

# The Wolverine

May 2022

## From the Superintendent-Mr. Collins

There are a number of items to report on as the year draws to a close. The auditorium project is nearly complete. The last items to finish up include the receipt of final closeout documents; the replacement of five seat backs that were damaged during shipment; and making a final payment. The space looks awesome and has already been used for the Prom Grand March, the Senior High pre-contest concert and the Senior class play. Thank you to the Board of Education for conducting the renovation in one big project as opposed to several small updates. Major summer projects include carpet replacement in select elementary classrooms, concrete replacement of select sidewalk and parking lot areas and the replacement of the small boilers in the elementary building. The tech staff will also work on renewing the District website and implementing “Final Forms”, a solution to reduce the amount of paper that gets sent home. Our goal is to put more forms into a digital format and reduce the paperwork burden on parents and staff. The plan is to have this rolled out as we begin the 2022-2023 school year.

One challenge we are facing for the 2022-2023 school year is the teacher shortage. As I write this we do not have an in-person option for Spanish. We do have an interlocal agreement to receive Spanish I, II, and combined III/IV from staff at ESU 5-Beatrice via an on-line learning format. We are also continuing to advertise for a high school Math teacher and are starting to discuss alternative options short of not providing math, or dramatically reducing math options.

As we move toward graduation I want to mention the Wilber Clatonia Foundation and the efforts of the volunteer Board of Directors. They have met several times this year to discuss funding options, explore ways to grow the Foundation and then will be conducting their annual scholarship selection process. If you have any interest in establishing a Wilber Clatonia Legacy contact any of the Foundation Board members or Mr. Collins, Wilber Clatonia Superintendent.

Mr. Zajicek invited an architect to take a look at the Football/Track concession stand, restrooms and pressbox. The space is tight when you factor in an underground water line, geothermal wells for the elementary building and the elementary building itself. We also are investigating where to hook into the city's or school's existing sewer lines. There may be

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multiple solutions to consider: 1) a single building containing all (concessions, pressbox and restrooms) or: 2) some combination of multiple buildings. More to come on this project but thank you to Mr. Zajicek for bringing in a “fresh set of eyes” to review the site and needs.

Finally, as my duties and role in education have changed I have fewer opportunities to work directly with students. I had the opportunity to work briefly with a small group of students as they reviewed and developed questions to use in Principal interviews. Although this was for only a short time I found the time fun, refreshing and it reaffirmed my faith in our youth. They were an awesome group to work with and we need to find ways to empower them to be the future leaders of our communities.

I continue to enjoy opportunities in education and we need to continue to find multiple ways to help our kids be the best person they can be.

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### **End of School Items to Remember**

The end of the school year is quickly approaching. **Please remember to make sure that your child’s lunch account is paid in full.** This will help make things smoother for your child when they go to check out the last day of school.

**Also, we will be going back to where you will have to pay for school lunches next year. Free and reduced meal applications will be sent out to each family in July. The Backpack Program applications will also be sent at the same time. Please fill these out and return to the school.**

If you have any questions please contact Janet Slama, Food Service Manager at 402-821-2508 ext 316 or email: [janet.slama@wilberclatonia.org](mailto:janet.slama@wilberclatonia.org)



# \* Counselor's Corner \*

May

2022



**Jill Shea-Carpenter**

[jill.shea@wilberclatonia.org](mailto:jill.shea@wilberclatonia.org)

**Student Support Services**

402-821-2508, ext. 309

## ACT information



Test Date	Registration Deadline	Late Fee required
June 11, 2022	May 6	May 20
July 16, 2022	June 17	June 24
<b>Fee: \$60.00</b>	<b>Fee w/writing: \$85.00</b>	<b>Late fee: \$36.00</b>

Reminder: Chat with Ms. Shea-Carpenter for help with the registration process. Reminder – you will need a debit or credit card for registration purposes for the June or July test dates.

**Graduation: Saturday, May 14, 2022  
2 p.m. High School Gymnasium**

## Fall 2023 Registration COMING SOON!

Can you believe it? We are already looking ahead to the fall and how the school year will look. Students have done hand-written pre-registration forms to help when we work with Power School to help us to create the 2022-2023 class schedule.

Right now, we are looking at the class sizes and number of students to help determine the number of class sections.

Please chat with your student(s); also, feel free to contact me if you have any questions.

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# Nebraska Rural Community Schools Association

On Friday, March 18, I was able to witness the presentation of the Nebraska Rural Community Schools Association's 2022 School Board Member of the Year.

What made it so special? My Dad was the one receiving this award. Mr. Bob Sykes was first elected to the Wilber-Clatonia School Board when I was a freshman in high school (1978-79), and with the exception of six-seven years in the early to mid-1990s, he has been an integral part of the School Board, with this his final year of service. What made this even more special is that the entire family was in attendance.

This man puts the school and students first. From the time he started with the Board, he has proven to be confidential, considerate, responsible, and the list goes on and on. Being a member of the Board has genuinely been



a passion, and he has put in many, many unpaid hours to help the district to grow and thrive. He strongly believes in the change-of-command and that the Board should not be a micromanaging unit, but one who hires the best staff and then entrusts each to do their best job. From a young age, I was taught that everyone is replaceable, and that I should always go above and beyond to do my best and to hold myself to the highest standard to prove myself so that it would be more difficult to be replaced. Dad has done his very best; he has set the proverbial bar high. It will be different for me as Dad has been a part of the W-C

Board for most of my life; it is genuinely the end of an era.

You are an inspiration. Here's to a job well done.





# JUNE JAM!

This summer, from Sunday, June 5<sup>th</sup> late afternoon through Tuesday, early afternoon June 7<sup>th</sup>, students will once again be on the SCC-Milford campus for June Jam!

June Jam is a great leadership, alcohol- and drug-free, mental health support and growth opportunity for students in grades 6 through 12. During the three days, students are placed in multi-level age groups ("family groups"), which are student-led, have the opportunities to listen to positive, engaging motivational speakers, are able to make connections and friendships, along with many other activities such as a dance, a talent show, trainings on suicide and mental health prevention, and how to become a more positive, effective leader. The Saline County C\URB Coalition generously pays for the registration fees for attendees.

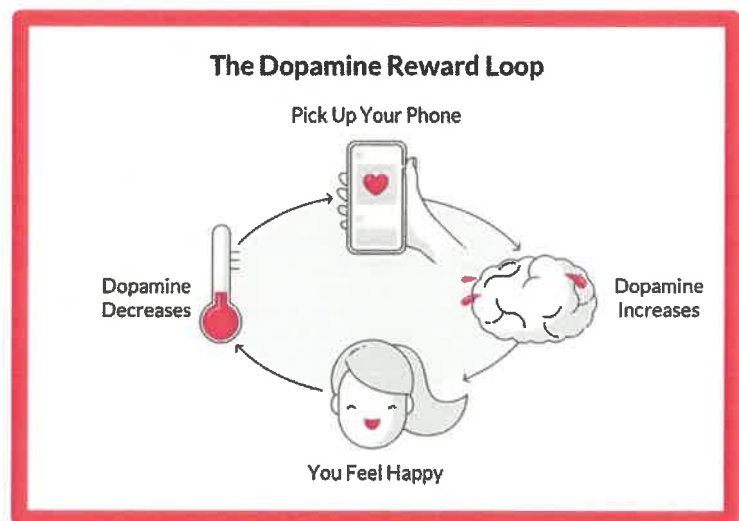
Many of our school TCBY (The Country's Best Youth) students are already planning to attend, as well as students who are in leadership positions who will be running the event. Have your students chat with me or other students who have attended. It is genuinely a positive, growth mind-set event!

