St. Matthew Lutheran School

# Athletics

# Parent/Guardian Packet

*2023-2024 School Year*

St. Matthew Lutheran School

# Checklist

For your athlete(s) to participate in sports at St. Matthew School the following must be completed on an annual basis:

- ❑ Signed Athletic Code of Conduct
- ❑ Signed Sports Wavier
- ❑ Completed Emergency Card
- ❑ Completed Physical/Health Appraisal

Please hand-in all completed forms to the school office before the first competition of play.

St. Matthew Lutheran School

# 2023-2024 Sports

**Fall (September-October)**
Co-ed Soccer
Girls' Volleyball
Co-ed Cross Country

**Winter**
Boys' Basketball (November-January)
Girls' Cheerleading (November-January)
Girls' Basketball (February-March)

**Spring**
Co-ed Track & Field (April-May)

Athletic Director: Stacy Leick
ad@st-matthew.org

St. Matthew Lutheran School

# Western Lutheran Athletic League

Christ the King, Southgate

Concordia, Redford

Guardian, Dearborn

Northville Christian

St. Matthew, Walled Lake

St. Matthew, Westland

St. Michael, Wayne

St. Paul, Northville

St. John, Waltz

St. Paul, Royal Oak

St. Paul, Livonia

www.wlalsports.org

# St. Matthew School Athletic Code of Conduct

Participation in athletic and co-curricular programs at St. Matthew Lutheran School is considered an honor and a privilege that entails a commitment by students to use his or her talents, given to them by our Lord, to the best of ability. Athletes and parental guardians are expected to conduct themselves in an exemplary manner at all times, including functions that occur outside of school.

Student athletes need to:

- **J**ointly work with your teachers, coaches, and parental guardians to have your education and school work a priority above sports.
- **E**stablish pride in your efforts to do your best and support your teammates.
- **S**eek victory with honor and accept defeat with dignity.
- **U**se your talents and skills to excel on and off the field of play.
- **S**how respect to teammates, coaches, officials, and opponents at all times.

School work comes before sports. In order to remain eligible to participate in interscholastic contest, the student must:

- Maintain a "C" average with no "F's" in all letter graded courses, both at mid-quarter and end -of-quarter progress reports.
- Have no "minuses" (unsatisfactory grades) in any non-lettered graded courses, both at mid-quarter and end-of-quarter progress reports.
- Not receive six Notices of Concern per quarter for incomplete assignments.
- Not receive any additional Notices of Concern for incomplete assignments beyond six, or the student will serve an additional academic probation period.
- If the above requirements are not met, the student athlete will be placed on academic probation.

An absence from school for more than a half day (after 11:30 A.M.) means a student athlete cannot participate in any interscholastic contest on that same day.

Parental guardians should support your child, school, coach, and team to the best of your God-given abilities and:

- Practice good sportsmanship
- Enthusiastically support teams at athletic events without being over-zealous or critical of coaches and officials
- Recognize and appreciate outstanding plays by either team.
- Use neither profane or obscene language, nor verbal assault.

Please refer to the school's parent/student handbook for more information.

**Student's Name**_____ **Grade for the 2023-2024 School Year**_____

I have read and understand the Athletic Code of Conduct and agree to abide by its principles and guidelines.

**Student's Signature** _____ **Date**_____

I have read and understand the Athletic Code of Conduct and agree to abide by its principles and guidelines.

**Parental Guardian's Name**_____

**Parental Guardian's Signature**_____ **Date**_____

# SPORTS/ENRICHMENT WAIVER

Parent/Guardian

I hereby give my consent for my son/daughter to participate in Enrichment/Volleyball/Basketball/Cross Country/Soccer/Track & Field Program for St. Matthew Lutheran School. Program Coordinators and Coaches are in NO WAY responsible for any injury suffered by my child while participating in the program.

I further agree to adhere to the requirements, rules, and guidelines as set forth by the sponsoring organization.

Parent Name: (please print)_____

Parent/Guardian Signature_____

Date_____

St. Matthew Lutheran School

# Athletic Emergency Card

Name_____Grade _____ DOB_____

Address_____

City/State_____ Zip_____

Mother _____Cell#_____

Father _____Cell#_____

Emergency Contact_____Phone_____

In case of injury, I hereby give my permission for the student named to be given immediate emergency care by any physician or E.M.T. I also grant permission for he/she to be transported to (hospital)_____ or nearest available hospital by emergency vehicle.
Allergies:_____
Medications currently using_____
Medical condition to be aware of:_____
Insurance carrier_____Wear Contacts? Yes No
Policy No._____

