



Meridian Public Schools

The Hoof Print - Home of the Mustangs

Mission Statement:

Meridian Public Schools will educate all students in a safe, nurturing environment while challenging them to develop their integrity, knowledge, and unique talents to become responsible, productive citizens.

Newsletter

www.meridianmustangs.org

July, 2024

Newsletter - July, 2024
Superintendent
Randy Kort

SUMMER 2024

Watching as the corn shoots up, pivots start to run, and a few fields of wheat being cut just indicates it is SUMMER. It has been great seeing everything nice and green this year. Please be careful as everyone is traveling the area and watch out for the wheat harvest equipment.

Please take time to get away with family and enjoy, as school and activities will be starting in just six and a half weeks.

BUSING

Parents will be notified of the busing times and routes the second week of August.

PHYSICALS

Reminder that if you have not had your student athlete, Kindergartener, or 7th Grader in for a physical, please get that scheduled before the start of school.

POSITIONS OPEN

We are looking for paraprofessional help - one position has the possibility of a 2 day work week. If you are interested please call Mr. Kort at 402-446-7265 Ext 1112.

SCHOOL WEBSITE

Stay updated with the District news by visiting the Meridian Public Schools website (www.meridianmustangs.org).

Board of Education
Meridian Public Schools
District - 48-0303
Daykin, Nebraska, 68338
Monday, June 17, 2024

Regular June 17, 2024 Meeting

Meridian Public School Board of Education met on June 17, 2024, as per notice in the Fairbury Journal-News.

President Bartels called the meeting to order at 6:00 p.m. The open meeting law information was presented.

Roll call was taken: Barton - present, Niederklein - present, Sobotka - present, Rut - present, Davis - present, and Bartels - present. Also present was Superintendent Kort, Principal Drees, and Principal Hull.

Nothing new was added to the agenda.

No comments were heard from the public.

Rut moved and Davis seconded to approve the consent agenda as presented.

- A. Minutes of the Monday, May 13, 2024 Regular Meeting
- B. District Financial Report
- C. Activity Fund Report
- D. Hot Lunch Fund Report
- E. Bills

Vote taken: Barton - aye, Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 6-0.

Principal Drees and Principal Hull presented the Curriculum Report to the Board.

Sobotka moved and Niederklein seconded to approve Dana Cole as the auditors for the 2023-2024 budget year. Vote taken: Barton - aye, Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 6-0.

Superintendent Kort proposed the following school lunch prices for the 2024-2025 school year.

| | PreK-6 | 7-12 | Adult |
|------------|--------|--------|--------|
| Breakfast: | \$1.50 | \$1.75 | \$3.00 |
| Lunch: | \$2.85 | \$2.95 | \$5.00 |

Rut moved and Barton seconded to approved the proposed lunch prices for the 2024-2025 school year. Vote taken: Barton - aye, Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 6-0.

Superintendent Kort presented the yearly contract for Southeast Nebraska Regional Program Interlocal Agreement for the Deaf or Hard of Hearing. Barton moved and Davis seconded to approve the yearly contract for the SNRP Deaf or Hard of Hearing Agreement. Vote taken: Barton - aye, Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 6-0.

Superintendent Kort proposed moving the remaining balance in the Technology Fund Account to the General Fund Account. The Technology Fund Account has not been used in years and there is now a monthly bank fee assessed to this account. Sobotka moved and Niederklein seconded to move the balance of the Technology Fund Account to the General Fund Account and close out the Technology Fund Account. Vote taken: Barton - aye, Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 6-0.

Superintendent Kort presented the results of the 2024 Census to the Board. Davis moved and Rut seconded to approve the 2024 Census. Vote taken: Barton - aye, Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. M324otion passed 6-0.

Mr. Matthew Asche will be the Elementary Principal beginning with the 2024-2025 school year. He will need to be authorized for financial or ordering needs for the District. Sobotka moved and Barton seconded to add Mr. Asche as an authorized signer on the Meridian Activity Fund at Heartland Bank. Vote taken: Barton - aye, Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 6-0.

A draft of Policy 9300 was presented to the Board. It is recommended to change Regular Board Meetings to meet on the second Monday of each month at 6:00 p.m. rather than the third Monday of each month at 7:00 p.m. as it is currently stated. Niederklein moved and Rut seconded to approve the changes to Policy 9300. Vote taken: Barton - aye,



Niederklein – aye, Sobotka – aye, Rut – aye, Davis – aye, and Bartels – aye. Motion passed 6-0.

