من البالغين للتعافي منه.

- ♦ عدم لعب مباراة واحدة أفضل من عدم القدرة على اللعب كل الموسم الرياضي.



علامات الارتجاج الخطرة:

- في الحالات النادرة، قد يشكل الارتجاج خطرة. الإبلاغ عن الأعراض التي يشعر بها؟
- إذا أصيب اللاعب بارتجاج في الدماغ ، يحتاج الدماغ إلى وقت للشفاء. في حين يمكن تعرض دماغ الرياضي، وهو ما زال يتعافى، إلى ارتجاج آخر إذا لم يبلغ عن الأعراض و يتوقف عن اللعب. تكرار التعرض للارتجاج يستغرق وقتاً أطول للتعافي، وفي حالات نادرة، يمكن لتكرار الارتجاج عند الرياضيين الشباب أن يؤدي إلى تلف وتورم في الدماغ. ويمكن أن تكون تلك الضربة قاتلة.
- في الحالات الخطرة التالية:
- *تضخم في بؤبؤ إحدى العينين.
- *إذا أصيب بالعماس ولم يكن بالإمكان إيقافه.
- *القيء المستمر، التقيؤ، أو الحركة الغير عادية.
- * التقيؤ المتكرر أو الغثيان.
- *التحدث بطريقة مغمضة / غير مفهومة أو متعقبة.
- *الإصابة بالتهربات أو التشنجات.
- *عدم القدرة على التعرف على الأشخاص أو الأماكن.
- *ازدياد الحمرة، وحمى النفس.
- *سلك غير عادي.
- * فقدان الوعي (حتى ولو لفترات).

ماذا يجب أن تفعل إذا ظننت أن أحد الرياضيين لديهم ارتجاج؟

- 1- إذا كنت تتك في أن أحد الرياضيين لديهم ارتجاج، قم بإخراج الرياضي من الملعب و التمس العناية الطبية له. لا تحاول أن تحكم على مدى خطورة الإصابة بنفسك. إبقاء الرياضي خارج الملعب في يوم الحادث حتى يصبح له الطبيب وذوي الخبرة في تقييم الارتجاج بالمعده و بأنه سليم وأنه موافق على عودته للعب.

اسم ولي الأمر

توقيع ولي الأمر

التاريخ



Michigan Department of Community Health



- 3- تذكر: الارتجاج يؤثر على الناس بشكل مختلف. في حين أن معظم الرياضيين الذين تعرضوا للارتجاج يتعافون سريعاً و بشكل كامل، لكن البعض قد يعانون من أعراض تستمر لأولم أو حتى أسابيع، كما يمكن أن يستمر الارتجاج القوي لاشهر أو لفترة أطول.

الأعراض التي تم الإبلاغ عنها من قبل الرياضيين:

- * الشعور بالصداع أو "الضغطة" في الرأس.
- * الغثيان أو الاقياء.
- *مشكلة في التوازن أو الشعور بالدوار.
- *الارتوية المزاجية أو الضبابية.
- *الحساسية للضوء.
- * الحساسية للصوت.
- *الشعور بالبطيء في الحركة، الكسل، الترنح ، الضبابية.
- *مشاكل في التركيز أو الذاكرة
- * الارتباك
- * الشعور بعدم الراحة.

علامات لاحظها المدرب الرياضي:

- * ظهور اللااصب في حالة ذمول أو وهم
- * عدم التمييز
- * نسيان التعليمات
- * عدم معرفة ما هي اللعبة، والنتيجة، أو الخصم.
- *التحريك بشكل غير متوازن.
- *الإجابة على الأسئلة ببطء.
- * فقدان الوعي.
- * المزاجية، و تغيير في السلوك.
- * صدم تذكر الأحداث قبل تعرضه للضربة أو السقوط.



