



Meridian Public Schools

"The Hoof Print" ~ Home of the Mustangs

Mission Statement:

Meridian Public Schools will educate all students in a safe, nurturing environment while challenging them to develop their integrity, knowledge, and unique talents to become responsible, productive citizens.

Newsletter

www.meridianmustangs.org

July, 2020

Newsletter - July, 2020
Superintendent
Randy Kort

Summer

Summer has been different for many families with no baseball, softball or team sports. The Governor has been opening more and more events throughout the weeks and we hope that continues. Until the start of school, parents please take the next 8 weeks and spend some quality time with your children. While March and April seemed to drag on, now the month of June has just flown by, so enjoy each day.

Fall School

With everything beginning to open up through the state, we are planning our start here at Meridian. There will be some changes and new protocols as advised by our local health department on what those might be. The focus will still be to start the school year as normal as possible. There will be more information on the school web page and in next month's newsletter.

Busing

Parents will be notified of the busing times and routes in early August.

Public Notice

On July 20, 2020, at 6:30 p.m., a meeting conducted by Meridian Public School will take place in Room 113 at Meridian Public School. The purpose of the meeting will be to provide an opportunity for parents and representatives of nonpublic schools to participate in the development of a plan for providing special education services to children with disabilities who attend nonpublic schools and homeschools, which are within the Meridian Public School district for the 2020-2021 school year. Parents of a homeschooled child or a child attending a nonpublic school that has been, or may be, identified with a disability and attend a nonpublic school

within the boundaries of Meridian Public School, are urged to attend. If you have further questions pertaining to this meeting, please contact Randy Kort at 402-446- 7265.

School Website

Stay up to date with the District news by visiting the Meridian Public Schools website (www.meridianmustangs.org).

Board of Education
Meridian Public Schools
District – 48-0303
Daykin, Nebraska, 68338
Monday, June 15, 2020
Regular June 15, 2020 Meeting
7:00 p.m.

Meridian Public School Board of Education met on Monday, June 15, 2020, as per notice in the Fairbury Journal-News.

President Bartels called the meeting to order at 7:00 p.m. The open meeting law information was presented. Members present were VanWesten, Sobotka, Vorderstrasse, Scheer, Niederklein, and Bartels. Also present were Superintendent Kort and Principal Scott.

Nothing new was added to the agenda.

Roll call was taken: VanWesten – present, Sobotka – present, Vorderstrasse – present, Scheer – present, Niederklein – present, and Bartels – present.

No comments were heard from the public.

VanWesten moved and Niederklein seconded to approve the consent agenda as follows:

- Minutes of the Monday, May 18, 2020 Regular Meeting
- District Financial Report
- Activity Fund Report
- Hot Lunch Report
- Bills

Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye,

Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

Principal Scott presented the Curriculum Report.

Sobotka moved and Scheer seconded to approve Dana Cole as Auditors for the 2019-2020 fiscal year. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

VanWesten moved and Sobotka seconded to approve lunch prices for the 2020-2021 school year the same as the prices have been for the past few years. The prices are as follows: Breakfast: Adults \$2.00, 7-12 - \$1.55 and PK-6 - \$1.30. Lunch: Adults - \$3.50, 7-12 - \$2.70 and PK-6 - \$2.60. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

Scheer moved and VanWesten seconded to approve Policy 3055 School Resource Officer. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

Niederklein moved and Vorderstrasse seconded to approve Policy 4003.1 Drug Policy Regarding Drivers. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

VanWesten moved and Niederklein seconded to approve Policy 5016 Student Records. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

Vorderstrasse moved and Scheer seconded to approve Policy 5035 Student Discipline. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.



Sobotka moved and VanWesten seconded to approve Policy 6025 Multicultural Education. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

Vorderstrasse moved and Niederklein seconded to approve Policy 6026 SPED Evaluators Selection. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

VanWesten moved and Scheer seconded to approve Policy 6033 Restraint and Seclusion of Students. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

Mr. Kort presented and discussion was held on the Inter-Local Agreement for Attendance Services which is an agreement with the Jefferson County Attorney and the truancy services provided to the District.