**Speaking of TCBY members**, we were fortunate to be able to help Saline County Aging Services (SCAS) with their Shamrock Shuffle! Thanks to Lori Moldenhauer, Donna Zlab-Kovar, Madison Maly and Tia Kreshel for allowing us to be a part of this incredible event! Students who helped: Braden Jurgens, CeCe Meister, Alexis Davison, Lizzie Martinez, Jessica Martinez, Lena Eschiti, Kira Jonas, Madison Vogel, Jaylin Miller, Stone Thelen, and Marie Slama.

## Technology, Social Media, and Addiction

Researchers have done many studies regarding the impact of technology and social media on adults and children. Depending on the article or study, differing views have been shared. The most recent research shows that cell phones and other types of technology have become an addiction, especially for children and young adults, and that this is detrimental to brain formation. It is not a fault of parents; technology came at all of us fast and furious,

and during that time, people wanted to have the most up-to-date devices as many were marketed toward youth. New research has shown the genuinely addictive qualities of devices; this is not a positive for the growing brain, which does not fully develop. The above image shows how dopamine loop works; this is for all addiction. Consider an alcoholic who needs his/her alcohol because of the dopamine release. Over time the addiction grows, making it harder to stop the addictive behavior. Would you put a bottle of alcohol into an alcoholic's hands? Would you allow an alcoholic to take alcohol and on his/her nightstand? Would you allow an alcoholic to keep bottles of alcohol in his/her bedroom all night? Then why are phones constantly allowed in children's hands? Take time to think.



Yes, children should be taught how to correctly use technology, but we all know that kids, for the most part, are light years ahead of most adults as far as understanding technology because they have never been without.

Crucial learning time is lost because of cell phones and technology. I often hear people say things like “well, just take the phones away.” My response: is it that easy to take alcohol or drugs or gambling or whatever away from the addict? This is an addiction, and it is not a healthy addiction. I also hear from people who say that kids need the phones to be in contact with parents/guardians. Schools still have landlines and people who would get messages to the students. Parents/guardians can be in contact with their students.

I have heard from kids who struggle because they do not feel as though they are or can be independent because of the constant connection. How are we teaching our youth to be strong, successful, independent humans?

This is an issue that needs to fully be discussed. Is being in constant connection healthy all the time? How are children to learn how to grow and to be independent and to live on their own without anxiety?

Smartphones make it easier than ever to connect with people around the world through social media.

The increase in smartphones has also boosted the use of these popular social platforms. But unfortunately, that’s not the only thing increasing.

Mental health issues have gone up steadily following the trendlines from smartphone and social network releases. As more people use them, there are more people with greater health concerns.

Even though people recognize that these sites have negative impacts, it’s difficult to stop using them. Unfortunately, they have addictive effects. But reducing social media use to just 30 minutes per day can significantly help improve our mental health.

Take time to think about both the positive and negative impacts of technology and the time taken away from education as well as the fact that there are no breaks from constant contact and information. Think about the impact.



# Wilber-Clatonia Youth Track and Field Clinic 2022

(Girls and Boys)  
For students entering grades 1-7

**Monday, May 16<sup>th</sup>**  
(Students will meet at the track)  
**5:00-7:00**

Clinics conducted by W-C Varsity Track and Field Coaches,  
assisted by Varsity Track and Field Athletes

Topics/Events Covered: Sprints, Middle Distance, Form  
Running, Starting Blocks, Warm-ups, Long Jump, High Jump,  
Shot Put, Low Hurdles, Relays.

**Each athlete will receive a track camp T-shirt**  
**Cost \$20 (Make checks payable to Wilber-Clatonia Schools)**  
*Entry Form Due at School to Coach Furstenau or Coach Jurgens*  
*by **May 6<sup>th</sup>***

Name: \_\_\_\_\_

Grade (this coming school year): \_\_\_\_\_

T-Shirt Size (specify youth or adult): \_\_\_\_\_

Please sign liability release on the back of this form.

## Liability Waiver

**Participant's Name:** \_\_\_\_\_

**Date of Event:** Monday, May 16<sup>th</sup> 5:00 p.m. to 7:00 p.m. Track & Field Clinic

**In consideration of accepting this application, I hereby for myself, my heirs, executors and assigns, do waive and release any and all claims and damages I may have against Wilber Clatonia High School and Wilber Clatonia Summer Camp sponsors, coaches, directors and their subcommittees, agents, representatives, and assigns for any and all injuries suffered by me or any child during Wilber Clatonia summer track camp for the year 2022. I have read the above waiver and release and understand that I give up substantial rights by signing it and sign voluntarily.**

**Parent(s)/Guardian Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

**Emergency Contact #s:** \_\_\_\_\_



# Wilber-Clatonia Youth Football Camp

**2022**

July 18-20

9:00-11:00 AM

Wilber-Clatonia High School Practice Field

(Will be in the gym in case of rain)

Camp conducted by W-C Varsity Coaches

Topics covered include fundamental footwork, offensive/defensive sets and responsibilities, individual position skills

Cost \$30.00(includes T-shirt, sports drinks and prizes)

Make checks payable to Wilber-Clatonia School

Entry forms due to Coach Jurgens by Friday, May 20

Name: \_\_\_\_\_

T-shirt size(please specify youth or adult): \_\_\_\_\_

Please sign liability release on the back of this form.

**Liability Waiver:**

**Participant's Name:** \_\_\_\_\_

**Date of Event:** July 18-20 9:00 a.m. to 11:00 a.m. Youth Football Camp

**In consideration of accepting this application, I hereby for myself, my heirs, executors and assigns, do waive and release any and all claims and damages I may have against Wilber Clatonia High School and Wilber Clatonia Summer Camp sponsors, coaches, directors and their subcommittees, agents, representatives, and assigns for any and all injuries suffered by me or any child during Wilber Clatonia summer football camp for the year 2022. I have read the above waiver and release and understand that I give up substantial rights by signing it and sign voluntarily.**

**Parent(s)/Guardian Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

**Emergency Contact #s:** \_\_\_\_\_

# Wilber-Clatonia High School Football Camp

**2022**

July 18-20

4:00-6:00 PM

Wilber-Clatonia High School Practice Field

(Will be in the gym in case of rain)

Camp conducted by W-C Varsity Coaches

Topics covered include fundamental footwork, offensive/defensive sets and responsibilities, individual position skills

Cost \$30.00(includes T-shirt, sports drinks and prizes)

Make checks payable to Wilber-Clatonia School

Entry forms due to Coach Jurgens by Friday, May 20

Name: \_\_\_\_\_

T-shirt size(please specify youth or adult): \_\_\_\_\_

Please sign liability release on the back of this form.

**Liability Waiver:**

**Participant's Name:** \_\_\_\_\_

**Date of Event:** July 18-20 4:00 p.m. to 6:00 p.m. High School Football Camp

**In consideration of accepting this application, I hereby for myself, my heirs, executors and assigns, do waive and release any and all claims and damages I may have against Wilber Clatonia High School and Wilber Clatonia Summer Camp sponsors, coaches, directors and their subcommittees, agents, representatives, and assigns for any and all injuries suffered by me or any child during Wilber Clatonia summer football camp for the year 2022. I have read the above waiver and release and understand that I give up substantial rights by signing it and sign voluntarily.**

**Parent(s)/Guardian Signature:** \_\_\_\_\_

**Date of Signature:** \_\_\_\_\_

**Emergency Contact #s:** \_\_\_\_\_

Back to School



# School Checklist

For Parents who have a child with

## Life-Threatening Allergy

When your child has been diagnosed with a life-threatening allergy to food, insect stings, medicine or latex, it is important to work with your child's school.

