La Pietra – Hawaiʻi School for Girls Student's Health Record

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	Entry dates	Pre-K: /	Elem.: /_/ Int./Middle:	High:/		Seizures	Skin Problems	□ Vision Problems		Physical Examination (N - Normal, A - Abnormal, R - Receiving Care)	Nutrition Prov			Immunizations		<u> </u>		<u> </u>			-	/						//			<u>- 10, - 1</u>						
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	Name:	(Last)	Parent/Legal Guardian Names:	-	PC 1	□Allergies	Bees				Date				Check appropriate box	□ Negative TB Risk Assessment	□Negative test for TB infection	□ Positive test & negative chest x-ray	•	Dent	Dent		Visual Acuity	R 20 /	Corrected	Hearing Thresholds	500 1000	L L		Signature or Stamp of Healthcare Provider or Clinic:		STATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, February 2022 *If recommended/required based on screening/EPSDT requirements.					

6-8A

Health History	Comments: Include referrals and reports.	Recommendation for sign	ificant findings. (PI	ease print)	
Date	Date Comments Signature & Title Date Comments	Signature & Title	Date	Comments	Signature & Title

STATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, February 2022

6-8A-1



Student Athletic Physical Exam Form 2023-2024

Instructions to Parent: An annual physical exam is required each school year for all student-athlete. Please schedule an annual physical exam and ask your doctor to complete:

1. Student Health Form 14 and

Golf

2. 2023-2024 Student Athletic Physical Exam Form

Student Last Name

Student First Name

Grade

Athletic Participation List

The following sports are offered at La Pietra – Hawaii School for Girls: Air Riflery Water Polo Cheerleading Judo Swimming

Archery Basketball Canoe Paddling **Cross Country** Diving

Kayaking Soccer Softball

Tennis Track & Field Volleyball

Wrestling Other:

Physician Certification

- 1. Date of exam:
- 2. This student:
- MAY participate fully in school PE and athletic activities as listed above. •
- MAY NOT participate in school PE and athletic activities. •
- Has RESTRICTIONS to participate in school PE and athletic activities. Please note restrictions: .

Physician Name (print)

Physician Signature

Date



School Year 2023-2024

Student / Parent Acknowledgement								
We,(student-athlete name)	and	(parent/guardian name)						
acknowledge that we have read the 2023-2024 LP Practice Guidelines, LP Event Management Guidelines, ILH League Covid Guidelines, and the 2023-2024 Athletic Handbook for Students and Parents. We agree to follow all safety protocols and requirements stated for student-athletes and parents in these documents during the sports seasons.								
We understand that failure to follow the parent and student-athlete guidelines in these documents will result in removal of the student from participation on the La Pietra or PAC-5 athletic team.								
(student-athlete signature)	(date)	(parent/guardian signature)	(date)					

Athletic Participation Agreement

I hereby request permission to compete in interscholastic athletics for La Pietra School. I have read the Athletic and School handbook pertaining to Sports and will adhere to those rules. I understand that an infraction of school/athletic rules will result in disciplinary actions. I also understand that I must return all school issued uniforms and pay for any damages that I may have done to uniforms or equipment. I will conduct myself in an appropriate manner at all athletic events and show my La Pietra School Pride at all times. I understand that if I quit or am dropped from a team because of disciplinary actions, grades, or absences, I'm ineligible to participate in any La Pietra Sports for one year to the date. I have not violated any eligibility rules and regulations of the Interscholastic League of Honolulu.

(student-athlete signature)	(date)	(parent/guardian signature)	(date)



School Year 2023-2024

Emergency Contacts & Emergency Medical Authorization

Student Last Name

Student First Name

Date of Birth

Parent Information									
	First and last name	Cell Number ###-###-####	Alternate Number						
Father/Guardian									
Mother/Guardian									

Emergency Contacts. In case parents are not reachable.							
Cell Number ###-###-####	Relationship: grandfather, grandmother,						
	uncle/aunt, friend						

€ Yes € No Does your daughter have Asthma?

€ Yes € No Can your daughter be given Tylenol for injuries?

€ Yes € No Is your daughter currently on medication? Specify reasons:								
List past injuries or health concerns to be aware of:								
Insurance name: Policy number:								

Emergency Medical Authorization. I hereby give consent for medical treatment deemed necessary by physicians designated by the coach(es) and/or transportation to a hospital emergency room for treatment for any illness or injury resulting from her participation. I understand this authorization will only be enforced when I cannot be contacted and immediate treatment is needed.