Principal Drees and Principal Hull presented the Principals’ Reports to the Board.

Superintendent Kort presented the Superintendent’s Report to the Board.

The next regular meeting was set for Monday, July 8, 2024, at 6:00 p.m.

Barton moved and Rut seconded to adjourn at 6:46 p.m. Vote taken: Barton – aye, Niederklein – aye, Sobotka – aye, Rut – aye, Davis – aye, and Bartels – aye. Motion passed 6-0.

Jamie Niederklein,

Secretary Meridian District #48-0303

**From the Horse’s Mouth
by Matt Asche**

Familiar faces in new places. After spending my first four years in the Meridian school district in a high school classroom, I am excited to begin a new chapter as Elementary Principal for the 24-25 school year. In addition, I will also be serving as Activities Director. I will be located in the elementary wing when school starts.

Several professional growth opportunities throughout June, including reading fundamentals, inclusion, and Title IX have allowed me to jump in with both feet. Among the challenges facing the elementary staff this school year is the institution of a new math curriculum. We look forward to staying current in our curricular offerings across all instructional areas.

As summer activities wrap up, we are at the halfway point of the summer break. I hope students (and parents) take time to get away and yet challenge themselves to improve in something they’ve already started or start something new. This could be in the form of getting outside to enjoy our summer weather, finding a cool spot to enjoy a good book, or both.

I want to thank Ms. Drees for her help during my transition and look forward to working with Mr. Kort and Mr. Hull in this role.

**PRINCIPALLY SPEAKING
WITH MR. HULL**

It’s hard to believe that we have reached July already. The summers always fly by. As an administrative staff we have been hard at work in finishing up the paperwork for the 23-24 school year and preparing for the 24-25 school year. We have had a number of staff attending professional development opportunities, and I know they are looking forward to applying this new knowledge to their lessons this year. Our athletes have been working hard in the weight room and going to camps. It seems like every day we have a van headed out for a camp or training. We are excited about the hard work and extra time our students and coaches have been putting in. In a couple weeks we will be wrapping up our summer school.

As we start gearing up for next year I wanted to remind our families about physicals for the upcoming year. Those entering 7th grade must have a physical and updated immunization records on file prior to the start of the year. All students participating in sports must have a completed physical on file each year. Summer is a great time to get this taken care of so we are ready for the year.

I hope everyone has a safe 4th of July, and I wish safe travels for those who are going on trips or vacations!

2024-2025 PHYSICALS

Jefferson Community Health and Life Fairbury Clinic will be offering sports physicals to students of any grade by appointment. For more information, please see the flier at the back of this newsletter. All student athletes, Kindergarteners, 7th Graders, foreign exchange students, and students who move to our district from out of state are required to have Nebraska physicals, and State school immunization requirements must be met. In addition to a physical, Kindergarten, foreign exchange students, and students who move to our district from out of state will need an eye exam. Kindergarten and 7th Grade

students will need a urine same, so please pick up a sterile cup from the clinic ahead of time. Physicals must be completed before August 1, 2024. **Students must bring all forms with their name and date of birth on each as indicated - including the medical history form. These forms also require a signature by a parent or guardian. If a student comes to their appointment without completed forms, they will need to reschedule their physical.**

Physical forms can be found at the back of this newsletter, at the District Office of Meridian Public Schools, or on the NSAA website (nsaa.home). **Please fill out all of the attached forms. You need include a signed NSAA Parent and Student Consent form when you turn your physicals in to the school. Student athletes are NOT allowed to play without a completed NSAA consent form on file at the school.**



2024-2025 MERIDIAN SCHOOL SUPPLY LIST

Pre-K

- ◇ 1 Box of Kleenex
- ◇ 1 Container of Disinfectant Wipes
- ◇ Book Bag
- ◇ 1 - 30" x 54" Bath Towel (for quiet time)
- ◇ Non-Marking Gym Shoes with Velcro or Elastic Straps
- ◇ 1 Complete change of clothes in a plastic bag labeled with the child's name to be kept at school in case of accidents or spills.

Optional:

- ◇ Water Bottle
- ◇ Light Jacket or Sweater for Use in Classroom

Please put your child's initials on the items they bring.

