

**TO: JUNIOR HIGH and HIGH SCHOOL STUDENTS and PARENTS/GUARDIANS**

**RE: Physicals - Required Paperwork - Practices for 2022-23**

**GYM FLOOR - All 7-12 P.E. students are encouraged to bring a different pair of shoes (other than their street shoes) to minimize scratches to the wood floor.**

### **PHYSICALS**

Junior High and/or High School students that will be participating in athletics this upcoming school year will **need a physical exam prior to practicing** (August 8<sup>th</sup> for High School football and volleyball players and August 18<sup>th</sup> for Junior High students). Physicals must be set up on your own time and expense. **The NSAA has requested students use the enclosed standardized form for physicals.** Please fill out the PREPARTICIPATION PHYSICAL EVALUATION forms prior to the physical appointment and take the form to the appointment. **You must return the PHYSICAL CLEARANCE FORM signed by the physician to the school along with the Other Paperwork described below.**

**\*\* The enclosed NSAA Consent Form is required by the NSAA. Please read and complete. Student and parent/guardian signatures are required. ATHLETES MUST HAVE HEALTH INSURANCE PRIOR TO THE START OF PRACTICE.** If you do not have insurance, the school has forms for you to fill out to purchase supplemental accidental bodily injury insurance. THE SCHOOL DOES NOT CARRY INSURANCE ON STUDENTS. INSURANCE IS THE PARENTS' RESPONSIBILITY.

**\*\* INSURANCE WAIVER FORM – Signed by your parent/guardian.**

**\*\* The enclosed Authorization-Acknowledgement & Acknowledgement of Conduct Code policy forms must also be read and SIGNED ON BOTH PAGES by the student and parent/guardian. Just a reminder that according to the academic requirements, if a student, Junior High or High School, is failing in one class he/she will be ineligible to compete that second week. The student will still be expected to practice. Both of these forms MUST be returned if you are going to participate in ANY activities, i.e. Drama, Speech, Music, etc. even if you are NOT participating in athletics.**

**\*\* STUDENT EMERGENCY FORM – Signed by your parent/guardian.**

**\*\* DRUG & ALCOHOL TESTING POLICY – (9-12 Grades Only) - signed by you and your parent/guardian.**

**ALL FORMS MUST BE RETURNED TO THE COACHES THE FIRST DAY OF PRACTICE ALONG WITH YOUR COMPLETED PHYSICAL FORM. YOU WILL NOT BE ABLE TO PARTICIPATE IN PRACTICE UNTIL THE COACHES OR THE POTTER SITE OFFICE HAVE ALL THESE FORMS ON FILE.**

**ALL 7TH GRADERS NEED A FULL PHYSICAL AND IMMUNIZATIONS** – Please note the enclosed NSAA School Sports Qualifying Screening Evaluation instruction form! In accordance with the State Laws of Nebraska and Board Policy, all incoming 7th graders are required to have a complete physical before entering Junior High including a visual evaluation by physician, physician assistant, an advanced practice registered nurse, or an optometrist. They are also required to have the following immunizations:

- 3 doses of DTaP, DTP or Td vaccine (one given on or after the 4th birthday) and evidence of a Tdap (tetanus, diphtheria and pertussis) shot anytime after 10 or 11 years of age (depending on which brand of vaccine is received).
- 3 doses of Polio vaccine
- 2 doses of MMR vaccine, given on or after 12 months of age and separated by at least one month
- 3 doses of Hepatitis B vaccine
- 2 doses of Varicella (chickenpox) for all K-12 students; or written documentation that the child has had the disease with the date they had the disease listed

**HIGH SCHOOL VOLLEYBALL & FOOTBALL PRACTICE – See back of letter.**

June 2022

To: All **9-12** Volleyball Players  
From: Coaches Mendoza & Deeds

- Starting August 8<sup>th</sup> we will have mandatory two a day practices.
- 6:00 a.m. – 7:00 a.m. and 3:30 p.m. – 6:00 p.m.
- Must turn in ALL your forms at the day of the first practice.
- First jamboree game is Monday, August 22<sup>nd</sup> it is a triangular at Banner County with Minatare at 4:00 p.m.

To: All **9-12** Football Players  
From: Coaches Frerichs, Christensen & Coffman

- Mandatory practices start August 8<sup>th</sup>.
- Watch your email for an official practice schedule from the coaching staff.
- First game is Friday, August 26<sup>th</sup> at Minatare at 2:00 p.m.

