

# MICDS

## GRADE 7-12 HEALTH FORMS

January 31, 2018

Dear MICDS Parent of a 7<sup>th</sup>-12<sup>th</sup> grader,

Due to upcoming changes to our online form system on the MICDS portal, we are moving to a paper health form packet for this year only. Attached to this letter are the health forms for students in 7<sup>th</sup>-12<sup>th</sup> grades for the 2018-2019 school year. Please note that not all pages need to be completed for every student. Below is a checklist that will help you identify which pages are required for your child. All pages are numbered at the bottom of the page.

Please print the attached health forms and fill out all the information as indicated on the chart below.

Please contact your doctor

immediately to make an appointment since these are due by June 29, 2018.

|  | Page 1 –<br>Emergency<br>Information | Page 3-<br>Concussion &<br>Transportation<br>Waiver | Page 4 –<br>Medical<br>History | Page 5 –<br>Physical | Page 6 – Medication<br>Authorization Form  | Page 7 – Impact<br>Baseline<br>Concussion Test   |
|--|--------------------------------------|---|--------------------------------|----------------------|--|--|
| 7 <sup>th</sup> -12 <sup>th</sup><br>Graders<br>ONLY | Yes                                  | Yes   | Yes                            | Yes                  | To be completed at least once<br>a school year for any<br>medication that will be<br>administered during the school<br>day, including over the counter<br>medications. | ALL new students<br><u>and</u><br>7 <sup>th</sup> , 9 <sup>th</sup> , and 11 <sup>th</sup><br>graders ONLY |

If your child has a medical condition (such as asthma, diabetes, allergies etc.), please share specific health plans from the treating medical professional. If your child has medication to be given during school hours, please have your physician complete Page 6, include your signature, and turn this form in with the other health forms.

Please note, if any part of the form is incomplete due to missing/invalid information or signatures, the form will be returned to you for completion. No student will be allowed to enter school or participate in athletics without these forms filled out properly.

For the upcoming school year, the athletic department also is requiring all new 7-12<sup>th</sup> graders and ALL students in grades 7, 9, and 11 to take an online baseline concussion test. Please follow the instructions on Page 7 of this form to have your child complete this test. Instructions can be found on the portal, as well.

**Please complete and return these forms, including the physical exam, by June 29, 2018.**

**Please mail, email, or fax the form to**

Upper School Athletics  
Stacey Morgan

MICDS Head Athletic Trainer  
101 N. Warson Road  
St. Louis, MO 63124  
[smorgan@micds.org](mailto:smorgan@micds.org)

Phone 314-995-7475  
FAX 314-995-7474

Lower and Middle School  
Lise Olson

LS/MS Nurse  
101 N. Warson Road  
St. Louis, MO 63124  
[lolson@micds.org](mailto:lolson@micds.org)

Phone 314-995-7437  
FAX 314-995-7421

Upper School Nurse  
Michelle Fox

US Nurse  
101 N. Warson Road  
St. Louis, MO 63124  
[mifox@micds.org](mailto:mifox@micds.org)

Phone 314-995-7472  
Fax 314-995-7456

Grades JK-8 mail to:  
Grades 9-12 mail to:

LS/MS Nurse, 101 N. Warson Rd - St. Louis, MO 63124 (Fax 314-995-7421)  
Stacey Morgan, 101 N. Warson Rd - St. Louis, MO 63124 (Fax 314-995-7456)

### I. EMERGENCY INFORMATION:

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Primary Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Email Address(es): \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade entering \_\_\_\_\_ **New Student?** **Yes\*** **No**  
(circle one)

Mother \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Current Physician \_\_\_\_\_ Phone \_\_\_\_\_

Other Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Conditions (e.g., Allergies, diabetes, asthma) \_\_\_\_\_

**Health/Accident Insurance:** All students in grades 7-12 must have health/accident insurance to attend school.  
My child is covered by basic health/accident insurance and the information is provided below.

Company: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

### II. AUTHORIZATIONS:

**A. Medical Consent:** To ensure safe care of my child, I agree that pertinent health information may be shared with appropriate school staff. I agree to alert the school nurse of any change in medication or health status of my child. I will furnish the school with current phone numbers and address in case of an emergency. The school nurse may contact the health care provider regarding any health concerns pertaining to students.

