



Spencerport Central School District

DEPARTMENT OF STUDENT SERVICES
AND RESEARCH, EVALUATION AND ASSESSMENT

71 LYELL AVENUE ~ SPENCERPORT, NY 14559

HEALTH APPRAISAL INFORMED CONSENT

(Please read, sign and return to the school nurse if you want a health appraisal done in school)

The Spencerport Central Schools encourages you to use your private health care provider for all required school health appraisals for optimal continuity of care. If you need financial assistance, the school nurse can provide you with applications for Child Health Plus. Should you choose instead to have a health appraisal done by the school physician or nurse practitioner in school, it will be scheduled at a time convenient to the district. Most parents do not choose to attend school exams, but if you wish to be in attendance, please notify the school nurse. Otherwise, be advised of how the appraisal will be conducted in your absence.

Your child will be asked to disrobe to underclothing: boys socks and underpants, girls socks and a loose shirt without a bra or undershirt. While every effort is made to preserve dignity and privacy, most health offices are too small to provide the level of privacy your child may be used to in his/her private provider's office. Other children of the same sex may be in the changing area. First the physician conducts a mini-interview for history. The interview includes age-appropriate questions that explore physical and psycho-social areas of concern. For example, younger children may be asked about their worries or their sense of personal safety in school and at home. Older students may be asked about substance use, sexual activity, eating issues, and mental health concerns. These are age-appropriate questions identified by the American Medical Association and the American Academy of Pediatrics. However, they are private questions, and we want to be sure you and your child understand the nature of our questions. If there is concern that a student is engaging in activities that are immediately self-injurious, you will be notified without delay. Less urgent concerns are referred back to appropriate school personnel to address according to the school's routine methods of dealing with potential problems. You may receive a copy of secondary level questions from your school nurse if you wish on request.

Next, the physical screening examination is done. The exam includes a head-to-toe screening of all major organ systems, including breasts/pubic area for girls and hernia/testicles for boys. The examiner will touch your child. Because this is an intimate screening exam, we ask that you discuss in detail with your child whether they are comfortable having the exam conducted in school. Providers are New York State licensed and board certified physicians and/or nurse practitioners. However, children may be intimidated disrobing and having an intimate examination done in school amid strangers and school friends. Please do not ask the school to conduct this exam unless you seek your own child's permission and understanding of the nature of the exam. Because school examinations are only screening exams, and school providers may not diagnose or prescribe in a school setting, you will be advised of any areas of concern found on examination that require further evaluation by your own provider.

-continued on the back-

PLEASE COMPLETE THE HEALTH HISTORY BELOW AND SIGN

Student's Name _____

Grade _____

Discussions with your provider about any health concerns are often the most important parts of a private visit. In lieu of your presence, please answer the following questions and DATE AND DESCRIBE ANY YES ANSWERS IF THE STUDENT HAD OR CURRENTLY HAS:

- | | | |
|--|----|-----|
| 1. Any serious injuries, illnesses, medical conditions, or operations? | No | Yes |
| 2. Any serious infections, including mononucleosis or recurrent strep? | No | Yes |
| 3. Asthma, severe allergies, or other respiratory problems? | No | Yes |
| 4. Any heart problems, high blood pressure, or a known heart murmur? | No | Yes |
| 5. A bleeding disorder? | No | Yes |
| 6. A liver or spleen problem? | No | Yes |
| 7. A hernia, undescended testicle, or absence of one testicle? | No | Yes |
| 8. Kidney disease or absence of one kidney? | No | Yes |
| 9. Any muscle, joint, or bone problems, including fractures? | No | Yes |
| 10. Any head injury or a sudden loss of consciousness? | No | Yes |
| 11. Seizures? | No | Yes |
| 12. Is your child currently taking any medication? | No | Yes |
| 13. Does your child have impaired hearing in one or both ears? | No | Yes |
| 14. Does your child have absence of vision in one eye? | No | Yes |
| 15. Does your child wear glasses or contact lenses? | No | Yes |
| 16. Does your child wear orthodontics (braces, retainer, etc.)? | No | Yes |
| 17. Are you aware of any medical or physical limitations which should disqualify or limit your child's full participation in any of our physical education or athletic programs? | No | Yes |

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL ON A SEPARATE PAGE.

PERMISSION FORM FOR SCHOOL HEALTH APPRAISAL

My child and I understand the nature of school health appraisals described above. I give permission to have my child interviewed and examined by the school physician/nurse practitioner as scheduled at the convenience of the school. I have read the information sheet on health appraisals, and have advised my child of my decision. I understand a school exam will not be conducted without my signed permission below.

Student's Name

Parent's Signature

Date

School

Grade

PLEASE RETURN TO THE HEALTH OFFICE TODAY