**Get your required forms turned in as soon as possible. You will NOT be able to participate in practice until the coaches or the Potter site office have ALL these forms on file.**

## ■ 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  $\geq 3$  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.

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**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

### 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.

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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.

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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

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

#### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

\* Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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*I hereby give permission for the release of the attached student medical history and the results of the actual physical examination to the school for the purposes of participation in athletics and activities.*

Parent or Legal Guardian Signature \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**AUTHORIZATION AND ACKNOWLEDGEMENT**

**WARNING: SERIOUS CATASTROPHIC AND PERHAPS FATAL INJURY MAY RESULT FROM ATHLETIC PARTICIPATION**

Many forms of athletic competition result in violent physical contact among players, the use of equipment that may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury. Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will eliminate these risks. Students have suffered accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairment while playing sports. By granting permission for your student to participate in athletic competition, you, the parent or guardian, acknowledge that such risk exists. Students will be instructed in proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and must refrain from improper uses and techniques.

I understand the statement above and I understand that by allowing my student to participate in athletic events, I assume the risk that he/she may be injured, perhaps severely.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF CONDUCT CODE**

I understand that as a student representing the school district in activities, I am obligated to comply with the athletic handbook, including the code of conduct. **This means that I may not possess, use, or be at parties in the presence of alcohol, illicit drugs, or controlled substances at any time during the calendar year. I understand that this policy applies both during the school year and in the summer.** I understand that if I violate the code of conduct or other rules in this handbook, I may be suspended from participation in all co-curricular activities and/or school sponsored activities or events.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Date

I understand that my student is obligated by this handbook, including the statements above.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date

# POTTER-DIX PUBLIC SCHOOLS

Equipping students with the real skills and knowledge to compete in a world with advancing automation and globalization.

Elementary  
304 Horrum St.  
P. O. Box 149  
Dix, NE 69133  
308-682-5226  
FAX 308-682-5227



Jr./Sr. High School  
303 Walnut St.  
P. O. Box 189  
Potter, NE 69156  
308-879-4434  
FAX 308-879-4566

Web Page: [www.pdcoyotes.org](http://www.pdcoyotes.org)

Chris Arent  
Superintendent / K-6 Principal  
[chris.arent@pdcoyotes.org](mailto:chris.arent@pdcoyotes.org)

Lance Howitt  
7-12 Principal  
[lance.howitt@pdcoyotes.org](mailto:lance.howitt@pdcoyotes.org)

Cory Michelman  
Activities Director  
[cory.michelman@pdcoyotes.org](mailto:cory.michelman@pdcoyotes.org)

Sarah Deeds  
Guidance Counselor  
[sarah.deeds@pdcoyotes.org](mailto:sarah.deeds@pdcoyotes.org)

July 2022

Dear Parents/Guardians:

The Potter-Dix Public School does not provide any type of health or accident insurance for injuries incurred by your child at school.

All families must have accident coverage on their children, prior to participation in any sports.

Student Accident Insurance is available through Student Assurance Services. Please contact the school for an application form or visit [www.sas-mn.com](http://www.sas-mn.com).

Please sign and return the form on the bottom of this letter to the school, if you have adequate insurance for your child.

Thank you.

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## PARENTAL INSURANCE WAIVER

Student Name(s) \_\_\_\_\_

We, the undersigned, feel we have adequate insurance protection for our Son/Daughter in case of an accident, and while practicing or participating in Interscholastic Sports, or other School Sponsored Activities.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

POTTER-DIX PUBLIC SCHOOLS  
STUDENT EMERGENCY FORM

Student Information

Student 1: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_  
SS # \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Gender \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_  
Hispanic/Latino: Yes  No  Ethnicity: American Indian or Alaska Native  Asian  Black or African American   
Native Hawaiian or Other Pacific Islander  White

Student 2: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_  
SS # \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Gender \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_  
Hispanic/Latino: Yes  No  Ethnicity: American Indian or Alaska Native  Asian  Black or African American   
Native Hawaiian or Other Pacific Islander  White

Student 3: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_  
SS # \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Gender \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_  
Hispanic/Latino: Yes  No  Ethnicity: American Indian or Alaska Native  Asian  Black or African American   
Native Hawaiian or Other Pacific Islander  White