2nd Grade

- ◇ Pencils
- ◇ Eraser
- ◇ Crayons (24 - 48 Count)
- ◇ Markers
- ◇ 1 Box of Facial Tissue
- ◇ Scissors
- ◇ Book Bag
- ◇ P.E. Shoes (no dark soles)
- ◇ 1 Pocket Folder
- ◇ Paint Shirt
- ◇ 2 Containers Clorox Wipes
- ◇ 1 Small Bottle of Hand Sanitizer
- ◇ Pencil Box or Container (make sure it will fit in your desk)

Optional:

- ◇ Colored Pencils
- ◇ Ruler
- ◇ Glue Sticks
- ◇ Earbuds

Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.

6th Grade

- ◇ 12 Pack Pencils – NO mechanical, please
- ◇ 1 Pencil Bag/Pouch
- ◇ 3 Pack Pink Pearl Erasers
- ◇ 1 Loose Leaf Paper – College Ruled
- ◇ 2 Heavy Duty Pocket Folders with Prongs
- ◇ 2 Composition Notebooks – College Ruled
- ◇ 10 Pack Crayola Fine Tip Markers
- ◇ 4 Pack Elmer's Glue Sticks
- ◇ 4-8 Pack Expo Fine Tip Markers
- ◇ 2-3-Boxes Facial Tissue
- ◇ 1 Container Clorox Wipes
- ◇ Ear Buds
- ◇ PE Shoes – NON-MARKING

Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.

Kindergarten

- ◇ 2 Boxes of Facial Tissue
 - ◇ Non-Marking Gym Shoes - **preferably velcro unless they can tie their shoes**
 - ◇ Backpack/Book Bag
 - ◇ 3 Large Containers Disinfectant Wipes OR 2 Spray Bottles Cleaner/Disinfectant (**It is helpful to send paper towels if you buy spray**).
 - ◇ 1 Complete change of clothes in a plastic bag labeled with the child's name to be kept at school
 - ◇ 1 Paint Smock - Plastic/Vinyl (if possible)
- Optional:**
- ◇ Small travel pillow if your child wants one for rest time. **This will only be used the FIRST QUARTER.**

◇ **I will supply a water bottle for them.**
Please label items you send with your child's name.
Please DO NOT send your child in tie shoes (especially for PE) if they are unable to tie their own shoes. We work on this skill, but it is difficult to have one person tie several pairs of shoes multiple times per day.

3rd Grade

- ◇ 1 Bottle of White School Glue
- ◇ 2 One-Subject Notebooks
- ◇ Pencil Case or Box
- ◇ Pencils
- ◇ Erasers
- ◇ Markers
- ◇ Crayons – 48 Count or Less
- ◇ Scissors
- ◇ Backpack/Book Bag
- ◇ 1 Pairs Ear Buds
- ◇ P.E. Shoes (no dark soles)
- ◇ 1 Roll of Paper Towels
- ◇ Boxes of Tissue
- ◇ Clorox Wipes

Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.

7th Grade Science

- ◇ 1 - 3-Ring Binder or Folder

ALL HIGH SCHOOL STUDENTS

- ◇ 1 Box Facial Tissue

1st Grade

- ◇ #2 Pencils
 - ◇ Crayola Crayons (24 Count ONLY)
 - ◇ 2-3 Large Erasers
 - ◇ Scissors
 - ◇ 1 Pencil Box or Bag
 - ◇ Crayola Markers
 - ◇ 3 Large Boxes of Facial Tissue
 - ◇ 1 Container Clorox Wipes
 - ◇ 2 Glue Sticks
 - ◇ Headphones (*earbuds do not seem to work for little ears*)
 - ◇ Book Bag
 - ◇ Non-Marking Gym Shoes
 - ◇ Paint Shirt
- Please label items you send with your child's name.*
- Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.**