Principal Scott gave the Principal's Report:

- Graduation will be held by invitation only on Saturday, June 27, at 2:00 p.m. We are working to abide by the public health guidelines as they continue to update and change.
- Student count for the 2020-2021 school year is PK-6 – 123, 7-12 – 102, Total – 225.
- Three new teachers for the 2020-2021 school year will be Mrs. Holly Adam – 1st Grade, Mr. John Adam – Business, Mrs. Jane Zabokrtsky – 3rd grade.
- Kathy Soukup has retired after 42 years in education (37 at Meridian).
- Hanna Borgmann and Michelle Weyer have accepted teaching positions at other school districts.
- Becky Bartels (Blue Skies Photography) donated backdrops that she is no longer using to the drama department.

Superintendent Kort reported:

- Graduation is planned and will take place June 27, 2020.
- Locker room ceilings have been painted.
- Preparations are being made to have school in the fall with new guidelines.
- Summer sports events have begun.

Next Regular Meeting was set for Monday, July 20, 2020, at 7:00 p.m.

VanWesten moved and Scheer seconded to adjourn at 8:01 p.m. Vote taken: VanWesten – aye, Sobotka – aye, Vorderstrasse – aye, Scheer – aye, Niederklein – aye, and Bartels – aye. Motion carried 6-0.

Jamie Niederklein,

Secretary Meridian District #48-0303



Graduation was held on Saturday, June 27, at 2:00pm. Public Health guidelines were followed and attendance was by invitation only.

Enrollment numbers for 2020-2021 school year (as of 6-10-20):

PreK	13	7 th	21 +2
Kindergarten	16 +4	8 th	18 +1
1 st	11	9 th	12
2 nd	20	10 th	20
3 rd	17 +1	11 th	17
4 th	15 +2	12 th	12
5 th	18 -1	Exchange	<u>2</u>
6 th	<u>13</u>		
	123		102
Grand Total	<u>225</u>		

We will have 3 new teachers for the 20-21 school year. Mrs. Holly Adam will teach 1st grade. Mr. John Adam will teach Business. Mrs. Jane Zabokrtsky (Mrs. Zab) will teach 3rd grade. We welcome you to Meridian!

Hanna Borgmann and Michelle Weyer have accepted teaching positions in other school districts. Kathy Soukup has retired after 42 years in education (37 of those at Meridian)! We wish Mrs. Soukup well in her retirement.

Thank you to Becky Bartels at Blue Skies Photography for her donation of the backdrops to the drama department. Her generosity is truly appreciated.

CUMULATIVE FILES

Meridian Alumni - if you graduated in 2016, 2015, or 2014 and would like your school cumulative file, please contact Kathy Houser at 402-446-7265 extension 3. You may pick it up from the school at anytime this summer.

SCHOOL PHYSICALS

Due to COVID-19, the NSAA requirement of all student athletes needing a school sports physical has been waived. **Incoming Freshman are the only High School students who will need to have a physical BEFORE being allowed to PRACTICE/ PARTICIPATE in any sport (includes cheerleading).** All 7th and 8th graders will be required to have a physical to participate. **ALL STUDENT ATHLETES (7-12 GRADE) WILL NEED THE NSAA STUDENT/ PARENT CONSENT FORM BEFORE THEY WILL BE ALLOWED TO PARTICIPATE IN ANY GIVEN SPORT.** All students entering Kindergarten and 7th grade are still required to have a school physical. **THE PHYSICAL FORMS (INCLUDING THE STUDENT/ PARENT CONSENT FORM) MAY BE FOUND TOWARD THE BACK OF THIS NEWSLETTER OR TRISH'S OFFICE AT SCHOOL. THE SPORTS PHYSICALS MAY ALSO BE FOUND ON THE NSAA WEBSITE (nsaahome.org).**

To make an appointment for your school physical, most local clinics will schedule appointments by phone. You will need to let them know if your insurance is to be responsible for payment and **HAVE YOUR COMPLETED PAPERWORK WITH YOU.** Clinics may require students to reschedule if their forms are incomplete or missing. If you wish to schedule an appointment at the NEW Plymouth Clinic, please contact the Fairbury Clinic at 402-729-3361.

PANDEMIC ELECTRONIC BENEFITS TRANSFER

Due to your household's eligibility for free or reduced price meals for SY2019-2020, your student(s) are eligible for a Pandemic EBT (P-EBT) benefit to equal the value of the meals the child (ren) would have received at school if school had not been closed due to COVID-19. P-EBT is a United States Department of Agriculture (USDA), Food and Nutrition Services (FNS) program designed to provide cash benefits on an EBT card to be used to purchase food. Those who qualify will receive an average of \$5.70 for each child, for each day that school was closed due to the pandemic. This could



be up to \$281 per child. If your household already receives SNAP, no further action is needed. This benefit will automatically be added to your EBT card. Money will be placed on an EBT card and can be used at participating retailers and grocers.

