INTER SCHOLASTIC ATHLETICS

NOTE: The New York State Department of Education updated the Athletic Placement Process (formerly referred to as Selection/Classification) to reflect a more standard process. The guideline (which can be accessed at http://www.p12.nysed.gov/sss/documents/AthleticPlacementProcess2-11-15Revised.pdf) is to be used starting in the 2015-2016 school year. It can be utilized prior to the season starting so the student can participate in the try-out period or within the timelines specified in the NYSPHSAA Promotion Rule. The NYSSBA policy offers the following for the Board’s consideration. For those districts that have either a separate policy or regulation on selection/classification, please review the guidance document and update your documents as appropriate.

Interscholastic athletics for boys and girls is an integral and desirable part of the district's secondary school educational program. Individual and team sports shall be based upon comprehensive physical education instruction and intramural activities, seeking broad participation from all eligible secondary students. Lifetime or carry-over sports are to be particularly encouraged and supported. Parity in the number and kind of sports activities for girls and boys is a clear objective of the district.

Student eligibility for participation on interscholastic teams shall include:

1. authorization by the school physician;
2. written parent or guardian consent (the written consent will contain information for parents on mild traumatic brain injury (TBI) and will provide a link to the State Education Department’s web page on TBI); and
3. endorsement by the Building Principal based on established rules and various league and State Education Department regulations.

Although the district will take reasonable care to protect student athletes, students may still sustain injuries. In order to most effectively ensure student safety, open communication between students, parents and coaches about the child’s medical condition is critical. Coaches, and other appropriate staff, will receive guidance and training regarding recognition of injury and removal of the student athlete from play in the event of injury. Parents and/or students are expected to report injuries so that student health can be protected.

In the case of a suspected or actual head injury, a student must be removed from play immediately. In order to resume participation following injury, including head injury, the student needs to receive medical clearance. The Superintendent, in consultation with appropriate
district staff, including the school physician, will develop regulations and procedures to guide the process of return to play.

NOTE: The Board has the option of creating a concussion management team to oversee implementation of the Concussion Awareness Act (§305(42)). NYSSBA does not take a position on the advisability of having a concussion management team (CMT). If the Board decides to create a team, though, insert the following paragraph. If the Board chooses not to authorize a CMT, then you should not include the next paragraph.

In recognition of the importance of appropriately managing head injuries, the Board authorizes the creation of a Concussion Management Team (CMT). The CMT will be comprised of [insert all applicable titles]: the athletic director, a school nurse, the school physician, a coach of an interscholastic team, an athletic trainer] and other appropriate personnel designated by the Superintendent. The CMT is charged with overseeing compliance with state training requirements, developing guidelines for use by coaches and physical education teachers and developing information for distribution to parents and students.

Athletic Placement Process (formerly Selection/Classification)

NOTE: This section is to be utilized if the Board wishes to allow students who want to play at a higher or lower level through the Athletic Placement Process (APP). The intent of allowing students in grades 7 and 8 to move up and/or students in grades 9-12 to move down is to allow students to participate safely at an appropriate level of competition based on physical and emotional readiness and athletic ability. The Board does not need to adopt policy language regarding this matter, but NYSSBA recommends addressing the subject even if it is to not permit it. If the Board chooses not to adopt a policy, if it would like to allow students partake in this process, it must at a minimum have a board resolution to authorize the APP. Please note that Boards are also allowed to impose more restrictions on student participation, such as academic standards. NYSSBA does not have a recommendation on this point, but if the Board wishes to do this, it is recommended that language be inserted in this policy.

The Board permits students [insert as applicable: in grade 7, grade 8 or grades 7 and 8] who wish to play at the freshman, junior varsity or varsity level in [all sports or insert sports categories such as “non-contact” or list out sports (such as swimming, golf, basketball, etc.) here] to do so provided they can complete the entire Athletic Placement Process (APP). [Insert applicable language regarding access to a description of the process, such as: A description of the APP is available from the district’s Athletic Director. Or: A description of the APP is included in the regulations accompanying this policy].

The Board permits students [insert grade levels from within 9-12] who wish to play at the [insert lower level such as modified or freshman] level in [all sports or insert sports categories such as “non-contact” or list out sports (such as swimming, golf, basketball, etc.) here] to do so provided they can demonstrate it is an appropriate level based on physical and emotional maturity, in conformance with the APP.