Student 4: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_  
SS # \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
Gender \_\_\_\_\_ Allergies \_\_\_\_\_ Medications \_\_\_\_\_  
Hispanic/Latino: Yes  No  Ethnicity: American Indian or Alaska Native  Asian  Black or African American   
Native Hawaiian or Other Pacific Islander  White

Family Information

Parent Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Cell Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_  
Mother's Email \_\_\_\_\_  
Father's Cell Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_  
Father's Email \_\_\_\_\_

\*\* ONE CALL NOTIFICATION SERVICE – The school utilizes a computerized notification service to inform parents and students of important school information, (i.e. school cancellation, Parent-Teacher conferences, etc.) It is important to keep these phone numbers updated at all times.

\*\* PARENTS ONLINE – You may view your student's grades in the Edustar Student Information System by providing the school with your email address. The Edustar link is on the school's website [www.pdcvotes.org](http://www.pdcvotes.org).

**PLEASE COMPLETE BOTH SIDES**

Emergency Contacts please note ALL emergency contacts listed have permission to pick up your child in case of a school-wide emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT PERMISSION FORM  
FOR  
HEALTH SCREENING  
FIELD TRIPS  
DISPENSING OF MEDICINE**

**HEALTH SCREENING:** The school nurse will be conducting health screenings on all the students sometime during the first semester and follow-ups during the second semester. These will include vision, visual exam of the throat, measurements, blood pressure, and hearing. All Kindergarteners and 7<sup>th</sup> grade students who have met the state law requirement for a physical exam and all students with athletic physicals will only be screened for vision, hearing, and visualization of the oral cavity and teeth.

**FIELD TRIP:** This form will give your permission for all field trips. A note will be sent home prior to each trip with information regarding the date, time, place, etc. of the event.

**DISPENSING OF MEDICINE:** As recommended by the Toward a Drug Free Nebraska School/Community Project Team, the Potter-Dix Schools will only give Tylenol or cough drops to students requesting them if permission has been granted.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

I hereby consent to the following for my above named child (please circle):

Health Screening Permission	YES	NO
Field Trip Permission	YES	NO
Tylenol & Cough Drop Permission	YES	NO

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this completed form as soon as possible to either site so that your student's emergency information will be on file. If at any time during the school year your address or telephone numbers have changed, please notify the school immediately.

**PLEASE COMPLETE BOTH SIDES**

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Superintendent / K-6 Principal  
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Lance Howitt  
7-12 Principal  
[lance.howitt@pdcoyotes.org](mailto:lance.howitt@pdcoyotes.org)

Cory Michelman  
Activities Director  
[cory.michelman@pdcoyotes.org](mailto:cory.michelman@pdcoyotes.org)

Sarah Deeds  
Guidance Counselor  
[sarah.deeds@pdcoyotes.org](mailto:sarah.deeds@pdcoyotes.org)

## CONSENT TO PERFORM RANDOM DRUG TESTING 2022-2023

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

As a student and parent:

1. We understand and agree that participation in extracurricular activities is a privilege that may be withdrawn for violations of the Extracurricular Drug Testing Policy.
2. We have read the Extracurricular Drug Testing Policy and understand the responsibilities and consequences as an activity participant if the student violates the policy.
3. We understand that when students participate in any extracurricular activity, they will be subjected to random drug testing, and if they refuse, will not be allowed to practice or participate in any extracurricular activity. We have read this consent statement and agree to its terms.
4. We understand this is binding while a student is enrolled in the Potter-Dix School District.

### CONSENT TO PERFORM DRUG TESTING

We hereby consent to allow the student named on this form to undergo drug testing for the presence of drugs and alcohol in accordance with the Extracurricular Drug Testing Program adopted by the Board of Education. We understand that any samples will be sent only to a qualified laboratory for actual testing. We hereby give our consent to the medical vendor selected by the school board, their Medical Review Office (MRO), laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform testing for the detection of drugs and to release the results of those tests as provided in the policy. We understand these results will be forwarded to school district officials and will also be made available to us. We agree to sign any necessary releases if requested to do so.

We understand that consent pursuant to this Consent to Perform Random Drug Testing will be effective for all extracurricular activities in which this student might participate during the current school year.

We hereby release the Potter-Dix Board of Education and its employees from any legal responsibility or liability for the release of such information and records, pursuant to the policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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