Dearborn Schools Student Dress Code
Middle School

OL SMITH ADHERES TO THE DEARBORN PUBLIC SCHOOLS DRESS CODE POLICY

Dearborn Schools District is committed to providing all students with a safe and positive learning environment. Dress code adherence is a reflection on you, your family and the school community at each of our schools. In addition, dress code is fundamental to helping students learn a future employability/social skill, which is required for success in getting and keeping employment linked to appearance. The guidelines below promote student safety and an environment that is conducive to learning.

- Pants and shorts must fit at the waist and cover undergarments.
- Shorts and skirts must come to mid thigh
- Tops must cover undergarments completely.
- Tops must cover midriff and chests.
- Clothing that has writing and artwork must be free of images or references to alcohol, drugs, tobacco, violence, profanity, gang references i.e. bandannas, or references that degrade or are offensive to any gender, race, color, religion or sexual orientation
- No sunglasses, hats, hoods.
- Safe footwear must be worn at all times.

revised Dearborn Board of Education April 2022

5511 - DRESS AND GROOMING

The Board of Education recognizes that each student's mode of dress and grooming is a manifestation of personal style and individual preference. The Board will not interfere with the right of students and their parents to make decisions regarding their appearance, except when their choices interfere with the educational program of the schools.

Accordingly, the Superintendent shall establish such grooming guidelines as are necessary to promote discipline, maintain order, secure the safety of students, and provide a healthy environment conducive to academic purposes. Such guidelines shall prohibit student dress or grooming practices which:

- A. present a hazard to the health or safety of the student himself/herself or to others in the school;
- B. interfere with school work, create disorder, or disrupt the educational program;
- C. cause excessive wear or damage to school property;
- D. prevent the student from achieving his/her own educational objectives because of blocked vision or restricted movement.

The Superintendent may establish the dress requirements for members of the athletic teams, bands, and other school groups when representing the District at a public event.

The Superintendent shall develop administrative guidelines to implement this policy which:

- A. designate the building principal as the arbiter of student dress and grooming in his/her building;
- B. instruct staff members to demonstrate, by example and precept, personal neatness, cleanliness, propriety, modesty, and good sense in attire and appearance.



Supply List For 2022-2023 Vikings

- #2 pencils with erasers for all classes to last until the end of the year
- Colored pencils- set of 12
- Pencil sharpener with container to hold shavings
- Pencil pouch or container
- 6 two-pocket folders with fasteners (one for each class)
- 2 loose leaf paper packets
- 1 composition notebook (for Language Arts)
- 1 single-subject spiral notebook (for Language Arts)
- 3 additional single-subject spiral notebooks for Science and Social Studies
- *PLEASE*, no multi-subject notebooks are needed ... single subject are fine
- 12-inch ruler with centimeters
- scissors
- 2 to 4 glue sticks
- 6 boxes of tissue (1 for each classroom)
- 3 containers of Clorox wipes (optional, but appreciated for ELA, Math, and Science)
- trapper or organizational binder not necessary/student choice (please read below)
- Bathing Suit (Swimwear) for Physical Education Class Swimming.
 - BOYS: Gym Shorts are not permitted as a swimsuit
 - GIRLS: One-Piece swimsuit
 - Towel
 - Combination lock for Physical Education class locker

****Students will also need supplies at home to complete their homework assignments.**

****Please avoid purchasing large binders and large backpacks because they will not fit into the student lockers.**

A Note About Trappers or Binders for students

If your student would like to use a trapper keeper or a huge binder to put all their notebooks and folders into as a means of being organized and carrying it from class to class, that's great! And, although these tools can help with organization, we find that sometimes they'll simply become a place to 'shove' everything (like that elementary school desk), rather than using each subject's folder to keep organized, resulting in misplaced assignments, study tools, notes home, etc. So, please be sure to have a conversation about these tools (e.g., their usage and whether or not they are necessary) with students to help them decide what will work best for them to be even more successful. We are looking forward to working with you in the fall!

