



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

August, 2020

Newsletter - August, 2020
Superintendent
Randy Kort

Welcome Back!!!!

The beginning of the school year is still as unexpected as the conclusion in the spring. In this edition of the newsletter, you will see our reopening plan for Meridian Public Schools. This plan has been created and reviewed with the cooperation of Public Health Solutions, KSB School Law, along with a group of parents, teachers, counselor and administration. Please understand this plan will be an ongoing and changing plan with continued work from Public Health Solutions, KSB, and directives from Nebraska Department of Education and state leaders.

So back to why we do all of this – the kids. We are working hard to get the students back into a routine and educational setting. We are planning the first day of school on August 19. This first day will consist of checking in with classes, updates and procedures to have a safe and healthy return to school. *Please be aware that we strongly recommend students and staff wear masks to maintain a healthy environment.* There is a scheduled 1:30 dismissal on the 19th. Regular dismissal at 3:42 on Thursday, the 20th, and 3:10 dismissal on Friday the 11th.

Fall sports teams will start conditioning on August 3rd, and practices will begin on August 10th. If your child has not been in contact with the coach, please reach out and let them know of your interest. If you are unable to contact them, please call the school and your information will be forwarded to the appropriate coach.

All **JUONR HIGH** and **FRESHMEN** will need sports physicals; students in grades 10 – 12, who had a sports physical last year, are exempt from the

NSAA required physical this school year. **ALL** parents and students do need to complete the NSAA consent form.

Please continue to watch our school web page, Facebook or Twitter for updates as we prepare to open. Information concerning open house, coaches meetings, and such may be changing; we will work hard to communicate any of those changes to the parents and students.

Please help Meridian welcome our new staff members: Holly Adam (1st Grade), John Adam (Business, Football Coach), Kelli Schoenbeck (Elementary Para), Mary Schropfer (Co-Head Volleyball Coach), Jane Zabokrtsky (3rd Grade). We are proud of the “family atmosphere” our school projects and would like to continue that wonderful tradition. Please help them to feel included in the Mustang community.

**BOARD OF EDUCATION
MERIDIAN PUBLIC
SCHOOLS
DISTRICT 48-0303
DAYKIN, NEBRASKA 68338
MONDAY, JULY 20, 2020**

**REGULAR JULY MEETING
7:00 P.M.:**

Meridian Public School Board of Education met on Monday, July 20, 2020, as per notice in the Fairbury Journal-News.

President Bartels called the meeting to order at 7:01 p.m. The open meetings law was presented.

Nothing new was added to the agenda.

Roll call was taken: Vorderstrasse-present, Sobotka-present, VanWesten-present, and Bartels Present. Also present were Superintendent Kort, Principal Scott, and Mrs. Meyer.

No comments were heard from the public.

Sobotka moved and VanWesten seconded to excuse Niederklein and Scheer from the meeting. Vote Taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

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

1. Minutes of the Monday, June 15, 2020 Regular Meeting
2. District Financial Report
3. Activity Fund Report
4. Hot Lunch Fund Report
5. Bills

Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

Principal Scott gave the Curriculum Report. Mr. Adam has set up an on-line personal finance course.

VanWesten moved and Vorderstrasse seconded to approve Randy Kort as Administrator of Federal and State Programs. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

VanWesten moved and Vorderstrasse seconded to approve the Annual Public Hearing on Student Fees. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

VanWesten moved and Sobotka seconded to approve the 2020-2021 Milk Price at 30 cents per carton. The price has remained the same for the last 5 years. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

Sobotka moved and VanWesten seconded to approve Policy 5416 Student Fees Policy. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.



Vorderstrasse moved and Sobotka seconded to approve Policy 6400 Parent Involvement Policy. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

Sobotka moved and VanWesten seconded to approve Policy 5415 Bullying Policy. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

VanWesten moved and Vorderstrasse seconded to approve Policy 5420 Dating Violence Policy. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

Discussion was held on the updates to the Student Handbook. The Elementary hand book is on a three-year cycle and had no changes at this time. If changes are needed due to COVID 19, addendums will be added to the Student Handbook and shared on media sources.

VanWesten moved and Vorderstrasse seconded to approve the Student Handbook 2020-2021. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

Discussion was held on the current Return to School Plan and the procedures and requirements of the different phases. The color-coded (green, yellow, orange, and red) plan for school operation reflects consultation with Public Health Solutions and our area color dial from Public Health. This plan helps address the academic plan, student and staff temperature checks, lunch and breakfast procedures, morning entrance routine for students, transportation, cleaning practices, communication in different phases, and extracurricular activities. The Board discussed the colored phases in which masks should be encouraged within the school and on the bus. It was emphasized this is a continuous working document that will continue to change throughout the school year in conjunction with Public Health Solutions, the School's legal team and the Nebraska Department of Education.