NYSSBA Sample Policy
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Course Credit

In accordance with existing Regulations of the Commissioner of Education, the Board of Education will permit students in grades 10-12 to receive credit towards high school graduation equivalent to physical education for participation in interscholastic athletics. Such credit will, in addition to other requirements, be contingent upon proven cardiovascular and physical fitness and competency in lifetime or carry-over sports. Standards for such fitness and competency shall be developed by the administration.

Cross-ref: 5420, Student Health Services

Ref: Education Law §§ 305(42), 1709 (8-a); 3001-b
8 NYCRR §§135.4, 136.5
Athletic Placement Process for Interschool Athletic Programs.

Adoption date:
STUDENT HEALTH SERVICES

NOTE: The state Public Health Law §2164 was amended to remove the ability of parents to request an exemption from immunization requirements on the basis of their sincerely held religious beliefs. These changes took effect on June 13, 2019. However, parental ability to seek a religion-based exemption from the physical exam requirement remains in effect. We removed reference to the religious exemption for immunization in this policy and accompanying regulation.

Two joint guidance documents from the state Department of Health, Office of Children and Family Services, and the State Education Department (see http://www.p12.nysed.gov/sss/documents/new_legislation_joint_statement.pdf and http://www.p12.nysed.gov/sss/documents/nonmedical%20vaccine%20exemption%20FAQ%200618%20final.pdf) directs that children with religious exemptions currently enrolled in school have until June 28, 2019 to begin receiving required vaccinations, with appointments scheduled for all follow-up doses made by July 14, 2019 in order to remain in school (i.e., affects summer school attendance).

Regarding the next school year starting in September, the law was also amended to permit unimmunized students to attend school for up to 14 days, extended to 30 days if they can show that they have received the first dose in a series of vaccinations, and have appointments scheduled for all follow-up doses as recommended by the CDC. This provision is set to expire June 30, 2020.

Current state health regulations addressing immunizations may be amended going forward. We will monitor those regulations and issue updates to this policy and regulation, if necessary.

The Board of Education recognizes that good student health is vital to successful learning and acknowledges its responsibility, along with that of parent(s) or guardian(s), to protect and foster a safe and healthful environment for the students.

The school shall work closely with students' families to provide detection and preventive health services. In accordance with law, the school will provide vision, hearing, dental inspection and scoliosis screening. Results shall be referred to the parent(s) or guardian(s) who shall be encouraged to have their family physician/dentist provide appropriate care.

In order to enroll in school a student must have a health exam and submit a health certificate within 30 calendar days after entering school, and upon entering prekindergarten or kindergarten, and first, third, fifth, seventh, ninth and eleventh grades. The examination, which must conform to state requirements, must have been conducted no more than 12 months before the first day of the
school year in question. If a student is unable to furnish the health certificate, the school will provide a physical examination by a licensed provider. A request for exemption from the physical examination, or the requirement to provide a health certificate, must be made in writing to the school principal or designee, who may require documents supporting the request. The only basis for exemption is a claim that the physical examination is in conflict with the parent or guardian’s genuine and sincere religious belief.

In order to enroll in school, students must also furnish documentation of required immunizations against certain communicable diseases, as set forth in state law and regulations, unless exempted from immunizations for medical reasons as permitted by state law and regulation.

NOTE: The paragraph below reflects a requirement of state law and regulation regarding the admission of homeless students and their immunization records.

Homeless students shall be admitted to school even if they do not have the required health or immunization records, but may be temporarily excluded if they show actual symptoms of a communicable disease that poses a significant risk of transmission to others (see “Communicable Diseases” below).

NOTE: The following text, while optional, is suggested to make clear that the McKinney-Vento liaison is responsible for assisting homeless students with accessing health services in the school. This could include, for example, situations where this policy and accompanying regulation requires written parent/guardian permission or direction, which shouldn’t be a barrier for homeless students, where missing documents are related to the student’s homelessness. This text aligns with the general provisions of the McKinney-Vento act; that schools must remove barriers to homeless students’ enrollment and retention in school.

The McKinney-Vento liaison shall assist homeless students covered by that law in accessing health services described in this policy and accompanying regulation.