Non-SNAP households must apply for the P-EBT benefit, go to P-EBT Application. The application will be available starting June 22, 2020 through July 19, 2020. No applications will be accepted after July 19, 2020. If you have questions or need assistance completing the application please call 1-800-383-4278 or visit <http://dhhs.ne.gov/Pages/COVID-19-Nebraska-Guidance-Documents.aspx>.

IMPORTANT: Please have your student's Social Security Number as this information is used to determine eligibility for benefits. The application will ask for a student ID. Since our school does not use student IDs, please enter 0000 in this section of the application. In addition, the application will ask for parent/guardian name, child (ren) name, date of births, name of school, mailing address, and contact information. After you have completed the application, you will receive a confirmation email. If there are questions with your application, you will be contacted for additional clarification. In order to receive an EBT card, your address must be registered with the post office. If you need assistance with registering your address with the post office, please visit <https://moversguide.usps.com/mgo/disclaimer?execution=e3s2&flowId=icoa-main-flow&referral=USPS>.

Nebraska will continue to comply with civil rights requirements, to include providing equal access to individuals with disabilities and individuals who are limited English proficient.

Debido a la elegibilidad de su hogar para comidas gratuitas o a precio reducido para Año Escolar 2019-2020, su(s) estudiante (s) son elegibles para un beneficio Pandemia EBT (P-EBT) para igualar el valor de las comidas que los niños habrían recibido en la escuela si la escuela no hubiera sido cerrada debido a COVID-19. P-EBT es un programa del Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés), de Servicios de Alimentos y Nutrición (FNS, por sus siglas en inglés)

diseñado para proporcionar beneficios en efectivo en una tarjeta EBT que se utilizará para comprar alimentos. Aquellos que califiquen recibirán un promedio de \$5.70 por cada niño, por cada día que la escuela fue cerrada debido a la pandemia. Esto podría ser de hasta \$281 por niño. Si su hogar ya recibe SNAP, no se necesitan más medidas. Este beneficio se añadirá automáticamente a su tarjeta EBT. El dinero se colocará en una tarjeta EBT y se puede utilizar en los minoristas y tiendas de comestibles participantes.

Los hogares que no participant en el programa de SNAP deben solicitar el beneficio P-EBT, ir a la aplicación P-EBT. P-EBT Application. La solicitud estará disponible desde el 22 de junio de 2020 hasta el 19 de julio de 2020. No se aceptarán solicitudes después del 19 de julio de 2020. Si tiene preguntas o necesita ayuda para completar la solicitud, llame al 1-800-383-4278 o visite <http://dhhs.ne.gov/Pages/COVID-19-Nebraska-Guidance-Documents.aspx>.

IMPORTANTE: Por favor, tenga el Número de Seguro Social de su estudiante, ya que esta información se utiliza para determinar la elegibilidad para los beneficios. La solicitud le pedirá una identificación del estudiante. Dado que nuestra escuela no utiliza identificaciones de estudiantes, ingrese 0000 en esta sección de la aplicación. Además, la solicitud le pedirá el nombre del padre/tutor, el nombre del(los) niño(s), la fecha de nacimiento, el nombre de la escuela, la dirección postal y la información de contacto. Después de completar la solicitud, recibirá un correo electrónico de confirmación. Si hay preguntas con su solicitud, se le contactará para obtener aclaraciones adicionales. Para recibir una tarjeta EBT, su dirección debe estar registrada en la oficina de correos. Si necesita ayuda para registrar su dirección en la oficina de correos, por favor visite <https://moversguide.usps.com/mgo/disclaimer?execution=e3s2&flowId=icoa-main-flow&referral=USPS>.

Nebraska continuará cumpliendo con los requisitos de derechos civiles, para incluir proporcionar acceso igualitario a personas con discapacidades e individuos que tienen un dominio limitado del inglés.