VanWesten moved and Vorderstrasse seconded to approve the current Back to School Plan. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

Discussion was held on the purchase of ChromeBooks for the Junior High. The current Junior High ChromeBooks will then be moved to the elementary. With the possibility of the need for remote learning this will ensure the lower elementary students have computers.

Sobotka moved and VanWesten seconded to approve the purchase of ChromeBooks for the Junior High. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

Principal Scott gave the Principal's Report.

1. There are no major changes in the student handbooks for this year. Any changes brought about by COVID-19 or other reasons will be added as an addendum and shared with stakeholders through multiple media sources.
2. We will be working to finalize class schedules this week. We are trying to add some additional classes in the high school and adapting the elementary schedule to match up for the teachers who teach at both levels.
3. Teacher in-service begins Friday, August 14. Students first day is Wednesday, August 19, with at 1:30 dismissal. Back to school bash is Friday, August 21.
4. Several camps are scheduled in the next few weeks. Grades 7-12 football will be July 28 - July 30. High School show choir will be August 3-5.

Superintendent Kort gave the Superintendent's Report.

1. Summer Projects – including painting of inside of school building, track improvement projects, greenhouse construction update, and building improvements.
2. Training for Teachers – including dating violence, concussion protocol, suicide prevention, vehicle safety and remote learning skill training if needed.

3. Community Weight Room Equipment Improvements
4. School Bus Grant Application
5. Concession Stand Operation
6. Concussion Protocol - Base Evaluation for Junior High Students

Next Regular Meeting was set for August 17, 2020 at 7:00 p.m.

Vorderstrasse moved and VanWesten seconded to adjourn at 8:28 p.m. Vote taken: Vorderstrasse-aye, Sobotka-aye, VanWesten-aye, Bartels-aye. Motion passed 4-0.

**J. Scott Sobotka,
Vice President
Meridian District #48-0303**



Welcome to the 2020-2021 school year! We are excited to have our students back in the classrooms. Hopefully, this will lend an air of normalcy to a very unusual beginning. What else could anyone expect from such an unpredictable year!?!?

There are no major changes in the student handbooks for this year. Any changes brought about by COVID-19 or other circumstances will be added as an addendum and shared with the public through multiple media sources. Please be patient as we are trying to stay current with changes. Sometimes a plan is devised and, before it can be implemented, changes need to be made.

Ms. Hermsmeier and I will be working to finalize class schedules in the days leading up to the new school year. We are trying to add some additional classes in the high school. The elementary schedule needs to be adapted to work efficiently for teachers who have classes in both elementary and secondary.

The 2020-2021 school year begins with teacher in-service starting on Friday, August 14. Students first day is Wednesday, August 19, with a 1:30 dismissal. The Back to School Bash is Friday, August 21.



Meridian will end the summer with several camps which are scheduled in the next few weeks. Junior High and High School football teams are holding a camp July 28 - July 30. High School show choir camp will be August 3-5. Both of these camps will be held at Meridian.



Welcome to August! School is just around the corner. After a crazy end to the school year, I hope that everyone has had a pleasant and relaxing summer.

7-12 REGISTRATION DAY:

Schedules will be mailed out the first week of August. One side will have the student's schedule and the other the school schedule, allowing students to see which class they would like to take. Drop/Add and New Student Registration is scheduled for Friday, August 14th, from 9 a.m. to 4 p.m. Students and parents can stop by during this time to enroll or make changes to an existing schedule. If you are planning on coming to the school, please be aware that we strongly recommend you wear a mask. If you need to schedule another time to meet, please call Ms. Hermsmeier or high school secretary, Kathy Houser. Students will also be able to drop and add the first week of school.

OPEN HOUSE:

Meridian will be hosting an "Open House" for ALL PreK-12 students on Monday, August 17, from 5:00-7:00 p.m. All students are encouraged to come to the school to visit their classrooms and meet (or get reacquainted with) their teachers. Elementary students can bring school supplies and high school students can find and organize their locker. Families can come and go as they wish during this time. If you are planning to attend, please be aware that we strongly recommend you wear a mask. I encourage ALL students and parents to take advantage of the Open House - establishing a positive parent-teacher-student relationship is an important part of the educational process! This is a great opportunity for 7th graders to come to school and get acquainted with their new teachers and the high school layout.

