COLCHESTER SCHOOL DISTRICT



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Dear Parents & Guardians,

Vermont students competing in middle or high school sports are required to have a "Well Exam" prior to playing school sports. A Well Exam is a complete, research-based, specific type of exam developed by the American Academy of Pediatrics. Current data indicates that approximately 55% of adolescents in Vermont receive an annual Well Exam.

Well Exams address all aspects of a child's health including their physical, social, and emotional well-being. They are an opportunity to provide individualized education and prevention information by a medical provider. Well Exams identify, diagnose, and treat medical problems early in a child's life. Early identification can lead to improved health outcomes and ideally prevent future medical problems later on in life. The Well Exam provides consistent care by the child's medical provider. All student athletes are required to have a Well Exam every 2 years to be eligible to participate in CHS sports.

This change in policy is supported by the Vermont Principals' Association, the Vermont Departments of Health and Education, the Vermont Chapters of the American Academy of Pediatrics and Family Physicians, and the Vermont State School Nurses' Association.

The attached form titled, "Well Exam - Sports Participation Clearance Form," is the only clearance form recommended to be used. It has been reviewed by the Vermont Principals' Association, the Vermont Departments of Health and Education, the Vermont Chapters of the American Academy of Pediatrics and Family Physicians, and the Vermont State School Nurses' Association. The actual medical screening components to determine eligibility to participate in school sports were developed by the American Academy of Pediatrics Council on Sports Medicine and Fitness.

Please fill out the "Preparticipation Physical Evaluation Form" and bring it to your child's MD appointment. After reviewing this form and completing the physical exam, the physician should complete the Well Exam - Sports Participation Clearance Form. Your child should then return this form to the school nurse.

Thank you for your cooperation. If you have any questions, please do not hesitate to call me at my office at Colchester High School (264-5724.)

Deborah M. Deschamps M.S.N./R.N. District Supervisor of Nurses

Bernard Cieplicki Director of Athletics