THANK YOU FROM MERIDIAN POST PROM

The Junior-Senior parents would like to thank all of the businesses listed below that donated to this year's Post Prom:

- Daykin Lumber
- Tobias Volunteer Fire Department
- Norder Supply
- Ohiowa Café
- Farmers Cooperative
- Jefferson Community Health & Life
- First State Bank
- Western Fire Department
- Starr-Buckow Insurance Agency
- Western Community Club
- Western Rescue Service
- Norris Public Power District – Operation Roundup
- Western American Legion Post #255
- Daykin Volunteer Fire Department
- Panko Ag Services
- Alexandria Volunteer Fire Department
- Bruning Grain & Feed
- Landmark Implement
- The Image
- Heartland Bank
- Winter's Countryside Veterinary
- Double "B" Bar
- Craig's Automotive
- CNCS Insurance – Amy Rains
- KT's Market
- Mama D's
- Thayer County Health Services – Wellness Center
- Farm Bureau Financial Services – Scott Woitalewicz
- Subway

Due to the current COVID-19 pandemic, the Juniors-Seniors joined in a cruise night styled prom. This was a fun way to still have prom while practicing safe social distancing. The Juniors received a \$50 gift card and Seniors received a \$100 gift card to Wal-Mart. In addition to the gift card, a cash gift of \$40 was given to Juniors-Seniors. The gift cards that were received as donations were randomly drawn for those that attended cruise night. A big "THANK YOU" as this would not have happened without all of your donations! For those Juniors-Seniors that did not attend cruise night, your gift may be picked up at the school. Please see Trish Endorf.



Attention All Mustangs

Basketball Players Any Age

2500 Shot Summer Challenge

Meridian basketball coaches are challenging any and all Meridian Ballers (boy or girl) to complete the 2500 Summer Challenge before the first day of school in August. This challenge will help all Meridian basketball players, young and old. It's pretty simple, all you need is a basketball and a hoop. There will be awards presented when you reach a certain level.

The challenge consists of this.

500 shots made using only your right hand (right around the rim) (scoop and shoot)

500 shots made using only your left hand (right around the rim) (scoop and shoot)

500 made right handed layups

500 made left handed layups

500 made freethrows- anyone 5th grade and under may shoot from the 10 ft line,

90 mins of dribbling with your right hand

90 mins of dribbling with your left hand

The math works out that if you make 10 of each once a day, you will have it completed by the first day of school. There will also be weekly awards posted on Sunday that individuals can earn so keep your eye out for those. Coaches will create a spreadsheet where we will keep record of your progress. Parents of players who do not have Facebook, please post your players progress for them on this group and please date it so we can keep a proper record.

Join our Facebook group and send us your progress. You can find the link on the school's website, Facebook page, and Twitter account. You can also search for Meridian Mustang Basketball on Facebook. If you are still having trouble, email me at spohlmann@meridianmustangs.org.

Coach Pohlmann

PART-TIME POSITION AVAILABLE AT MERIDIAN

Meridian Public Schools is looking for a special needs para for the 20-21 school year. This part time job will require lifting 50 - 100 pounds, supervision and medical help for one student on Mondays, Wednesdays, and Fridays. Job requirements include supporting a student, help feeding (via g-tube), medication, support. Interested candidates should email rkort@meridianmustangs.org or mail cover letter, resume, and credentials to: Randy Kort, Superintendent, Meridian Public Schools, PO Box 190, Daykin, NE 68338. This position will remain open until a quality candidate is hired. This position is subject to a veteran's preference/EOE.

BUS DRIVERS NEEDED

Meridian Public Schools is looking for additional drivers. If you are interested in subbing, please contact Randy Kort at 402-446-7265 extension 1112 or rkort@meridianmustangs.org. With the passage of LB 347 last year, the requirements have changed and starting this past January the requirements have been simplified.



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.)
Table with 5 columns: Problem, Not at all, Several days, Over half the days, Nearly every day.

GENERAL QUESTIONS
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)
Table with 3 columns: Question, Yes, No.

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY
Table with 3 columns: Question, Yes, No.



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.

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: _____

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■ 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.

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.

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

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: _____



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 participation; (b) participation in any athletic activity may involve injury 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; and, (d) even the best coaching, 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 by-laws and rules interpretations for participation in NSAA sponsored activities, and the 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 sports, weight and height of 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 athletic 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 athletic 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:

Table with 7 columns: Baseball, Basketball, Cross Country, Debate, Football, Golf, Journalism, Music, Play Production, Soccer, Softball, Speech, Swim/Dive, Tennis, Track & Field, Unified Bowling, Unified Track & Field, Volleyball, Wrestling

Parent [Print Name] Parent Signature Date



Department of Health and Human Services Physical Examination Report

Name of School (if desired) _____

The school board shall require evidence of (a) a physical examination by a physician, a physician assistant, or an advanced practice registered nurse...within six months prior to the entrance of a child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade of the local school; and (b) for school year 2006-07 and each school year thereafter, a visual evaluation by a physician, physician assistant, an advanced practice registered nurse, or an optometrist within six months prior to the entrance of a child into the beginner grade or, in the case of a transfer from out of state, to any other grade of the local school, which consists of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity, except that no such physical examination or visual evaluation shall be required of any child whose parent or guardian objects in writing. The cost of such physical examination and visual evaluation shall be borne by the parent or guardian of each child who is examined. Nebraska Revised Statutes 79-214 (excerpt).