Since school was closed in March, we were unable to show upcoming 7th graders around as we usually do.

STATE ACT-SENIORS:

Seniors will have the opportunity to take the FREE ACT on Tuesday, September 22. This will not count as a state test score, but will be an ACT score for colleges. I encourage ALL seniors to take advantage of this as they were unable to take the test in April.

ACT - JUNIORS/SENIORS:

Incoming Juniors and Seniors: It's time to be thinking about the ACT! ACT has added dates for this upcoming fall. For those of you interested in taking the September ACT, note that you must register before school begins in August. Go to actstudent.org to register. For those in need of a fee waiver, contact Mrs. Kruse.

Seniors - for college admission and scholarships, December test is the last test most colleges will accept. Keep that in mind when thinking about taking the ACT, as you will want to give yourself time to retake the test if needed.

2020-2021 ACT National Test Dates:

Table with 2 columns: Test Date, Registration Deadline. Rows include dates from Sept 12, 2020 to June 12, 2021.

Questions/Concerns? Contact Lisa Hermsmeier at lhermsmeier@meridianmustangs.org or (402)446-7265 ext.1253

WELCOME...

Please welcome our new staff members:

John and Holly Adam:

John and Holly Adam have been married for 17 years and have 4 children. JD will be an 8th grader, Abby a 3rd grader, and Jack and Joe are twins and in preschool. They also have a lovable Golden Doodle named Gunner. This will be John's 23rd year

of teaching and coaching and Holly's 21st. John is originally from Hildreth, Nebraska, while Holly is from Watertown, South Dakota. As a family, the Adams enjoy camping, hunting, fishing, golfing, playing games, and watching football.

Kelli Schoenbeck:

I live in Western with my husband, Andy, and our two daughters Grace (5) and Addisyn (2), and our dog Diesel. In my free time, I enjoy spending time with family and friends, being outdoors and checking our cows. I'm a Meridian alumni, and I'm excited to join the Mustang family!

Mary Schropfer:

I have 34 combined years of teaching Business and Technology in 4 different schools. I am currently employed by Lincoln Northeast. I have been a head volleyball coach for 32 years (Tecumseh - 14 years; Lincoln Southwest - 17 years). I enjoy spending time with family and friends and traveling. Having been born and raised in Ohio, I am truly looking forward to being a part of the Meridian Community.

Jane Zabokrtsky:

Hello... Meridian Mustangs. My name is Jane Zabokrtsky, and I will be your new 3rd grade teacher. I was born and raised northwest of Fairbury and after college chose to return to Jefferson County and make this area my home. My family lives in Endicott, and my husband has a trucking business in Fairbury. I do not have the gift of superhuman powers, or any hidden special talents; however, I have been told on many occasions I am hardworking, patient and kind. I have taught for many years; and yet, I still look forward to learning new information each and every day. I look forward to meeting parents, students, and district patrons. I am so blessed and excited to be a part of the Mustang Family. I can't wait for the 2020-2021 School Year to begin. By working together, we can make this 2020-2021 School Year a positive experience for all.

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).
Most local clinics will schedule appointments by phone. You will need to let them know if your insurance is 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.

SAVE THE DATE

The 2020-2021 Meridian High School cheerleaders and dance team are hosting their annual golf tournament on September 20th, 2020. It will once again be at Hidden Hills Country

Club in Geneva with a start time of 9:00 a.m. Please plan to come and support our ladies.

Members of Meridian's Cheer and Dance Teams:

Seniors: Kezia Connealy, Delaney Homolka, Mo'Nae Moody, Kala Most

Juniors: Emilee Aldrich, Nylah Moody, Erika Schwisow

Sophomores: Ricci Cross, Kaylee Pribyl, Lana Santacroce, Schyler Schwisow

Freshmen: Tyleiah Gooding, Ashauna Davis, Peyton Norine de-Monbrun, Kymber Schwisow, Jaala Stewart, Evelyn Woitalewicz

Currently Scheduled, PLEASE CONTINUE TO CHECK OUR WEBSITE FOR CANCELLATION

ALL Meridian PreK-12 Students and Families

You're Invited to an

OPEN HOUSE

Monday, August 17, 2020

5:00-7:00 p.m.

Meridian Public School

***See your classrooms and bring school supplies**

***Visit with Administration and Teachers**

***FREE Meal 'To Go'**

***IF ATTENDING, WE STRONGLY RECOMMEND YOU WEAR A MASK**



Sponsored by M-PIE

Questions, Please Contact
402-446-7265



Meridian Public Schools

(Return-to-Learn Precautions for the 2020-221 School Year)

Meridian will follow the Directed Health Measure color and phases shown below to determine how we will conduct school.