⇒ **Schedule a check-up with your child's doctor.**

This is a great time to check your child's allergy, get a written allergy action plan, update any medicines, including auto-injectable epinephrine and review how to use it.



⇒ **Meet and Inform the school.**

Talk to the school nurse, teachers, coaches, bus drivers, etc. Tell them about your child's allergy and past allergic reactions. Introduce your child to them and have a picture of your child to go with the allergy action plan for the school.



⇒ **Give your emergency contact information to the school**

Let the school know how to best contact you in case of an emergency and keep this contact information up to date!



⇒ **Bring a written Allergy Action Plan to school.**

This plan, signed by your child's doctor, outlines the allergy, what needs to be avoided and how to handle emergencies.



⇒ **Bring the auto-injectable epinephrine to school.**

Auto-injectable epinephrine is prescribed to relieve symptoms and needs to be immediately available.



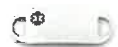
⇒ **Encourage** your child to ask their teacher, coach, bus driver or school staff for help when they are having problems breathing or know they have been in contact to what they are allergic to.



⇒ **Teach** your child about their specific allergy and how to avoid allergens as much as possible.



⇒ **Think** about investing in a medical awareness bracelet or tag for your child to wear.



Back to School



## Lista de Chequeo Escolar

Para los padres que tienen un hijo con

### Una Alergia Mortal

Cuando su hijo ha sido diagnosticado con una alergia mortal a alimentos, picaduras de insectos, medicamentos o látex, es importante colaborar con la escuela de su hijo.

#### Programe un chequeo con el médico de su hijo.

Este es un buen momento para revisar la alergia de su hijo, obtener un plan de acción de alergia por escrito, actualice los medicamentos, incluyendo una inyección auto-inyectable de epinefrina y pregunte cómo usarla.



#### Conozca e informe a la escuela.

Hable con la enfermera de la escuela, maestros, entrenadores, conductores de autobús, etc. Dígales sobre la alergia de su hijo y de la reacción alérgica pasada. Enséñele este método a su hijo e incluya una fotografía de su hijo con el plan de acción de alergia para la escuela.



#### Dele su información de contacto de emergencia a la escuela.

Avisé a la escuela cómo es la mejor manera de contactarle en caso de emergencia y mantenga esta información de contacto actualizada



#### Traiga a la escuela un Plan de Acción del Alergia por escrito.

Este plan, suscrito por el médico de su hijo, describe la alergia, lo que hay que evitarse y cómo manejar emergencias.



#### Traiga la inyección auto-inyectable de epinefrina a la escuela.

La inyección auto-inyectable de epinefrina se receta para aliviar los síntomas y siempre tiene que estar disponible de inmediato



**Anime /Alenté** a su hijo para que pida ayuda a su maestro, entrenador, al conductor del autobús o al personal de la escuela cuando este teniendo problemas para respirar o que les deje saber que estuvo en contacto con lo que es alérgico.



**Enseñe** a su hijo específicamente sobre su alergia y como evitar lo más posible los alérgenos.



**Piense** en invertir en una pulsera del conocimiento médico o una etiqueta para que su hijo use.



# School Checklist

## For Parents who have a child with Asthma

If your child has been diagnosed with asthma, reactive airways disease or chronic bronchitis, and has been prescribed daily medicine to take "as needed" for breathing problems, it is important to work with your child's school.



### ⇒ Schedule a check-up with your child's doctor.

This is a great time to check your child's asthma, get a written asthma action plan, update any medicines and holding chambers or peak flow meters. Talk with the doctor about when your child should stay home from school due to asthma symptoms.



### ⇒ Meet and Inform the school.

Talk to the school nurse, teachers, coaches, bus drivers, etc. Let them know what makes your child's asthma flare up and how your child communicates this.



### ⇒ Give your emergency contact information to the school

Let the school know how to best contact you in case of an emergency and keep this contact information up to date!



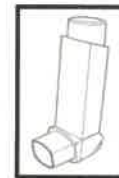
### ⇒ Bring a written Asthma Action Plan to school.

This plan, signed by your child's doctor, outlines daily asthma management and how to handle breathing problems and emergencies. Introduce your child to them and have a picture of your child to go with the asthma action plan for the school.



### ⇒ Bring the quick-relief (albuterol) medicine to school.

This medicine is prescribed to relieve symptoms and open airways quickly. Please provide a holding chamber/space device to enhance delivery of medicine.



### ⇒ PE & Recess—If your child needs to use their inhaler before exercise, let the school know and work out a plan with the school.



### ⇒ Encourage your child to ask their teacher, coach, bus driver or school staff for help when they are having problems breathing.



### ⇒ Think about investing in a medical awareness bracelet or tag for your child to wear and having your child get a flu shot.



# Lista de Chequeo Escolar

## Para los padres que tienen un niño con Asma

Si su hijo ha sido diagnosticado con asma, reactiva enfermedad de las vías respiratorias o la bronquitis crónica, y le han prescrito medicina diaria para tomar "cuando sea necesario" para problemas para la respiración, es importante colaborar con la escuela de su hijo



### Programe un chequeo con el médico de su hijo.

Este es un buen momento para revisar el asma de su hijo, obtener un plan de acción de asma por escrito, actualice los medicamentos y espaciadores o medidores de flujo de aire máximo. Hable con el médico acerca de cuándo sus hijos deben quedarse en casa debido a los síntomas del asma.



### Conozca e informe a la escuela.

Hable con la enfermera de la escuela, maestros, entrenadores, conductores de autobús, etc. Hágales saber lo que le provoca el asma de su hijo y cómo su hijo comunica esto.



### Dele su información de contacto de emergencia a la escuela.

Avise a la escuela cómo es la mejor manera de contactarle en caso de emergencia y mantenga esta información de contacto actualizada!



### Traiga a la escuela un Plan de Acción del Asma por escrito.

Este plan, suscrito por el médico de su hijo, describe el manejo del asma a diario y cómo manejar los problemas respiratorios y emergencias. Enséñale este método a tu hijo e incluye una foto de tu hijo con el plan de acción para el asma para la escuela.



### Traiga el medicamento de alivio rápido (albuterol) a la escuela.

Este medicamento se prescribe para aliviar los síntomas y para abrir rápidamente las vías respiratorias. Por favor proporcionar un dispositivo de adaptador/espaciador este dispositivo es para mejorar la entrega del medicamento.



**Educación Física & Recreo** - Si su hijo necesita usar su inhalador antes de hacer ejercicio, deje saber a la escuela y haga un plan con la escuela.



**Anime/Alenté** a su hijo para que pida ayuda a su maestro, entrenador, al conductor del autobús o al personal de la escuela cuando este teniendo problemas para respirar.



