



December 17, 2018

Dear Parents and/or Guardians,

We are pleased to announce that Saint Luke's Hospital will once again be offering physicals at NO CHARGE to all current and prospective athletes grades 9-11. The staff at Smithville School District is very appreciative of this and has allotted time on **Tuesday, February 5th** during the school day. Students will be asked to sign up with Mrs. Nitsche with signed parent consent form no later than **January 23rd**.

The Missouri State High School Activities Association states that any physical that is obtained after February 1st is good for the remainder of the school year as well as through the following year. Therefore the physical your athlete receives on this day will be good through the end of the 2019 school year and the entire 2019-2020 school year!

The district will provide transportation to and from the hospital campus to ensure safety of your student athlete. School personnel will also be on site to ensure a smooth transition to and from as well as monitoring safety of your athletes.

All student athletes participating in physical day must have an updated health history form on his/her Privity account. You can update your account by logging into <https://smithvillewarriors-mo.e-ppe.com>

If your child does not have a Privity account please visit <https://www.smithvilleschooldistrict.net/domain/548> for directions on starting an account in order for your child to participate.

Once your student athlete receives his/her physical we will upload it into their Privity account for you. Should you have any questions please do not hesitate to contact any of the following individuals at the respective emails listed below.

Gini Fite - District Athletic Trainer
fiteg@smithville.k12.mo.us

Kim Nitsche - Administrative Assistant High School
nitschek@smithville.k12.mo.us

CONSENT FOR EVALUATION OF MINOR STUDENT

I, _____ hereby authorize Smithville School District in cooperation with
(Parent/Guardian Name)
Saint Luke's Medical Group - Smithville to perform evaluation as deemed necessary to complete the requirements of the MSHSAA Pre-Participation Physical Evaluation for this minor student. I understand that this physical will be performed at no charge, however if any further testing or evaluation is warranted, the student athlete will be referred for such at the cost to the parent/guardian. It will be the parent/guardian's choice as to where student athlete receives further assessment.

Name of Student: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Signature: _____

Date: _____