I understand that basic first aid and emergency care will be provided as needed by school staff, including administration of over the counter (OTC) medications listed in Section III based on professional nursing assessment and judgment, unless specifically communicated to health services.

In the event my child needs emergency medical treatment and none of the individuals named above can be reached, I give my consent to MICDS to obtain -through a licensed medical professional and hospital of choice- such medical care as is reasonably necessary for the welfare of my child. I also agree to assume the cost for transport and medical treatment in such an emergency situation.

My hospital preference is: \_\_\_\_\_

**B. Immunizations:** I have provided MICDS with my child's immunization records, and any updates thereto, as required by RSMo §167.181

**C.** (For grades 7-12 only) I hereby consent for the above student to represent the school in interscholastic athletics. I also give consent for my child to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it is in route to or from another school, during practice, or an interscholastic contest.

I acknowledge that the foregoing above information is true and correct.

X Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

MICDS's Health Services, in collaboration with the school's consulting physician, have agreed to the administration of certain over-the-counter (OTC) medications according to the physician's standing order. Listed below are the OTC medications that, based on professional nursing assessment and judgment, may be administered to students who have parental permission (see signature below). Our goal is to minimize both absenteeism and student discomfort while in the school setting and to maximize instructional time. Dosing of medication will be according to the package labeling based on age/weight and indications. Some medications are listed by brand names to assist in recognition of the medication, although a comparable brand or generic equivalent may be stocked.

The nurse may delegate and thereby will supervise the administration of medication by unlicensed personnel who are qualified by education, knowledge, and skill to administer medication.

The school nurse is not obligated to dispense medications where, in his/her judgment, such use would not be appropriate despite the above mentioned indications.

|  |   |
|--|---|
| <p><u>Oral Medications</u><br/>         Tylenol (acetaminophen) for minor pain, fever reduction<br/><br/>         Advil/Motrin (ibuprofen) for minor pain, fever reduction<br/><br/>         Benadryl (diphenhydramine) for hives, itching<br/><br/>         Tums (calcium carbonate) for indigestion, upset stomach<br/><br/>         Throat lozenge for cough or sore throat</p>   | <p><u>Topical Medications</u><br/>         Caladryl (pramoxine)/Calamine for rashes, itching<br/><br/>         Hydrocortisone 1% cream for rashes, itching<br/><br/>         Benadryl (diphenhydramine HCL) cream for rashes, uncomplicated bee stings<br/><br/>         Solarcaine (lidocaine), Mediquick, Foille ointment for minor burns<br/><br/>         Water Burn Gel for minor burns<br/><br/>         A&amp;D ointment, for skin irritation, minor burns<br/><br/>         Chloraseptic (phenol) spray or gargle for sore throat<br/><br/>         Vaseline for dry chapped skin and lips, sites of friction without erosion<br/><br/>         Sting Kill Swabs, topical anesthetic for insect bites &amp; stings<br/><br/>         Bactine, Unguentine, first aid cleansing for abrasions<br/><br/>         Camphophenique/Blistex, medicated lip ointment<br/><br/>         Mineral Ice, Ben Gay, &amp; muscle balm, for muscle aches<br/><br/>         Mouthwash for mouth refreshment &amp; mouth care<br/><br/>         QR powder for bleeding not stopped with pressure<br/><br/>         Liquid Band Aid, for open wounds difficult to dress with bandage<br/><br/>         Anbesol/Orajel, for oral lesions (e.g., canker sores)</p> |
| <p><u>Eye Medications</u><br/>         Eye wash solution (daricose solution, callyrium) for irrigation, rinsing of eyes<br/><br/>         Eye drops for dry eyes (saline solutions, artificial tears)<br/><br/>         Multi-purpose solution for contact lens care<br/><br/>         Antihistamine drops for itchy eyes (Visine A or equivalent)<br/><br/>         Visine, Murine, Clear Eyes for minor conjunctiva irritation</p> |   |

Concussions have been a relatively common injury in contact and collision sports for many years, but recently sports related concussions have been recognized as a public health concern. Early detection and specific documentation of a head related injury is the most important step in the management. MSHSAA has implemented a Concussion Education Program. **Each student, as well as, his/her parents are asked to read the “ABC’s of Concussion” document** (attached in the health form email and can be found on the MICDS portal) and sign the Concussion Acknowledgment section below:

### CONCUSSION ACKNOWLEDGMENT

**We have received and read the MSHSAA materials on concussion, which includes information on the definition of a concussion, symptoms of a concussion, what to do if you have a concussion and how to prevent a concussion.**

|   |              |
|---|--------------|
| <b>Printed Name and Signature of Student:</b> | <b>Date:</b> |
| <b>Signature of Parent:</b>                   | <b>Date:</b> |

### MICDS Athletic Department Transportation Waiver, Form (Grades 7-12 only)

THIS CONSENT, AUTHORIZATION AND RELEASE is provided to Mary Institute and Saint Louis Country Day School Athletic Department, 101 N. Warson Rd., St. Louis, Missouri 63124.