**Piense** en invertir en una pulsera del conocimiento médico o una etiqueta para que su hijo use.





## Summary of the School Immunization Rules and Regulations

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	<p>4 doses of DTaP, DTP, or DT vaccine</p> <p>3 doses of Polio vaccine</p> <p>3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age</p> <p>3 doses of pediatric Hepatitis B vaccine</p> <p>1 dose of MMR or MMRV given on or after 12 months of age</p> <p>1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted.</p> <p>4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age</p>
Students entering school (Kindergarten or 1 <sup>st</sup> Grade depending on the school district's entering grade)	<p>3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4<sup>th</sup> birthday</p> <p>3 doses of Polio vaccine</p> <p>3 doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age</p> <p>2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month</p> <p>2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.</p>
Students entering 7 <sup>th</sup> grade	<p>Must be current with the above vaccinations</p> <p>AND receive</p> <p>1 dose of Tdap (contain Pertussis booster)</p>
Students transferring from outside the state at any grade	<p>Must be immunized appropriately according to the grade entered.</p>

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services. . For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: [http://dhhs.ne.gov/Pages/reg\\_t173.aspx](http://dhhs.ne.gov/Pages/reg_t173.aspx) (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)  
**Updated 01/26/2018**

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## Immunization Clinics

- 1) **Blue Valley Community Action** ([www.bvca.net](http://www.bvca.net)) offers Medicaid Vaccines for Children (VFS) and Private Vaccines in Fillmore, Jefferson, Saline and Seward Counties. All clients must make an appointment and have their insurance eligibility confirmed prior to receiving any vaccines. Walk-ins are NOT accepted at this time. Please bring your insurance card to each visit.

When scheduling an appointment, please have the following information available:

- Your name
- Name and Date of Birth (DOB) of the person receiving the vaccines.
- Name of health plan and member ID
- The vaccines you need.

To Register for Immunizations please call:

402-826-2141 English

402-641-1799 Spanish

### 2) **Public Health Solutions**

Crete Immunizations Clinics

By appointment only

Tuesdays from 1:00 -4:45 p.m.

Location: 830 E 1st St, Suite 300

Crete, NE 68333

Please call:

402-826-3880 for an appointment

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## A Healthy Reminder

As the school year is coming to an end, I encourage parents to come by the Health office and pick up your child's medication before Friday, May 13th. Any medications left after this date will be destroyed and will no longer be held over the summer. Starting in the fall new medication can be brought in for your child/children. This will hopefully eliminate the storage of expired medications. Thank you for your help with this.

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## Getting a "JUMP" start on the upcoming School Year!

It is never too early to start scheduling for the upcoming school year's medical, dental and vision appointments. Appointment times start filling up fast over the summer months. When visiting your medical clinic, always make sure and take a current copy of your child's immunization record with you. This will help update your child's health records and see what immunizations your child may need. Please remember when scheduling your appointment to ask the receptionist if any paperwork needs to be completed in advance. **Kindergarten physicals and vision exams can be done no earlier than 6 months prior to school starting and NSAA Sports Physicals can be done after May 1st.** Please make sure and have all patient information completed or required forms prior to the appointment. This will speed up your appointment time. **Don't wait until the last minute, start by scheduling your appointment today.**



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## Health Office Back to School Reminder List for 2022-2023

- **Students entering Kindergarten**-Health Physical and Eye Exam (No earlier than 6 months prior to school entry) Found on website: [www.wilberclatonia.org](http://www.wilberclatonia.org); Family Resources: School Nurse & Health Services: Elementary Health Exams
  - **Students entering 7th Grade**- Health Physical (No sooner than 6 months prior to school entry)
  - **Students at any grade level transferring in from out of state**- Health Physical and Eye Exam. Please contact the School Health Office for further questions.
  - **7th-12th Grade Students participating in sports**- NSAA Sports Physical and NSAA form signed by parents. This must be complete and turned into the school health office prior to athletic participation.
  - **PK-12th Grade**- Medical Action Plans are available in the health office or online for students with chronic health conditions such as: diabetes, seizures, allergies/asthma. These plans are tailored to meet your child's medical needs and are created by the parent and physician. Found on website: [www.wilberclatonia.org](http://www.wilberclatonia.org); Family Resources; School Nurse & Health Services:
  - **PK-12 Grade**- Students who have known allergies to specific foods or may require a modified meal plan are required to complete a dietary meal plan. These are available online ([www.wilberclatonia.org](http://www.wilberclatonia.org); Family Resources: School Nurse & Health Services) or can be picked up in the school health office. Please discuss and complete this form with your physician and turn it into the school health office.
  - **PK-12th Grade**- Please review your child's immunization record according to Nebraska State Requirements consult with your physician on getting these up to date. All immunizations need to be up to date prior to school entrance.
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## Important Dates for the 2022-2023 School Year

August 10th	New Staff Orientation	Jan 3	Teacher Workday
August 11,12,15	Teacher Inservice/Workdays	Jan 4	<b>Classes Resume for Students</b>
Aug 16	Classes Begin for students/ <b>1:00 p.m. dismissal</b>	Jan 6	<b>1:00 pm Dismissal</b>
Aug 17	<b>1:00 pm dismissal</b>	Feb 8	<b>1:00 pm Dismissal</b>
Sept 5	<b>NO SCHOOL</b>	Feb 8	3:30 pm to 8:00 pm Parent Teacher Conferences
Sept 21	<b>1:00 p.m. Dismissal</b>	Feb 9	<b>NO SCHOOL</b>
Sept 21	3:30 pm to 8:00 pm Parent Teacher Conferences	Feb 9	3:30 pm to 8:00 pm Parent Teacher Conferences
Sept 22	<b>1:00 p.m. Dismissal</b>	Feb 10	<b>NO SCHOOL</b>
Sept 22	3:30 pm to 8:00 pm Parent Teacher Conferences	Feb 17	<b>NO SCHOOL</b>
Sept 23	<b>NO SCHOOL</b>	March 10	<b>NO SCHOOL</b>
Oct 31	<b>NO SCHOOL</b>	March 28	<b>1:00 pm Dismissal</b>
Nov 24-25	<b>NO SCHOOL</b>	April 7-10	<b>NO SCHOOL</b>
Dec 21	<b>2:30 pm Dismissal</b>	May 13	Graduation
Dec 22-Jan 2	<b>NO SCHOOL</b>	May 18	<b>Last Day of School- 1:00 pm Dismissal</b>
Dec 23-27	NSAA Moratorium- <b>NO PRACTICES</b>	May 19	Teacher Workday

# 2022-2023 WILBER-CLATONIA ATHLETIC FORMS

Physicals are required for ALL students in grades 7<sup>th</sup>-12<sup>th</sup> that wish to participate in NSAA athletic contests for the 2022-2023 school year. Physicals must be completed after May 1 to be eligible.

The NSAA Student and Parent Consent Form, Physical Form and Proof of Insurance/Concussion forms **MUST** be filled out by **ALL** athletes and returned to the high school office **BEFORE** the 1<sup>st</sup> practice if your child(ren) plan to participate in any sports.

A copy of this form can also be found on our website: [www.wilberclatonia.org](http://www.wilberclatonia.org) under the Resource tab.

If you would like more information about the insurance offered in the previous years by Ameritas Life Insurance, Corp administered by Student Assurance Services, Inc. we will have that available in August.

## Concussion Impact Testing Dates: TBD

All 9<sup>th</sup> Graders, 11<sup>th</sup> graders and new high school students going out for sports **MUST** attend.

The concussion information handout is available on the school's website at [www.wilberclatonia.org](http://www.wilberclatonia.org) under the Resource tab.