PARENT/GUARDIAN: This form is provided as a convenience to you and your child's health care provider in meeting the requirement for physical examination in Nebraska schools. No specific form is required by the statute. The information provided here may be shared with school personnel as needed to promote your child's safety and educational success.

By signing below, the parent/guardian of _____ Name of Student _____ consents for the release of the health and medical information contained herein to be released to _____ Name of School _____

Signature _____ Printed Name/Relationship to Student _____ Date _____

Student Name _____ School _____ Grade _____
Student Address _____ Zip _____ Age _____ Sex: M F

Physician Name _____

PHYSICAL FINDINGS (use back for comments or recommendations)

Height	Weight	Medical	Normal	Abnormal Findings
Blood Pressure	Pulse			
Urinalysis		Eyes/ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>
Hemoglobin/Hct		Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>
Audiometric Screening Report		Heart (note murmur if present)	<input type="checkbox"/>	<input type="checkbox"/>
		Pulses (inc. Femoral)	<input type="checkbox"/>	<input type="checkbox"/>
		Lungs	<input type="checkbox"/>	<input type="checkbox"/>
		Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
		Skin	<input type="checkbox"/>	<input type="checkbox"/>
		Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
		Neck	<input type="checkbox"/>	<input type="checkbox"/>
		Spine	<input type="checkbox"/>	<input type="checkbox"/>
		Shoulder/arm	<input type="checkbox"/>	<input type="checkbox"/>
		Wrist/hand	<input type="checkbox"/>	<input type="checkbox"/>
		Elbow/forearm	<input type="checkbox"/>	<input type="checkbox"/>
		Hip/thigh	<input type="checkbox"/>	<input type="checkbox"/>
		Knee	<input type="checkbox"/>	<input type="checkbox"/>
		Leg/ankle	<input type="checkbox"/>	<input type="checkbox"/>
		Foot	<input type="checkbox"/>	<input type="checkbox"/>
		Evidence of Scoliosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	
		Evidence of Hernia	<input type="checkbox"/> No <input type="checkbox"/> Yes	
		Stigmata of Marfan's Syndrome	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Immunizations given during today's visit:
 DTP Td Polio MMR Hib Hep B Varicella
 Other (list) _____
(Please attach copy of immunization record on file.)

Visual Evaluation Report	PASS	FAIL	Recommend Further Evaluation
Amblyopia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strabismus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Eye Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Eye Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Acuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 feet: Right 20/_____ Left 20/_____ with/without glasses			
16 inches: Right 20/_____ Left 20/_____ with/without glasses			

Required medication on a daily or episodic routine: _____

Please check classification
 Regular: Student may participate in the regular program of physical education, recreation, intramurals, athletics or related activities without undue risk or injury.
 Adapted: Student has a condition which might risk sustaining injury from participation in the regular program or needs a special adapted program as indicated by the consulting physician. Reexamine each year.
 Exempt: Student has a severe handicap which might risk sustaining injury from participation in the regular or adapted programs. These students should be reexamined for possible reclassification at the end of the exemption period.

Please check certification
 Certified: Student has passed the physical examination successfully and is physically able to participate in interscholastic athletics. Activities student should **not** participate in: _____

Significant findings/chronic health concerns _____
Your signature below indicates completion of physical exam and review of health history.

Date _____ Signed _____
Examining Physician (Signature Required)

Clinic/Practice Name (please print) _____ Physician Phone _____

Physician Address _____
Return to School Health Office



2020-2021 MERIDIAN SCHOOL SUPPLY LIST

Pre-K

- ◇ 1 Box of Kleenex
- ◇ 3 Containers of Disinfectant Wipes
- ◇ Book Bag
- ◇ 1 - 30" x 54" Bath Towel (for quiet time)
- ◇ Non-Marking Gym Shoes with Velcro or Elastic Straps
- ◇ 1 Container Hand Sanitizer
- ◇ 1 Complete change of clothes in a plastic bag labeled with the child's name to be kept at school in case of accidents or spills.