Parent's name (print)

Parent's signature

Date



School Year 2023-2024

ImPACT Concussion Management Program

It is mandatory for all student-athletes participating in the ILH sports on La Pietra and Pac-5 athletic teams, to complete the ImPACT Concussion Management Baseline Testing. This school year Baseline testing will only be required for sixth, seventh, ninth, and eleventh grade student-athletes (and new participants) participating in the ILH.

The ImPACT program baseline test that will be administered by the athletic department staff will assist us in evaluating and treating head injuries (e.g. concussions). In order to better manage concussions sustained by our student-athletes, we have acquired a software tool called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing). ImPACT is a computerized exam utilized in many professional, collegiate and high school sports programs across the country to successfully diagnose and manage concussions. If an athlete is believed to have suffered a head injury during competition, ImPACT is used to help determine the severity of the head injury and when the injury has fully healed.

After a concussive injury, the injured athlete is reassessed and the scores are compared to the baseline score. Athletes will only be considered to return to their activities if the post-injury scores are comparable to the baseline score. Although our goal is to test all athletes prior to the tryouts for each season, we may be administering the tests during the season due to limited resources of computer technology and human monitors and due to the challenge of testing a large number of athletes.

The non-invasive ImPACT test is set up in "video-game" type format and takes about 20-30 minutes to complete. It is simple, and many athletes enjoy the challenge of taking the test. Essentially, the ImPact test is an athletic physical exam of the brain. It tracks information such as memory, reaction time, speed, and concentration. It is not an IQ test.

If a concussion is suspected, the athlete will be required to retake the ImPACT tests. Both pre-injury and post-injury test results are evaluated by Pac-5 athletic trainers if they are on a Pac-5 team or your family physician who consults with a neuro-psychologist /neurologist as part of the evaluation process. The information gathered should also be shared with your family doctor. The test data will enable health professionals to determine when returning to play is appropriate and safe for the injured athlete. If an injury of this nature occurs to your child, you will be promptly contacted with all details. The information gathered from the ImPACT program may also be utilized in studies conducted by this school, the ILH, the University of Hawaii, local physicians, neuropsychologists, the State of Hawaii Department of Education and the National Athletic Trainers' Association. In order to ensure your child's anonymity, we have set up an anonymous data submission system. This data may anonymously be submitted for research purposes.

We wish to stress that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. Please sign the bottom of this page with the appropriate signatures. For more information about concussions please visit NFHSlearn.com and take the free course *Concussion in Sports*. If you have further questions regarding this program please contact the Athletic Office (922-2744).



Pre - ImPACT Concussion Worksheet

Student L	ast Na	ame Student First Name Date of Birth Gender: Female
		🗆 Right 🗆 Left
Height (ft		
Language	es: 1 st	t: 2 nd (if fluent):
Ethnicity:		
Years of e excluding		tion completed,
In school,	, what	t type of student □ Below Average (C – D) □ Average (B – C) □ Above Average (A – B)
are you?		
-	-	ne following that apply to you:
	No	Receive speech therapy
	No	Attended special education classes
	No	Repeated one or more years of school
	No	Diagnosed with a learning disability
	No	Diagnosed with attention deficit disorder (ADD) or hyperactivity (ADHD)
		experienced treatment for:
	No	Headaches by physician
	No	Migraine headaches by physician Epilepsy or seizures
	No No	Brain Surgery
	No	Meningitis
	No	Substance or Alcohol abuse
	No	Psychiatric Condition (depression or anxiety)
	-	been diagnosed with any of the following conditions?
	No	ADD / ADHD Yes No Dyslexia Yes No Autism
	No	Have you participated in any strenuous exercise or practice in the last 3 hours?
••••••	No	Are you currently on medications?
		Please list.
Hours of	sleep	last night:
Yes	No	Have you ever been diagnosed with a Concussion? If yes, answer the following questions:
		es diagnosed with a concussion, excluding current injury:
Total num	nber o	of concussions that resulted in:

	Loss of consciousness		Difficulty with memory for events occurring immediately					
	Confusion		before injury					
	Difficulty with memory for events		Total games missed as a direct result of all concussions					
	occurring immediately after injury		combined					
Month/ye	Month/year of 5 most recent concussions:							

Current Sport(s):		Current position/weight class	Yrs of past High School Experience
1.	□ Inter □ JV □ Vars		
2.	□ Inter □ JV □ Vars		
3.	□ Inter □ JV □ Vars		