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; (b) participation in any activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID-19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even with the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
- (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, and the athletic and activities rules of the NSAA member school for which the Student is participating; and,
- (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, including the Student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and athletics, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
- (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. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the Student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
- (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. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

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:**

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	

<b>Parent(s)/Guardian Printed Name(s)*</b>	<b>Parent/Guardian Signature</b>	<b>Date of Signature</b>

**\*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.**

Debe ser completado por los estudiantes que participan en cualquier actividad de la NSAA.

## formulario de consentimiento del estudiante y de los padres



Año escolar: 20\_\_\_\_-20\_\_\_\_  
Miembro del centro escolar: \_\_\_\_\_  
Nombre de el/la estudiante: \_\_\_\_\_  
Fecha de nacimiento: \_\_\_\_\_ Lugar de nacimiento: \_\_\_\_\_

Las partes abajo firmantes son el/la Estudiante y sus Padres, Guardián(es), o persona(s) a cargo del estudiante cuyo nombre se ve reflejado arriba en esta solicitud que serán referidos de ahora en adelante como "Padres".

Por el consiguiente documento los Padres y los Estudiantes:

(1) Entienden y están de acuerdo con que la participación por parte de el/la Estudiante en las actividades patrocinadas por la Asociación de Actividades Deportivas de Nebraska (NSAA) es voluntaria y también un privilegio;

(2) Comprenden y aceptan que (a) este Formulario de Consentimiento del NSAA ha sido proporcionado a los Padres y a el/la Estudiante a causa de los posibles peligros derivados de las actividades y de la participación en los deportes (b) la participación en cualquiera de las actividades puede suponer lesiones o enfermedades de algún tipo para el Estudiante (c) la gravedad de estas lesiones puede variar desde pequeños cortes, golpes, torcimientos, esguinces y distensión muscular, hasta otras lesiones más graves en los huesos, las articulaciones, ligamentos, músculos y tendones, e incluso hasta causar lesiones graves en la cabeza, el cuello, la médula espinal, y en raras ocasiones, lesiones tan severas que pueden llegar a causar discapacidad total, parálisis o la muerte (d) la severidad de las enfermedades pueden incluir enfermedades contagiosas como el virus de COVID-19, además de otras infecciones bacterianas que puedan resultar menos severas y que no lleguen a causar discapacidad o la muerte; y (e) a pesar de que haya una vigilancia máxima, se usen los mejores equipos protectores y se cumpla estricta y rigurosamente con la normativa, siempre existe la posibilidad de que se produzcan lesiones.

(3) Si se consiente que el Estudiante participe en actividades o deportes patrocinados por la NSAA, se acepta y se es consiente de que él o ella está sujeto al cumplimiento de los estatutos y a la interpretación que se haga de las normas del NSAA, así como a cumplir las reglas de las actividades y deportes que tenga el centro escolar miembro de la NSAA.

(4) Se consiente y acepta (a) la revelación del centro escolar miembro de la NSAA en el que está matriculado/a el/la Estudiante, y la posterior divulgación que la NSAA haga de información sobre el/la Estudiante como puede ser su nombre, dirección, teléfono, dirección de email, su fotografía, fecha y lugar de nacimiento, área de estudio, registro de asistencia, notas académicas, estado de matriculación (por ejemplo si está a tiempo completo o a media jornada), su participación en las actividades y en los deportes oficialmente reconocidos, su peso y estatura como miembro de los diferentes equipos deportivos, diplomas, distinciones y premios recibidos, estadísticas de su rendimiento, registro o documentación relacionados con su capacidad para ser patrocinado/a en actividades de la NSAA, registros médicos, y otra información relacionada con la participación del estudiante en actividades y competiciones dentro de la NSAA; y (b) que el/la Estudiante sea fotografiado, se le grabe en video, audio o que sea grabado de cualquier otra forma mientras esté participando en actividades y competiciones de la NSAA, también se consiente y se renuncia a los derechos de privacidad sobre el uso de tales grabaciones, así como se renuncia a hacer reclamaciones de propiedad o a cualquier otro derecho en relación con tales fotografías o grabaciones, también a su emisión, venta o muestra de las fotografías y grabaciones.

(5) Se consiente y se acepta autorizar que el personal cualificado para tratar lesiones deportivas pueda evaluar y tratar cualquier tipo de lesión o enfermedad que ocurra durante la participación del Estudiante en las actividades del NSAA. Esto incluye cualquier tipo de cuidado preventivo necesario, el tratamiento y la rehabilitación para las lesiones producidas. Dentro de esto también se incluye el transporte de el/la Estudiante a las instalaciones médicas adecuadas si fuera necesario. El personal cualificado para tratar lesiones deportivas será contratado de forma independiente y por tanto no estarán empleados por la NSAA.

(6) Se reconoce también que los Padres están obligados a pagar los gastos médicos o de profesionales relacionados con estos; La NSAA no será responsable en ningún caso del pago de estos servicios. Asimismo autorizamos a cualquier servicio médico contratado por el Estudiante, y a la NSAA, a sus empleados, agentes y asesores para que compartan y hablen sobre cualquier registro e información pertinente al Estudiante, incluyendo información médica confidencial entre otros. Entendemos que el compartir esta información será algo que se realice mediante una petición, y como tal pueda usarse con el propósito de determinar la capacidad del Estudiante para realizar actividades de participación, ejercicios físicos, lesiones, el estado de las lesiones, o emergencias.

Por la mediante reconozco haber leído los párrafos desde el primero (1) al último (6), así como entender y estar de acuerdo con los términos presentados en ellos, incluyendo la advertencia sobre posibles riesgos de lesionarse inherentes en la participación de actividades, así como en los deportes mismos.

Nombre de el/la Estudiante \_\_\_\_\_ Firma de el/la Estudiante \_\_\_\_\_ Fecha \_\_\_\_\_

(Soy)(Somos) [redondee la opción apropiada] el/la los (Padre/Madre) (Guardián) del Estudiante. (Yo) (Nosotros) reconocemos que (Yo) (Nosotros) he/hemos leído desde el primero (1) al último (6), así como hemos entendido y estamos de acuerdo con los términos presentados en ellos, incluyendo la advertencia sobre posibles riesgos de lesionarse inherentes en la participación de actividades, así como en los deportes mismos. Habiendo leído la advertencia en el párrafo (2) y entendiendo el posible riesgo de lesión para mi Estudiante, (Yo) (Nosotros) por la presente concedo/concedemos permiso para que \_\_\_\_\_ [inserte el nombre de el/la Estudiante] entrene, compita y participe con el centro escolar previamente mencionado en actividades aprobadas por la NSAA, **con excepción de las que estén tachadas a continuación:**

Béisbol	Baloncesto	Bolos	Carrera campo a través	Debate	Fútbol Americano	Golf
Periodismo	Música	Teatro y Producción	Fútbol	Softball (variedad del béisbol)	Natación/ Submarinismo	Oratoria
Tenis	Atletismo	Bolos Unificado	Atletismo Unificado	Vóleibol	Lucha	

Nombre(s)* del/de la/los Padre/Madre/Guardián	Firma del Padre/Madre/Guardián	Fecha de la firma

**\*Tanto el Padre como la Madre deben firmar, a no ser que los padres estén divorciados, el progenitor con la custodia debe firmar, en el caso de que el/la Estudiante no esté viviendo con los padres, el Guardián con carácter legal tendrá que firmar.**



## ■ 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?		

## EVALUACIÓN FÍSICA PREVIA A LA PARTICIPACIÓN

### FORMULARIO DE HISTORIAL CLÍNICO

Nota: Complete y firme este formulario (con la supervisión de sus padres si es menor de 18 años) antes de acudir a su cita.