The Board recognizes that the State of New York may authorize and require the collection of data from health certificates in furtherance of tracking and understanding health care issues that affect children. The Board supports these efforts and expects administrators to cooperate and to observe the appropriate laws and regulations in carrying out those responsibilities, including those that relate to student privacy.
In addition, students will be asked to provide a dental health certificate when they enroll in school and in accordance with the same schedule as the health certificate.

A permanent student health record shall be part of a student’s cumulative school record and should follow the student from grade to grade and school to school along with his/her academic record. This record folder shall be maintained by the school nurse.

Emergency Care

Each school in the district will include in its emergency plan a protocol for responding to health care emergencies, including anaphylaxis, and head injury. Parents/guardians will be notified of any emergency medical situation as soon as is practicable. Parents/guardians will receive notification of non-emergent medical situations that have been reported to the nurse in a timely manner.

NOTE: The paragraph below reflects options under state law regarding epi-pens. Note that collaborative agreements are no longer required under state law and regulation.

Schools shall also provide emergency care for students in accidental or unexpected medical situations. (Optional language: The district will stock epinephrine auto-injectors for non-patient specific use. The district shall ensure that designated staff are properly trained.)

NOTE: Optional text is provided below if the district permits the administration of naloxone for opioid overdose prevention. See NYSSBA Policy 8121.1, Opioid Overdose Prevention.

The district permits emergency administration of opioid antagonists, such as naloxone, by (select as appropriate: trained volunteer responders and/or the school nurse) to prevent opioid overdose.

Communicable Diseases

It is the responsibility of the Board to provide all students with a safe and healthy school environment. To meet this responsibility, it is sometimes necessary to exclude students with contagious and infectious diseases, as defined in the Public Health Law, from attendance in school. Students will be excluded during periods of contagion for time periods indicated on a chart developed by the school nurse [or insert applicable title].

During an outbreak of these communicable diseases, if the Commissioner of Health or his/her designee so orders, the district will exclude students from school who have an exemption from immunization or who are in the process of obtaining immunization.
It is the responsibility of the Superintendent of Schools, working through
district health personnel, to enforce this policy and to contact the county or local
health department when a reportable case of a communicable disease is identified
in the student or staff population.

**Administering Medication to Students**

Neither the Board nor district staff members shall be responsible for the
diagnosis or treatment of student illness. The administration of prescribed
medication to a student during school hours shall be permitted only when failure
to take such medicine would jeopardize the health of the student, or the student
would not be able to attend school if the medicine were not made available to
him/her during school hours, or where it is done pursuant to law requiring
accommodation to a student's special medical needs (e.g., Section 504 of the
Rehabilitation Act of 1973). “Medication” will include all medicines prescribed
by an authorized medical provider.

Before any medication may be administered to or by any student during
school hours, the Board requires:

1. the written request of the parent(s) or guardian(s), which shall give
   permission for such administration and relieve the Board and its
   employees of liability for administration of medication;
2. the written order of the prescribing authorized medical provider, which
   will include the purpose of the medication, the dosage, the time at which
   or the special circumstances under which medication shall be
   administered, the period for which medication is prescribed, and the
   possible side effects of the medication; and
3. that in order for a student to carry and use a rescue inhaler, an epinephrine
   auto-injector, insulin, or glucagon and associated testing supplies, written
   permission must be provided both by the parent and the prescribing
   authorized medical provider in accordance with state law and regulation.

Students are allowed to carry and apply parentally provided sunscreen
without a prescription from a medical provider, assuming that the sunscreen is
FDA approved and that the sunscreen is not treating a medical condition. Parents
need to provide the district with written permission for students to use sunscreen.

Permission slips and medical orders shall be kept on file in the office of
the school nurse.

**NOTE:** State funding for the provision of nebulizers is currently not available. If
the district has made provision for a nebulizer, the following paragraph can be added:
NOTE (cont.): “The district shall make a nebulizer available on site in school buildings where nursing services are provided. Students with a patient specific order shall have access to the nebulizer. The district will ensure that it is maintained in working order.”

Schools are also permitted to stock Albuterol Metered Dose Inhalers (MDIs) for students whose personal prescription is empty and are in need of the medication. Schools are also permitted to stock liquid Albuterol for use in nebulizers, if one is provided by the school or the parents.