4th Grade

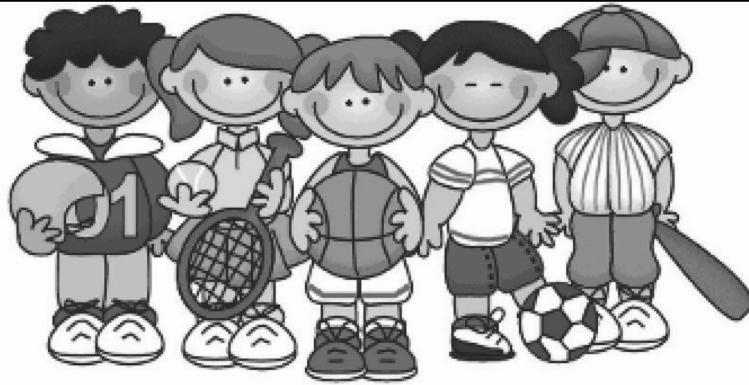
- ◇ 1 Box Facial Tissue
- ◇ 2 Pocket Folders
- ◇ 1 Pencil Pouch or Box
- ◇ Earbuds
- ◇ #2 Pencils
- ◇ 2 Wide Ruled Notebooks
- ◇ 1 Clorox Wipes
- ◇ 2 Large Erasers
- ◇ 1 Set of Water Colors
- ◇ Non-Marking PE Shoes

5th Grade

- ◇ #2 Wooden Pencils and Eraser
- ◇ 1 Jumbo Book Cover
- ◇ 3 Boxes Facial Tissue
- ◇ 3 70-Page Count Notebooks
- ◇ 2 Pocket Folders
- ◇ 1 Set of Dry Erase Markers with Eraser
- ◇ PE Shoes - Non-Marking
- ◇ 100 Sheet Loose Leaf Paper

7th - 12th Grade Math Classes

- ◇ Scientific Calculator (If your child does not own a scientific calculator, please consider buying them one for the upcoming school year. A preferred calculator among many of the students is a Texas Instruments (TI-30XIIS.)



SPORTS & SCHOOL PHYSICALS

Evening Physical Appointment Times Available

June 12, June 27, July 16, 4:40 p.m. To 7 p.m.

(in addition to regular clinic hours)

**SCHOOL PHYSICALS-Required for incoming
Kindergarten and 7th Grade students**

SPORTS PHYSICALS-Required for students participating in sports

*We recommend making appointments early.

*Appointments available at JCH&L Fairbury Clinic.

*There is a charge for all school and sports physicals. Many insurance policies cover well child check ups once per year. Please let the scheduler know if your child has not had their yearly well child check and their sport's physical or school physical should be their well child check up. This will be submitted to your insurance as a wellness exam. If you have questions about charges or insurance, please call for more information.

*A parent or guardian should accompany any child who is 18 or under.

*Forms must be filled out prior to the appointment.

*Forms are available at the clinic, your school or on our website at: <https://www.jchealthandlife.org/locations/fairbury-clinic/> and scroll down to forms. NSAA sports physical form and Fairbury Public Schools school physical form are in the "Forms" section near the bottom of the page.



■ PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

| | Not at all | Several days | Over half the days | Nearly every day |
|---|------------|--------------|--------------------|------------------|
| Feeling nervous, anxious, or on edge | 0 | 1 | 2 | 3 |
| Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

| GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.) | | |
|---|-----|----|
| | Yes | No |
| 1. Do you have any concerns that you would like to discuss with your provider? | | |
| 2. Has a provider ever denied or restricted your participation in sports for any reason? | | |
| 3. Do you have any ongoing medical issues or recent illness? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | | |
| | Yes | No |
| 4. Have you ever passed out or nearly passed out during or after exercise? | | |
| 5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise? | | |
| 7. Has a doctor ever told you that you have any heart problems? | | |
| 8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography. | | |

| HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED) | | |
|---|-----|----|
| | Yes | No |
| 9. Do you get light-headed or feel shorter of breath than your friends during exercise? | | |
| 10. Have you ever had a seizure? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | | |
| | Yes | No |
| 11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)? | | |
| 12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)? | | |
| 13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35? | | |



| BONE AND JOINT QUESTIONS | Yes | No |
|---|-----|----|
| 14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game? | | |
| 15. Do you have a bone, muscle, ligament, or joint injury that bothers you? | | |
| MEDICAL QUESTIONS | Yes | No |
| 16. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 17. Are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area? | | |
| 19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)? | | |
| 20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems? | | |
| 21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling? | | |
| 22. Have you ever become ill while exercising in the heat? | | |
| 23. Do you or does someone in your family have sickle cell trait or disease? | | |
| 24. Have you ever had or do you have any problems with your eyes or vision? | | |

| MEDICAL QUESTIONS (CONTINUED) | Yes | No |
|--|-----|----|
| 25. Do you worry about your weight? | | |
| 26. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 27. Are you on a special diet or do you avoid certain types of foods or food groups? | | |
| 28. Have you ever had an eating disorder? | | |
| FEMALES ONLY | Yes | No |
| 29. Have you ever had a menstrual period? | | |
| 30. How old were you when you had your first menstrual period? | | |
| 31. When was your most recent menstrual period? | | |
| 32. How many periods have you had in the past 12 months? | | |