Nombre: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_

Fecha del examen médico: \_\_\_\_\_ Deporte(s): \_\_\_\_\_

Sexo que se le asignó al nacer (F, M o intersexual): \_\_\_\_\_ ¿Con cuál género se identifica? (F, M u otro): \_\_\_\_\_

Mencione los padecimientos médicos pasados y actuales que haya tenido. \_\_\_\_\_

¿Alguna vez se le practicó una cirugía? Si la respuesta es afirmativa, haga una lista de todas sus cirugías previas. \_\_\_\_\_

Medicamentos y suplementos: Enumere todos los medicamentos recetados, medicamentos de venta libre y suplementos (herbolarios y nutricionales) que consume. \_\_\_\_\_

¿Sufre de algún tipo de alergia? Si la respuesta es afirmativa, haga una lista de todas sus alergias (por ejemplo, a algún medicamento, al polen, a los alimentos, a las picaduras de insectos). \_\_\_\_\_

#### Cuestionario sobre la salud del paciente versión 4 (PHQ-4)

Durante las últimas dos semanas, ¿con qué frecuencia experimentó alguno de los siguientes problemas de salud? (Encierre en un círculo la respuesta)

	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días
Se siente nervioso, ansioso o inquieto	0	1	2	3
No es capaz de detener o controlar la preocupación	0	1	2	3
Siente poco interés o satisfacción por hacer cosas	0	1	2	3
Se siente triste, deprimido o desesperado	0	1	2	3

(Una suma  $\geq 3$  se considera positiva en cualquiera de las subescalas, [preguntas 1 y 2 o preguntas 3 y 4] a fin de obtener un diagnóstico).

#### PREGUNTAS GENERALES

(Dé una explicación para las preguntas en las que contestó "Sí", en la parte final de este formulario. Encierre en un círculo las preguntas si no sabe la respuesta).

	Sí	No
1. ¿Tiene alguna preocupación que le gustaría discutir con su proveedor de servicios médicos?		
2. ¿Alguna vez un proveedor de servicios médicos le prohibió o restringió practicar deportes por algún motivo?		
3. ¿Padece algún problema médico o enfermedad reciente?		
PREGUNTAS SOBRE SU SALUD CARDIOVASCULAR	Sí	No
4. ¿Alguna vez se desmayó o estuvo a punto de desmayarse mientras hacía, o después de hacer, ejercicio?		

#### PREGUNTAS SOBRE SU SALUD

##### CARDIOVASCULAR (CONTINUACIÓN)

	Sí	No
5. ¿Alguna vez sintió molestias, dolor, compresión o presión en el pecho mientras hacía ejercicio?		
6. ¿Alguna vez sintió que su corazón se aceleraba, palpataba en su pecho o latía intermitentemente (con latidos irregulares) mientras hacía ejercicio?		
7. ¿Alguna vez un médico le dijo que tiene problemas cardíacos?		
8. ¿Alguna vez un médico le pidió que se hiciera un examen del corazón? Por ejemplo, electrocardiografía (ECG) o ecocardiografía.		
9. Cuando hace ejercicio, ¿se siente mareado o siente que le falta el aire más que a sus amigos?		
10. ¿Alguna vez tuvo convulsiones?		

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: \_\_\_\_\_

PREGUNTAS SOBRE LA SALUD CARDIOVASCULAR DE SU FAMILIA		
	Sí	No
11. ¿Alguno de los miembros de su familia o pariente murió debido a problemas cardíacos o tuvo una muerte súbita e inesperada o inexplicable antes de los 35 años de edad (incluyendo muerte por ahogamiento o un accidente automovilístico inexplicables)?		
12. ¿Alguno de los miembros de su familia padece un problema cardíaco genético como la miocardiopatía hipertrófica (HCM), el síndrome de Marfan, la miocardiopatía arritmogénica del ventrículo derecho (ARVC), el síndrome del QT largo (LQTS), el síndrome del QT corto (SQTS), el síndrome de Brugada o la taquicardia ventricular polimórfica catecolaminérgica (CPVT)?		
13. ¿Alguno de los miembros de su familia utilizó un marcapasos o se le implantó un desfibrilador antes de los 35 años?		
PREGUNTAS SOBRE LOS HUESOS Y LAS ARTICULACIONES		
	Sí	No
14. ¿Alguna vez sufrió una fractura por estrés o una lesión en un hueso, músculo, ligamento, articulación o tendón que le hizo faltar a una práctica o juego?		
15. ¿Sufre alguna lesión ósea, muscular, de los ligamentos o de las articulaciones que le causa molestia?		
PREGUNTAS SOBRE CONDICIONES MÉDICAS		
	Sí	No
16. ¿Tose, sibila o experimenta alguna dificultad para respirar durante o después de hacer ejercicio?		
17. ¿Le falta un riñón, un ojo, un testículo (en el caso de los hombres), el bazo o cualquier otro órgano?		
18. ¿Sufre dolor en la ingle o en los testículos, o tiene alguna protuberancia o hernia dolorosa en la zona inguinal?		
19. ¿Padece erupciones cutáneas recurrentes o que aparecen y desaparecen, incluyendo el herpes o Staphylococcus aureus resistente a la meticilina (MRSA)?		

PREGUNTAS SOBRE CONDICIONES MÉDICAS (CONTINUACIÓN)		
	Sí	No
20. ¿Alguna vez sufrió un traumatismo craneoencefálico o una lesión en la cabeza que le causó confusión, un dolor de cabeza prolongado o problemas de memoria?		
21. ¿Alguna vez sintió adormecimiento, hormigueo, debilidad en los brazos o piernas, o fue incapaz de mover los brazos o las piernas después de sufrir un golpe o una caída?		
22. ¿Alguna vez se enfermó al realizar ejercicio cuando hacía calor?		
23. ¿Usted o algún miembro de su familia tiene el rasgo drepanocítico o padece una enfermedad drepanocítica?		
24. ¿Alguna vez tuvo o tiene algún problema con sus ojos o su visión?		
25. ¿Le preocupa su peso?		
26. ¿Está tratando de bajar o subir de peso, o alguien le recomendó que baje o suba de peso?		
27. ¿Sigue alguna dieta especial o evita ciertos tipos o grupos de alimentos?		
28. ¿Alguna vez sufrió un desorden alimenticio?		
ÚNICAMENTE MUJERES		No
29. ¿Ha tenido al menos un periodo menstrual?		
30. ¿A los cuántos años tuvo su primer periodo menstrual?		
31. ¿Cuándo fue su periodo menstrual más reciente?		
32. ¿Cuántos periodos menstruales ha tenido en los últimos 12 meses?		