1. By my signature below I evidence the fact that all pertinent information concerning the athletic event, including individual and team itineraries and transportation arrangement and such other matters as might affect my decision with respect to the participation of my child, will have been made to me prior to the event and that I consent his/her participation in the athletic event.
2. In order to reach the site associated with the athletic event, my child has permission to ride the bus provided. Initial {            }
3. In order to reach the site associated with the athletic event my child has permission to be a passenger in an automobile driven by another MICDS student participating in the same athletic event. Initial {            }
4. Or has my permission to drive an automobile but **NOT** take another minor child as a passenger. Initial {            }
5. Additionally, my child has my permission to transport minor children who are MICDS students in the vehicle which he/she is authorized to drive for purposes of participation in athletic events. # of Passengers {            } Initial {            }
6. In order to reach the site associated with the athletic event, my child has permission to ride with his/her parent or other adult associated with the event (coach, administrator) Initial {            }

#### INDEMNIFICATION AGREEMENT

Furthermore, in consideration of the premises and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby represent, warrant, covenant and agree that at my sole cost and expense I will indemnify, protect and hold MICDS harmless against and from any and all damages, losses and liabilities, obligations, claims, litigation, demands, defenses, judgments, suits, proceedings, costs and expenses (including, without limitation, attorney fees and courts costs) of any kind or any nature whatsoever which may at any time be imposed upon, incurred by, or asserted or awarded against MICDS arising, in whole or in part, from my child’s participation in the athletic event(s). This release is without reservation of any kind except only for such acts or omissions on the part of MICDS, its directors, employees or agents that arise out of intentional or negligent wrongdoing and without fault of any kind on the part of my child.

This Agreement shall be binding upon the parent or guardian whose signature(s) appears below and their respective assigns, and inure to the benefit of MICDS and its respective successors and assigns.

I represent to you that I have the full legal power and right to execute this agreement, and that you can rely on my representations.

I have read this agreement and release and, understanding all its terms, I sign it as my free act and deed. This Agreement and the right and obligations of the parties hereunder shall in all respects be governed and construed and enforced in accordance with the laws of the State of Missouri.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Division: (circle one) LS MS US

Medicines: Please list all of the prescription and over-the-counter medications and supplements (herbal & nutritional) that you are currently taking: \_\_\_\_\_

Allergies: Yes  No  If yes, please identify specific allergy below:  
 Medicines:  Pollens:  Food:  Stinging Insects: \_\_\_\_\_

Has the student experienced an anaphylactic reaction to the allergen? Yes  No

Explain "YES" answers below. Circle questions you do not know the answer to:

| General Questions  | Yes        | No        | Medical questions  | Yes | No |
|--|------------|-----------|--|-----|----|
| 1. Has a doctor ever denied or restricted the student from participation in sports for any reason?   |            |           | 21. Does the student regularly use a brace, orthotics, or other assistive device?  |     |    |
| 2. Does the student have any ongoing medical conditions? If so, please check: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes<br>If yes, complete physician authorization form   |            |           | 22. Does the student have a current injury?  |     |    |
|  |            |           | 23. Do any of their joints become painful or swollen?  |     |    |
| 3. Has the student ever spent the night in the hospital?   |            |           | 24. Does the student have a history of juvenile arthritis or connective tissue disease?  |     |    |
| 4. Has the student ever had surgery?   |            |           |  |     |    |
| <b>Heart Health Questions About The STUDENT</b>  | <b>Yes</b> | <b>No</b> | 25. Does the student cough, wheeze or have difficulty breathing during or after exercise?  |     |    |
| 5. Has the student ever passed out or nearly passed out DURING or AFTER exercise?  |            |           | 26. Has the student ever used an inhaler or taken asthma medication?   |     |    |
| 6. Has the student ever had discomfort, pain, tightness or pressure in your chest during exercise?   |            |           | 27. Does anyone in your family have asthma?  |     |    |
| 7. Does the student's heart ever race or skip beats (irregular beats) during exercise?   |            |           | 28. Has the student had a hernia in the groin area?  |     |    |
| 8. Has a doctor ever told the student that they have any heart problems? If so, check all that apply:<br><input type="checkbox"/> High blood pressure <input type="checkbox"/> High cholesterol<br><input type="checkbox"/> A heart murmur <input type="checkbox"/> Other: |            |           | 29. Does the student have a history of seizure disorder?   |     |    |
| 9. Has a doctor ever ordered a test for the heart of this student? (ECG, EKG, echocardiogram)  |            |           | 30. Has the student had infectious mononucleosis within the last month?  |     |    |
| 10. Does the student get lightheaded or feel more short of breath than expected during exercise?   |            |           | 31. Does the student have rashes, pressure sores or other skin problems?   |     |    |
| 11. Has the student ever had an unexplained seizure?   |            |           | 32. Has the student had a herpes or MRSA skin infection?   |     |    |
| 12. Does the student get more tired or short of breath more quickly than their friends during exercise?  |            |           | 33. Was the student born without or are you missing a kidney, an eye, a testicle (males) or spleen, or any other organ? If yes, specify: |     |    |
| <b>Heart Health Questions About the FAMILY</b>   | <b>YES</b> | <b>NO</b> | 34. Has the student ever had a head injury or a concussion? Specify date(s):   |     |    |
| 13. Has any family member or relative died of heart related problems or had an unexplained or unexpected sudden death before age 50?   |            |           | 35. Has the student ever had a hit or blow to the head that caused confusion, headaches or memory problems?                              |     |    |
| 14. Does anyone in your family have a heart problem, pace maker, or implanted defibrillator?   |            |           | 36. Does the student have headaches with exercise?   |     |    |
| 15. Has anyone in your family had unexplained fainting, seizures or near drowning?   |            |           | 37. Has the student ever had numbness, tingling or weakness in his/her arms or legs after being hit or falling?                          |     |    |
| <b>Bone and Joint Questions</b>  | <b>YES</b> | <b>NO</b> | 38. Has the student become ill exercising in the heat?   |     |    |
| 16. Has the student ever had an injury to a bone, muscle, ligament, tendon that caused you to miss a practice or game?   |            |           | 39. Does the student get cramping while exercising?  |     |    |
| 17. Has the student ever had a broken/ dislocated bone?  |            |           | 40. Does the student or a family member have sickle cell trait or disease?   |     |    |
| 18. Has the student ever had a stress fracture?  |            |           | 41. Has the student had any problems with his/her eyes or vision? Or had an eye injury?  |     |    |
| 19. Has the student ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, cast or crutches?   |            |           | 42. Circle one if student wears: Contacts or Glasses   |     |    |
| 20. Has the student had an x-ray for neck instability?   |            |           | 43. Has the student ever had an eating disorder?   |     |    |

Explain YES answers here or on the back of this page:

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

Signature of Student (7-12 only): \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Parent or guardian: \_\_\_\_\_

## VI. PHYSICAL EXAMINATION - To be completed by physician

|       |               |
|-------|---------------|
| Name: | Date of Birth |
|-------|---------------|

### EXAMINATION

|         |         |                               |   |
|---------|---------|-------------------------------|---|
| Height: | Weight: | <input type="checkbox"/> Male | <input type="checkbox"/> Female   |
| BP: /   | Pulse:  | Vision: R 20/                 | L 20/ Corrected: <input type="checkbox"/> Yes <input type="checkbox"/> No |

### MEDICAL

| MEDICAL  | NORMAL | ABNORMAL FINDINGS |
|--|--------|-------------------|
| Appearance<br>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, MVP, aortic insufficiency) |        |                   |
| Eyes/Ears/Nose/Throat<br>· Pupils equal<br>· Hearing   |        |                   |
| Lymph Nodes  |        |                   |
| Heart<br>· Murmurs(auscultation standing, supine, +/- valsalva)<br>· Location of point of maximal pulse (PMI)  |        |                   |
| Pulses<br>· Simultaneous femoral and radial pulses   |        |                   |
| Lungs  |        |                   |
| Abdomen  |        |                   |
| Genitourinary (males only)   |        |                   |
| Skin<br>· HSV, lesions suggestive of MRSA, tinea corporis  |        |                   |
| Neurologic   |        |                   |