_____ _____

parent/guardian signature date

# 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

| Yes | No | Resolved | # Is your child having any of the problems listed below? |
|---|---|---|---|
| ☐ | ☐ | ☐ | 1 Allergies or Reactions (for example, food, medication or other) |
| ☐ | ☐ | ☐ | 2 Hay Fever, Asthma, or Wheezing |
| ☐ | ☐ | ☐ | 3 Eczema or Frequent Skin Rashes |
| ☐ | ☐ | ☐ | 4 Convulsions/Seizures |
| ☐ | ☐ | ☐ | 5 Heart Trouble |
| ☐ | ☐ | ☐ | 6 Diabetes |
| ☐ | ☐ | ☐ | 7 Frequent Colds, Sore Throats, Earaches (4 or more per year) |
| ☐ | ☐ | ☐ | 8 Trouble with Passing Urine or Bowel Movements |
| ☐ | ☐ | ☐ | 9 Shortness of Breath |
| ☐ | ☐ | ☐ | 10 Speech Problems |
| ☐ | ☐ | ☐ | 11 Menstrual Problems |
| ☐ | ☐ | ☐ | 12 Dental Problems: Date of Last Exam / / |
| ☐ | ☐ | ☐ | Other (please describe): _____ |
| ☐ | ☐ | | Does your child take any medication(s) regularly? |
| Reason for Medication | | | |

**Birth History:**

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

_____ / / 
***Parent/Guardian Signature*** Date

Was the health history reviewed by a health professional?
☐ Yes ☐ No ***Examiner's Initials:*** _____

## 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 |
|---|---|---|---|---|---|---|
| ☐ | ☐ | VISION<br>Date: / / | Visual Acuity | | | |
| | | | Muscle Imbalance | | | |
| | | | Other: | | | |
| ☐ | ☐ | HEARING<br>Date: / / | Audiometer | | | |
| | | | Other: | | | |
| ☐ | ☐ | URINALYSIS<br>Date: / / | Sugar | | | |
| | | | Albumin | | | |
| | | | Microscopic | | | |
| ☐ | ☐ | BLOOD LEAD LEVEL<br>Date: / / | Level _____ ug/dl ⇨ | | | |

| No | Yes | Was child tested for: | Test results: | Normal | Referred | Under Care |
|---|---|---|---|---|---|---|
| ☐ | ☐ | HEIGHT & WEIGHT | Height | | | |
| | | | Weight | | | |
| ☐ | ☐ | Other: _____ | Other | | | |
| ☐ | ☐ | HEMOGLOBIN / HEMATOCRIT | ⇨ | | | |
| ☐ | ☐ | BLOOD PRESSURE | Reading: _____ | | | |
| ☐ | ☐ | TUBERCULIN<br>Date: / / | Type: _____<br>Neg.: ☐ Pos.: ☐ _____ mm | | | |

**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 | |
|---|---|---|
| Hepatitis B (HepB) | 1 | 3 |
| | 2 | |
| DTaP/DTP/DT/Td | 1 | 4 |
| | 2 | 5 |
| | 3 | 6 |
| Tdap | 1 | |
| *Haemophilus Influenzae* type b (HIB) | 1 | 3 |
| | 2 | 4 |
| Polio (IPV/OPV) | 1 | 3 |
| | 2 | 4 |
| Pneumococcal Conjugate (PCV7/PCV13) | 1 | 3 |
| | 2 | 4 |
| Rotavirus (RV1/RV5) | 1 | 3 |
| | 2 | |
| Measles,Mumps, Rubella (MMR) | 1 | 2 |
| Varicella (Chickenpox) | 1 | 2 |

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

| VACCINES (Circle Type) | DATE ADMINISTERED MM/DD/YYYY | |
|---|---|---|
| Hepatitis A (HepA) | 1 | 2 |
| Influenza (IIV/LAIV) | 1 | 3 |
| | 2 | 4 |
| Meningococcal (MCV4 / MPSV4) | 1 | 2 |
| Human Papillomavirus (HPV9/HPV4/HPV2) | 1 | 3 |
| | 2 | |
| OTHER Vaccines Specify Date & Type | Type of Vaccine(s) | Date of Vaccine(s) |
| | 1 | |
| | 2 | |
| | 3 | |

*Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable*

*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.

Parent/Guardian refused immunizations: ☐

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: |
| ☐ | ☐ | Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other |

Other Recommendations

## SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ (child's name)'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 Type)*** | Degree or License

Number & Street | City | MI | 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.

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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.


Dear Heavenly Father,

We thank you for this opportunity to gather together to train and compete. We ask that all of those involved show kindness and good sportsmanship. We pray to you, Lord, to show us opportunities to build each other up, spiritually, emotionally, and competitively.

Thank you for the gifts and abilities you have blessed us with, and we pray that we may be kept free from injuries today.

In the name of the Father, and of the Son, and of the Holy Spirit. Amen.