If the district chooses to stock MDIs and/or liquid Albuterol for use in nebulizers for students diagnosed with asthma whose personal Albuterol prescription is empty, the Board should adopt the following language:

The school stocks albuterol in the form of \textbf{please specify: metered dose inhalers and/or liquid} for students who are in need of emergency dosing when their personal prescription is empty. The district will develop procedures in collaboration with school health personnel that is approved by the district medical director and the Board of Education.

Life-Threatening Allergies and Anaphylaxis Management

\textbf{NOTE:} State law and regulation addresses the need to have diabetes management plans for each student with diabetes and authorizes the use of emergency action plans for students with diabetes/allergy/asthma. \textbf{NYSSBA addresses this in regulation 5420-R, but mentions the emergency action plans below.}

The Board recognizes its role and responsibility in supporting a healthy learning environment for all students, including those who have, or develop, life-threatening allergies. The district will work cooperatively with the student, their parent/guardian and healthcare provider to allow the child to participate as fully and as safely as possible in school activities. When a student has a known life-threatening allergy reported on their health form or if the district has been informed by the parent of the presence of a life-threatening allergy, the district will assemble a team, which may include the parent, the school nurse, the child’s teacher, the building principal and other appropriate personnel, which will be charged with developing an individual health care plan and/or an emergency action plan. The plan(s) will be maintained by the school nurse. The plan(s) will guide prevention and response. If the student is eligible for accommodations based upon the IDEA, Section 504 or the Americans with Disabilities Act, the appropriate procedures will be followed regarding identification, evaluation and implementation of accommodations.
Training

Training to support the fulfillment of staff responsibilities in regard to student health services will be provided as part of the district’s ongoing professional development plan and in conformity with Commissioner’s regulations.

Regulations

The Superintendent shall develop comprehensive regulations governing student health services. Those regulations shall include the provision of all health services required by law, procedures for the maintenance of health records, and procedures for the administering of medication to students. The Superintendent shall also develop protocols, in consultation with the district medical director and other appropriate district staff, for the management of injury, with particular attention to concussion.

Cross-ref: 4321, Programs for Students with Disabilities
5020.3, Students with Disabilities and Section 504
5151, Homeless Students
5280, Interscholastic Athletics
5550, Student Privacy
8121.1, Opioid Overdose Prevention
8130, School Safety Plans and Teams
9700, Staff Professional Development

Ref: Education Law §§310 (provisions for appeal of child denied school entrance for failure to comply with immunization requirements); 901 et seq. (medical, dental and health services, BMI reporting); 916 (student self-administration of rescue inhalers); 916-a (student self-administration of epinephrine; 916-b (students with diabetes); 919 (provide and maintain nebulizers); 921 (epinephrine auto-injectors; training of unlicensed personnel); 922 (naloxone); 6527 (emergency treatment: anaphylaxis; naloxone); 6909 (emergency treatment: anaphylaxis; naloxone)
Public Health Law §§613 (annual survey); 2164 (immunization requirements); 3000-c (emergency epinephrine); 3309 (naloxone)
8 NYCRR §§ 64.7 (anaphylaxis; naloxone); 135.4 (Physical Education); Part 136 (school health services program; concussion, anaphylaxis, medication, naloxone)
10 NYCRR Part 66-1 (immunization requirements); § 80.138 (naloxone)
Immunization Guidelines: Vaccine Preventable Communicable Disease Control, State Education Department, revised August 2000
Making the Difference: Caring for Students with Life-Threatening Allergies, New York State Department of Health, New York State Education Department, New York Statewide School Health Service Center, June 2008


Adoption date:
STUDENT HEALTH SERVICES REGULATION

NOTE: Pursuant to an amended state law, in section A, we have removed text related to parent’s ability to request exemptions from immunization requirements on the basis of a sincerely held religious belief. The law was also amended to extend the 14-day grace period to 30 days if a child has received at least the first dose in an immunization series and is scheduled to complete the series according to the CDC’s recommended ages.

This regulation conforms to state law and regulations about immunizations, medication administration, medical exams, as well as other areas related to student health. The second sentence of the first paragraph addresses homeless students accessing health services. That paragraph, while optional, could address situations where a homeless student lacks parent/guardian permission forms due to circumstances related to homelessness. This is in line with the general provisions of the McKinney-Vento act, which is that schools must remove barriers to homeless students’ enrollment and retention in school.

This regulation provides specific details about major areas of the district’s student health services, such as immunization, medications, medical exams, medical care, emergency records, and return to school after injury/illness. For purposes of this regulation, the McKinney-Vento liaison shall assist homeless students covered by that law in accessing school health services.