### MUSCULOSKELETAL

|   |  |  |
|---|--|--|
| Neck                                      |  |  |
| Back                                      |  |  |
| Shoulder/arm                              |  |  |
| Elbow/forearm/wrist/hand                  |  |  |
| Hip/thigh                                 |  |  |
| Knee                                      |  |  |
| Leg/ankle                                 |  |  |
| Foot/toes                                 |  |  |
| Functional<br>· Duck walk, single leg hop |  |  |

**IMMUNIZATIONS:** ALL NEW STUDENTS MUST SUBMIT AN IMMUNIZATION RECORD W/ MEDICAL FORMS

RETURNING STUDENTS: Need ONLY to submit a record of any RECENT immunizations

|  |   |
|--|---|
| <input type="checkbox"/> Cleared for all sports without restrictions   | <input type="checkbox"/> Cleared for full participation in Physical Education |
| <input type="checkbox"/> Cleared for all sports and Physical Education with the following restrictions:<br>Specify:  |   |
| <input type="checkbox"/> Not cleared: <input type="checkbox"/> Pending further evaluation <input type="checkbox"/> for any sport/PE <input type="checkbox"/> For specific sports: (list) |   |

I have examined the above-named student and completed the pre-participation physical examination. The student does not present apparent clinical contradictions to practice and participate in sports/physical education as outlined above.

|                            |        |
|----------------------------|--------|
| Name of Physician: (print) | Date:  |
| Address:                   | Phone: |
| Signature of Physician:    |        |

# MICDS AUTHORIZATION FOR ADMINISTRATION OF MEDICATION\*

PLEASE COMPLETE EVERY ITEM ON THIS FORM.

STUDENT'S NAME: \_\_\_\_\_

## PHYSICIAN'S ORDER

I have examined this student for (diagnosis): \_\_\_\_\_  
and have determined she/he requires medication during school hours.

\*MICDS upper and middle school students may have an Epi-pen, Insulin, or an inhaler in their possession, if the following authorization form is on file in the nurse's office. *PLEASE NOTE: all other medications must be kept in the nurse's office, respectively.*

- This student should not carry his/her medication by him/herself.
- The student should be allowed to carry and use medication by him/herself.

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Directions for Administering Medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Administration period of above medication(s) (actual dates): From: \_\_\_\_\_ To: \_\_\_\_\_

Contact me if the following signs or symptoms appear: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PARENT/GUARDIAN STATEMENT

I/We, the undersigned parent(s)/guardian(s) of \_\_\_\_\_  
Request that the MICDS nurse or her designee administer the above named medication to this student according to the physician's instruction. I/We agree to furnish the necessary prescribed medication in a labeled pharmacy container and agree to notify the school nurse immediately if the physician or medication prescription is changed. The medication will remain at the school for the duration of the administration period.

Parent/Guardian Signature: **X** \_\_\_\_\_

Home Phone: \_\_\_\_\_

## How do I take the Baseline Concussion Test Online?

ImPact Baseline Concussion Testing – Step by Step directions

- Step 1: Click on or go to the following link  
<https://www.impacttestonline.com/testing>
- Step 2: Sign in using the following:  
Customer Code: CC8D9BBAAF (not case sensitive).
- Step 3: Click “start a new test”
- Step 4: Under first time test takers, select MICDS as your institution
- Step 5: Click “Launch baseline test”

From here, just follow the directions on the screen – it is easy!

### Please remember the following:

- This test is only needed for incoming 7, 9 and 11 graders, as well as ALL new 7<sup>th</sup>-12<sup>th</sup> grade students.
- Only take the test on a computer that has an external mouse
- Only take the test when you have a full 25 minutes of undisturbed time – this test is of no cost to you, but we have purchased a finite number of tests so multiple tests are not permitted
- **Take the test in a quiet area where you won't be disturbed**
- Take the test with no help from others to insure accuracy and so our staff can care for them properly in the event of an injury.

### Troubleshooting:

- Occasionally, there have been a few cases where the student has gotten 75% of the way through the test and the computer has froze. If this happens, the company suggests they retake the test on a different computer.

**Contact: Stacey Morgan, Head Athletic Trainer with questions  
(314) 995-7475 or [smorgan@micds.org](mailto:smorgan@micds.org)**