Optional:

- ◇ Light Jacket or Sweater for Use in Classroom
- ◇ 1 Container Baby Wipes - for Hands and Face

Please put your child's initials on the items they bring.

2nd Grade

- ◇ Pencils
- ◇ Eraser
- ◇ Crayons (24 - 48 Count)
- ◇ Markers
- ◇ 1 Box of Facial Tissue
- ◇ 1 Hand Sanitizer
- ◇ Scissors
- ◇ Book Bag
- ◇ P.E. Shoes (no dark soles)
- ◇ Pocket Folder (1)
- ◇ Paint Shirt
- ◇ Clorox Wipes - 2 containers
- ◇ Pencil Box or Container (make sure it will fit in your desk)

Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.

5th Grade

- ◇ 4 Spiral Notebooks - to start year
- ◇ Pencils - NO Mechanical Pencils
- ◇ Book Bag
- ◇ 2 Containers Disinfectant Wipes
- ◇ P.E. Shoes - NO Dark Soles
- ◇ 2 Rolls Paper Towels
- ◇ 2 Boxes Facial Tissue
- ◇ Earbuds
- ◇ Watercolors
- ◇ 1 - 3 Ring Binder
- ◇ 2 Containers Hand Sanitizer

Kindergarten

- ◇ 2 Boxes of Facial Tissue
- ◇ Non-Marking Gym Shoes - Preferably Velcro
- ◇ Backpack/Book Bag
- ◇ 3 Large Containers Disinfectant Wipes
- ◇ 1 Complete change of clothes in a plastic bag labeled with the child's name to be kept at school in case of accidents or spills.
- ◇ 1 Paint Smock - Plastic/Vinyl (if possible)

Please label items you send with your child's name.

3rd Grade

- ◇ 4 Glue Sticks
- ◇ Pencil Case or Box
- ◇ 1 - 1" Black Binder
- ◇ 2 Yellow Highlighters
- ◇ Pencils
- ◇ Erasers
- ◇ Loose Leaf Paper
- ◇ Markers
- ◇ Colored Pencils
- ◇ Scissors
- ◇ Backpack/Book Bag
- ◇ EarBuds
- ◇ Paint Shirt
- ◇ P.E. Shoes (no dark soles)
- ◇ Boxes of Tissue
- ◇ Germ-X
- ◇ Clorox Wipes

Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.

6th Grade

- ◇ 12 Pencils
- ◇ Eraser
- ◇ Book Bag
- ◇ PE Shoes – NON-MARKING
- ◇ 2 Notebooks
- ◇ 6 Pocket Folders
- ◇ Dry Erase Markers
- ◇ 1 Boxes Tissue
- ◇ Earbuds/Headphones
- ◇ 1 Trapper/Keeper
- ◇ 2 Highlighters

1st Grade

- ◇ #2 Pencils
- ◇ Crayons (24 – 48 Count)
- ◇ Erasers - Pencil Top and Large
- ◇ Scissors
- ◇ Large Pencil Box or Bag
- ◇ Crayola Markers
- ◇ 2 Boxes of Facial Tissue
- ◇ 1 Container Clorox Wipes
- ◇ Hand Sanitizer
- ◇ 4 Jumbo Glue Sticks
- ◇ 2 Folders with Pockets
- ◇ 1 Subject Wide Ruled Spiral Notebook
- ◇ Book Bag
- ◇ Non-Marking Gym Shoes
- ◇ Paint Shirt

Please label items you send with your child's name.

Please do not send personal pencil sharpeners as electric sharpeners are provided in the classroom.

4th Grade

- ◇ 1 Box Facial Tissue
- ◇ 3 Book Covers
- ◇ 1 Pencil Pouch
- ◇ Earbuds
- ◇ 12 - #2 Pencils
- ◇ 2 Blue or Black Pens
- ◇ 2 Notebooks
- ◇ Clorox Wipes
- ◇ Colored Pencils
- ◇ Erasers
- ◇ 1 Set of Water Colors
- ◇ 2 Highlighters

7th Grade

Social Studies

- ◇ 1 - 1/2" or 1" 3-Ring Binder
- ◇ 1 Package of 5 Tab Dividers



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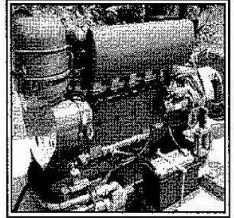
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