**Proporcione una explicación aquí para las preguntas en las que contestó "Sí".**

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**Por la presente declaro que, según mis conocimientos, mis respuestas a las preguntas de este formulario están completas y son correctas.**

Firma del atleta: \_\_\_\_\_

Firma del padre o tutor: \_\_\_\_\_

Fecha: \_\_\_\_\_

## ■ 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 <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart* <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
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 <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

\* 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Don't Miss Out!**

**August 1-5, 2022**

**Milford High School**

**Registration Opens**

**March 7th**

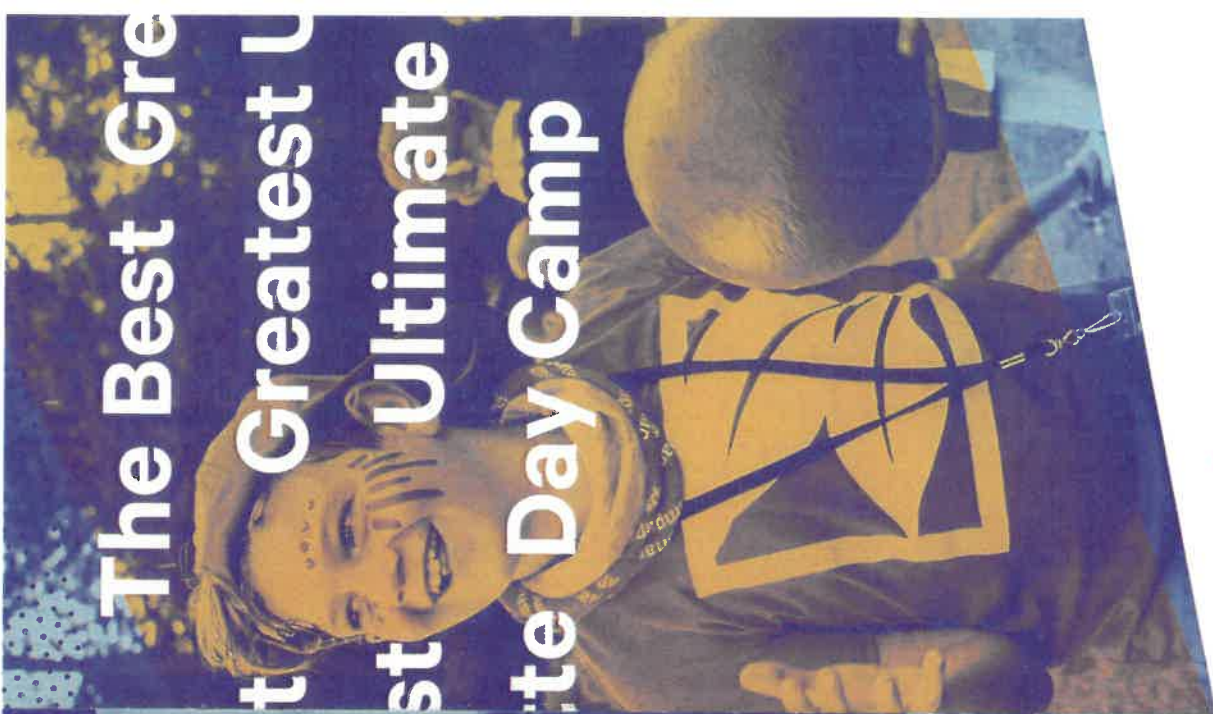
**Questions? Contact:**

**Natasha: 402-641-3456**

Learn more at  
[WinShapeCamps.org](http://WinShapeCamps.org)



**WinShape  
Camps™**



**The Best Great  
t Greatest U  
st Ultimate  
ite Day Camp**



Let's be friends!  
[@WinShapeCamps](https://www.instagram.com/WinShapeCamps)



Created by the founder of *Chick-fil-z*





## Who We Are

Have the summer of a lifetime close to home! WinShape Camps for Communities brings the ultimate day camp right to your neighborhood, combining fun, faith and friendship into an action-packed week. Campers cultivate their God-given skills and talents in a mix of indoor and outdoor moments, physical activity and creative play, with epic adventures at camp all day and sleeping soundly back at home at night. At the end of the week, we serve up a day of fun for the whole family—complete with a yummy lunch from Chick-fil-A.



## Worship Hard. Play Hard.

We never want our camp days to end! They are packed full of nonstop fun and incredible experiences. Every moment of the day is intentionally designed to give your camper the best camp experience possible. There's times of outrageous fun and games, but also intentional conversation and rest. Our schedule is one part fun, two scoops of friendship, all covered in faith!

 Drop-off daily at 7:45 am

 Pick-up daily at 4:55 pm

 You bring lunch, we'll provide snacks

## Chick-fil-A Friday Family Fun Day

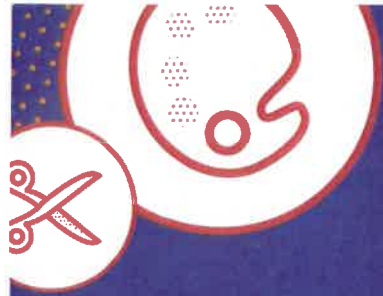
The whole family is invited to join us for a full day of camp in half the time. Epic fun for everyone from 8am to noon, and then we wrap up our week together with a yummy lunch for the whole family from Chick-fil-A.

## We've got Skills!

Each day is filled with opportunities to learn awesome new Skills. Campers get to choose epic adventures that build on each other as the week goes on.

- Basketball
- Archery
- Gymnastics
- Secret Ops
- Painting
- Soccer
- Fast food
- Dance
- Crafts
- Yard Games

Learn about these skills and more at [WinShapeCamps.org](http://WinShapeCamps.org)





**Milford High School: August 1<sup>st</sup> – 5<sup>th</sup> 2022**

### **What is WinShape?**

WinShape is a next-level summer camp experience for kids to have fun while growing in their faith. This action-packed week allows campers to cultivate their God-given skills and abilities while learning new things and building lasting friendships. The mix of indoor and outdoor play plus learning opportunities and physical activity keep kids engaged and excited. The small group time and worship music provides campers the opportunity to grow in their faith.

### **When and Where is the Camp?**

The camp is happening the first week of August, the 1<sup>st</sup> through 5<sup>th</sup>, at Milford High School. Students who have finished kindergarten through 8<sup>th</sup> grade are welcome to attend. Camp hours are Monday – Thursday, 7:45 am to 5:00 pm and Friday 8:00 am to noon. The week wraps up on Friday with a family fun day, complete with a free lunch from Chick-fil-A.

### **What is the Milford Community Donation?**

We are very thankful for the generosity of Milford community churches, businesses and individuals who recognize the impact this camp can make. A large sum of money has been donated to off-set the price of camp for all students in Milford and surrounding communities.

### **How much does it cost?**

**The camp is regularly \$224 per camper.**

However, due to the donation, campers will receive the following discount:

Registered campers # 1-200 pay \$50 (77% savings)

Campers 201-300 pay \$100 (55% savings)

Campers 301-350 pay \$124 (45% savings)

Registration maximum is 540 campers.

**SIGN UP BEGINS MONDAY, MARCH 7<sup>th</sup> at 8:00 am. Reserve your spot at [WinShapeCamps.org](http://WinShapeCamps.org)**

### **Is Financial Aid available?**

No child will be turned away from camp due to an inability to pay. For this reason, a financial aid program has been established for those in need. Contact Natasha at 402-641-3456 for more information and to obtain a financial aid form.

### **Why partner with WinShape?**

Win Shape was created by the founder of Chick-fil-A, who is passionate about cultivating fun, friendship and faith right here in our community. We see it as a great way to pour into the lives of kids while bringing our community together for a common goal.