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION
ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

Table with 16 rows of questions and Yes/No columns. Questions include: 1. Type of disability, 2. Date of disability, 3. Classification, 4. Cause of disability, 5. List the sports you are playing, 6-16. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities? Do you use any special brace or assistive device for sports? Do you have any rashes, pressure sores, or other skin problems? Do you have a hearing loss? Do you use a hearing aid? Do you have a visual impairment? Do you use any special devices for bowel or bladder function? Do you have burning or discomfort when urinating? Have you had autonomic dysreflexia? Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness? Do you have muscle spasticity? Do you have frequent seizures that cannot be controlled by medication?

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

Table with 17 rows of conditions and Yes/No columns. Conditions include: Atlantoaxial instability, Radiographic (x-ray) evaluation for atlantoaxial instability, Dislocated joints (more than one), Easy bleeding, Enlarged spleen, Hepatitis, Osteopenia or osteoporosis, Difficulty controlling bowel, Difficulty controlling bladder, Numbness or tingling in arms or hands, Numbness or tingling in legs or feet, Weakness in arms or hands, Weakness in legs or feet, Recent change in coordination, Recent change in ability to walk, Spina bifida, Latex allergy

Explain "Yes" answers here.

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

Signature of athlete: _____
Signature of parent or guardian: _____
Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

| | | |
|---|-----|----|
| 1. Type of disability: | | |
| 2. Date of disability: | | |
| 3. Classification (if available): | | |
| 4. Cause of disability (birth, disease, injury, or other): | | |
| 5. List the sports you are playing: | | |
| | Yes | No |
| 6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities? | | |
| 7. Do you use any special brace or assistive device for sports? | | |
| 8. Do you have any rashes, pressure sores, or other skin problems? | | |
| 9. Do you have a hearing loss? Do you use a hearing aid? | | |
| 10. Do you have a visual impairment? | | |
| 11. Do you use any special devices for bowel or bladder function? | | |
| 12. Do you have burning or discomfort when urinating? | | |
| 13. Have you had autonomic dysreflexia? | | |
| 14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness? | | |
| 15. Do you have muscle spasticity? | | |
| 16. Do you have frequent seizures that cannot be controlled by medication? | | |

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

| | | |
|--|-----|----|
| | Yes | No |
| Atlantoaxial instability | | |
| Radiographic (x-ray) evaluation for atlantoaxial instability | | |
| Dislocated joints (more than one) | | |
| Easy bleeding | | |
| Enlarged spleen | | |
| Hepatitis | | |
| Osteopenia or osteoporosis | | |
| Difficulty controlling bowel | | |
| Difficulty controlling bladder | | |
| Numbness or tingling in arms or hands | | |
| Numbness or tingling in legs or feet | | |
| Weakness in arms or hands | | |
| Weakness in legs or feet | | |
| Recent change in coordination | | |
| Recent change in ability to walk | | |
| Spina bifida | | |
| Latex allergy | | |

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



To be completed for Students participating in any NSAA activities.

Student and Parent Consent Form



School Year: 20 ___ -20 ___
Member School: ___
Name of Student: ___
Date of Birth: ___ Place of Birth: ___

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic and activity participation;
(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities;
(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student;
(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities;
(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities.


Name of Student [Print Name] Student Signature Date

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for [insert Student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:


Table with 7 columns: Baseball, Basketball, Bowling, Cross Country, Debate, Football, Golf, Journalism, Music, Play Production, Soccer, Softball, Speech, Swim/Dive, Tennis, Track & Field, Unified Bowling, Unified Track & Field, Volleyball, Wrestling

Table with 3 columns: Parent(s)/Guardian Printed Name(s)*, Parent/Guardian Signature, Date of Signature

*Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the Student is not living with parents, the Student's legal guardian.

Daykin Lumber Co.
DAYKIN, NE 68338
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