A. Immunization Against Communicable Diseases

NOTE: Some immunizations are only applicable in certain situations, under state regulations.

Under state Public Health Law 2164, in order to be enrolled in or attend district schools, children must be fully immunized against certain communicable diseases. Those diseases are: poliomyelitis, mumps, measles, diphtheria, rubella, varicella (chicken pox), hepatitis B, pertussis, tetanus, and, where applicable, Haemophilus influenzae type b (Hib), pneumococcal disease, and meningococcal disease.

“Fully immunized” means that the child has either (1) received the required vaccinations for these diseases as set forth in state regulations; (2) for measles, mumps, rubella, hepatitis B, poliomyelitis, or varicella only, shown immunity with a positive blood test for those disease antibodies; or (3) for varicella only, has had the disease, verified by a physician, nurse practitioner, or physician’s assistant.

NOTE: The paragraph below reflects that religious exemptions to immunization are no longer permitted and provides text to refer specifically to state law and regulation what it means to be “in process.”
Children who are not fully immunized may only be admitted to school if they (1) are in the process of receiving immunization or obtaining blood tests (as described in state law and regulations); or (2) have been granted a medical exemption.

Medical exemptions may be issued if immunization is detrimental to a child’s health. Medical exemptions must either be (1) the medical exemption form issued by the New York State Department of Health or the New York City Department of Health and Mental Hygiene, or (2) a statement signed by a physician licensed to practice medicine in New York State indicating the specific immunization, the medical contraindication, and the length of time the exemption is for. Medical exemptions must be reissued annually to remain valid. The Building Principal may require supporting documents for medical exemptions.

NOTE: The paragraph below reflects a requirement of state law and regulation regarding the admission of homeless students and their immunization records.

All students must present appropriate documentation of their immunization status, as set forth in the Regulations of the Commissioner of Health 10 NYCRR Subpart 66-1. Homeless students shall be admitted to school even if they do not have the required immunization records, but may be temporarily excluded if they show actual symptoms of a communicable disease that poses a significant risk of transmission to others.

NOTE: The text below reflects a provision of the amended state Public Health Law. This provision is set to expire on June 30, 2020. If state health regulations are amended in a way that impacts this paragraph, we will issue another update.

The Building Principal may permit students without adequate documentation to attend school up to 14 calendar days while the parent/guardian furnishes the necessary documents. This time period may be extended to 30 days for students transferring from another state or country, as long as they show a good faith effort to obtain the necessary documentation, or the child has received at least the first dose in an immunization series and has scheduled appointments to complete the series according to the recommended age schedules.
District schools may access the New York State Immunization Information System (NYSIIS) or the New York City Citywide Immunization Registry (CIR) to verify the immunization history of students entering or registered in that school.

When a child is excluded from school for immunization reasons, the Building Principal shall notify the parent/guardian of their responsibility to have the child immunized, and the public resources available for doing so. The Principal shall also notify the local health authority of the child’s name and address and the immunization(s) the child lacks, and shall cooperate with that authority to provide a time and place for the required immunization(s) to be administered.

The district will maintain a list of all students who have been exempted from immunization for medical reasons, or who are in the process of receiving immunization, and shall exclude such students from school when so ordered by the Commissioner of Health, in the event of an outbreak in school of the vaccine-preventable diseases listed in Public Health Law 2164 and the first paragraph of this section.

When a student transfers out of the district, the parent/guardian will be provided with an immunization transfer record showing the student’s current immunization status which will be signed by the school nursing personnel or the school physician. A transcript or photocopy of the immunization portion of the cumulative health record will be provided to the new educational institution upon request.

B. Administering Medication to Students in School

The administration of prescribed medication to a student during school hours is permitted only when the medication is necessary to allow the student to attend school or failure to administer the medication would seriously affect the student’s health.

Parent(s) or guardian(s) must present the following information:

1. a written order from a NYS licensed health care provider (e.g. physician, nurse practitioner or physician assistant) containing the following: student’s name, the date and name of the medicine, dosage and time to be administered, and list of possible side effects; and

2. A written note from the parent/guardian giving appropriate licensed school personnel permission to administer the medication to their child during school or for trained unlicensed personnel to assist their child in taking their own medication.