### **How can I get involved?**

Camp is a huge undertaking and we need help in many different areas to make it a success! Adults and students (who have finished 9<sup>th</sup> grade) and have passed a background check are eligible to volunteer. We have full and half-day opportunities available. Assist WinShape staff with campers and activities or help with water stations and sack lunches. There is a volunteer opportunity for everyone! **Volunteer sign up begins March 7<sup>st</sup> at [camps.winshape.org/volunteer](http://camps.winshape.org/volunteer)** or scan the QR code below. Questions? Contact Taric at (319) 759-0847.



**Visit [WinShapeCamps.org](http://WinShapeCamps.org) and follow us on Facebook for all the latest information.**



# MAY



**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**2 French Toast**  
\*\*\*\*\*  
Cook's Choice  
Vegetables  
Fruit  
Milk

**3 Ham/Egg/Cheese Bar & Bread Item**  
\*\*\*\*\*  
Italian Dunkers  
Toss Salad  
Peach Crisp  
Choice of Fruit  
Milk

**4 Donut**  
\*\*\*\*\*  
Sub Sandwich  
Chips  
Carrots  
Choice of Fruit  
Milk

**5 Sausage & Muffin**  
\*\*\*\*\*  
Chicken Sandwich  
Oven Potatoes  
Coleslaw  
Choice of Fruit  
Milk

**6 Waffles**  
\*\*\*\*\*  
Pork Sandwiches  
Oven Potatoes  
Corn  
Choice of Fruit  
Milk

**9 Pancakes**  
\*\*\*\*\*  
Hamburger  
Oven Potatoes  
Baked Beans  
Choice of Fruit  
Milk

**10 Breakfast Taco**  
\*\*\*\*\*  
Taco  
Mexican Rice  
Salad  
Choice of Fruit  
Milk

**11 Bagel**  
\*\*\*\*\*  
Chicken  
Potatoes  
Green Beans  
Choice of Fruit  
Milk

**12 Eggs & Bread Item**  
\*\*\*\*\*  
Chef Salad (Elem)  
Choice of  
Sandwich (High)  
Vegetable  
Nutri Grain Bar  
Choice of Fruit  
Milk

**13 Yogurt & Muffin**  
\*\*\*\*\*  
Hot dog  
Oven Potatoes  
Peas  
Choice of Fruit  
Milk

**16 Cook's Choice**  
\*\*\*\*\*  
Cook's Choice  
Vegetables  
Fruit  
Milk

**17 Cook's Choice**  
\*\*\*\*\*  
Cook's Choice  
Vegetables  
Fruit  
Milk

**18 Cook's Choice**  
\*\*\*\*\*  
Peanut Butter &  
Jelly Sandwich  
Chips  
Wango Mango  
Juice  
Fruit  
Milk  
1 pm Dismissal  
Last Day of  
School

**19**  
**20**  
Prices  
Breakfast \$0.00  
Adult \$2.20  
Extra \$1.50  
Lunch \$0.00  
Adult \$3.90  
Extra \$1.25  
Extra Milk \$0.40  
Milk Break \$0.40

**23**  
Menu is  
subject to  
change at  
anytime

**24**

**25**

**26**

**27**

**30**

**31**

**Notes:**



# MAY



**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**2 Pan frances**

\*\*\*\*\*

**Elección de cocinero vegetal  
Elección de fruta/leche**

**3 Jamón/Huevo/Bar Queso & Bread item**

\*\*\*\*\*

**Pedazo de pan ensalada  
Meloconton Crjuyente  
Elección de frutas  
Leche**

**4 Donut**

\*\*\*\*\*

**Sandwich Sub Chips  
el Zanahorias  
Choice of Fruit Milk**

**5 salchicha y muffin**

\*\*\*\*\*

**Sándwich pollo  
papas al horno  
Ensalada de col  
Elección de frutas  
Leche**

**6 Gofres**

\*\*\*\*\*

**Sandwich de cerdo  
papas al horno  
Maíz  
Elección de frutas  
Leche**

**9 Panqueques**

\*\*\*\*\*

**la Hamburguesa  
Papas al Horno  
Frijoles cocidos  
Elección de frutas  
Leche**

**10 desayuno taco**

\*\*\*\*\*

**Tacos  
Arroz ala Mexicana  
la Lechuga  
Elección de frutas  
Leche**

**11 el beigel**

\*\*\*\*\*

**Ensalada de Chef (Elem)  
Selecta Sandwich (High)  
Vegetales  
barra de nutri-grain  
Elección de frutas  
Leche**

**12 Huevo & bread item**

\*\*\*\*\*

**Pollo  
la papa  
ejotes  
Elección de frutas  
Leche**

**13 el yogurt y Muffin**

\*\*\*\*\*

**Pancho  
Patata al Horno  
pan de role  
Elección de frutas  
Leche**

**16 Elección de cocinero**

\*\*\*\*\*

**Elección de cocinero vegetal  
Elección de fruta/leche**

**17 Elección de cocinero**

\*\*\*\*\*

**Elección de cocinero vegetal  
Elección de fruta/leche**

**18 Elección de cocinero**

\*\*\*\*\*

**La matequilla de maniy jalea  
sandwich  
Chips  
Wango Mango Juice  
Elección de fruta/leche  
1 pm Despido  
Last Day of School**

**19**

**20 Menú sujeto a cambio**

**Precios  
Desayuno \$0.00  
Adulto \$2.20  
\$1.50 extra  
Almuerzo \$0.00  
Adulto \$3.90  
Extra \$1.25  
Leche Extra \$0.40  
Descanso de Leche \$0.40**

23

24

25

26

27

30

31

**Notes:**

# May

# 2022

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 9 am JH TR @ Tri County 7 pm Athletic Banquet- HS Commons	3 2:30 pm Tennis & NE City 7 pm 5-8 Spring Music Concert	4 4 pm Foundation Mtg	5 6 pm Title III/EL Parent Mtg	6 9 am HS TR @ JCC 10 am JH TR SNC @ Thayer Central 10 am Tennis @ York	7
8	9 6:30 pm FFA/FBLA Banquet	10 4 pm Tennis vs Crete 7 pm 9-12 Spring Music Concert	11	12 HS District Track	13 9 am Seniors Walk the Halls 1:30 pm Elem K-5 Talent Show	14 2 pm Graduation
15	16 1:30 pm Grade School Track & Field Day 7 pm Board Mtg	17 2 pm K-4 Fun Day	18 <b>Last Day of School 1 pm Dismissal</b> 8:30 pm K-5 Awards Ceremony 10 am Kindergarten Graduation	19 State Tennis Staff Workday	20 State Tennis State Track	21 State Track
22	23 9 am Elem & JH BB Camp 6:30 pm FFA Chapter Mtg 7 pm Friends of Music Mtg	24 9 am Elem & JH BB Camp	25 9 am Elem & JH BB Camp	26 9 am Elem & JH BB Camp	27 9 am Elem & JH BB Camp	28
29	30	31				

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**BE THE BEST PERSON YOU CAN BE!**

**PRIDE:**

**POSITIVE RESPONSIBLE INDIVIDUALS DEDICATED TO EXCELLENCE**

**Congratulations Class of 2022!**

**We are proud of you!**

**Wilber Clatonia Public Schools**

**PO Box 487**

**900 S Franklin St**

**Wilber, NE 68465**

**402-821-2266 District Office (Superintendent's)**

**402-821-2508 High School Office**

**402-821-2141 Elementary Office**

**402-821-3013 Fax**

**[www.wilberclatonia.org](http://www.wilberclatonia.org)**

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