GREEN - DHM Phase IV - Low Risk	YELLOW - DHM Phase III - Moderate Risk	ORANGE - DHM Phase II - Elevated Risk	RED - DHM Phase I - Significant Risk
*No confirmed cases in building *No Directed Health Measures that limit school capacity	*Confirmed case in building *Consultation with Health Department *Directed Health Measures *Governor or Commissioner of Education Guidance	*Confirmed case in building *Consultation with Health Department *Directed Health Measures *Governor or Commissioner of Education Guidance	*Confirmed case(s) in building *Consultation with Health Department *Directed Health Measures *Governor or Commissioner of Education Guidance

Listed below are the precautions that Meridian Public Schools will take to protect our students, staff, and parents.

SCHOOL OPERATION AND ACADEMIC PLAN

GREEN - DHM Phase IV - Low Risk	YELLOW - DHM Phase III - Moderate Risk	ORANGE - DHM Phase II - Elevated Risk	RED - DHM Phase I - Significant Risk
*School is operating as normal *School building is open *Masks will be encouraged but optional *Student seating will all be facing the same direction where possible *Classroom will be set up for the most optimal social distancing	*School is open for students *Increased social distancing in classrooms *Masks will be highly encouraged but optional *Limit activity outside of the classroom *Student seating will all be facing the same direction	*School is open for students *Restricted student contact during the school day *Masks must be worn on bus routes, during passing periods - parents would need to fill out Option Out Form if desired *Elementary specials teachers will come to the classrooms *Elementary students will receive instructional packets with computer access given to elementary students	*School building is closed *Remote learning for all students *Students will receive instruction from Zoom, YouTube, Google Classroom, and other online options *Elementary students will receive instructional packets with computer access given to elementary students

STUDENT/STAFF TEMPERATURE CHECKS

GREEN - DHM Phase IV - Low Risk	YELLOW - DHM Phase III - Moderate Risk	ORANGE - DHM Phase II - Elevated Risk	RED - DHM Phase I - Significant Risk
*Students with a 100° threshold will be sent home *Students must be temperature free two days before returning - without medicine *Tardy students will have their temperature taken in the office *Staff will take their temperature on their own - preferably at home	*Temperature checks will be taken upon arrival at school *Students with a 100° threshold will be sent home *Students must be temperature free for two days before returning - without medicine *Tardy students will have their temperature taken in the office *Staff will take their temperature on their own - preferably at home	*Temperature checks will be taken upon arrival at school *Students with a 100° temperature will be sent home *Students must be temperature free for two days before returning - without medicine *Tardy students will have their temperature taken in the office *Staff will take their temperature upon arrival at school	*Students and staff will be home

LUNCH AND BREAKFAST

GREEN - DHM Phase IV - Low Risk	YELLOW - DHM Phase III - Moderate Risk	ORANGE - DHM Phase II - Elevated Risk	RED - DHM Phase I - Significant Risk
*Breakfast will be served in the commons before school - students NOT eating will be asked to move to the gym and will stay with their immediate peers/classmates *Lunch will be served in the cafeteria using normal lunch periods with social distancing *No visitors at lunch during this time	*Breakfast will be served in the commons before school - students NOT eating will be asked to move to the gym and will stay with their immediate peers/classmates - increase social distancing *Secondary lunch will be divided into more sections to maximize space for social distancing *No visitors at lunch during this time	*Same as Yellow with the following exceptions *Elementary breakfast and lunch served in the classroom *No visitors at lunch during this time *Students must be temperature free for two days before returning - without medicine	*Breakfast and lunches will be prepared in bulk for families during this time for pick-up (instruction will be provided for meal preparation)

MORNING ENTRANCE ROUTINE FOR STUDENTS

GREEN - DHM Phase IV - Low Risk	YELLOW - DHM Phase III - Moderate Risk	ORANGE - DHM Phase II - Elevated Risk	RED - DHM Phase I - Significant Risk
*Students NOT eating will be asked to move to the gym and stay with their immediate peers/classmates in designated areas *Students arriving late must come through the office to get their temperature checked before going to class *Parents must wait outside the school building to drop off and pick up students	*Students entering will have their temperature scanned *Students NOT eating will be asked to move to the gym and stay with their immediate peers/classmates in designated areas *Students arriving late must come through the office to get their temperature checked before going to class *Parents must wait outside the school building to drop off and pick up students	*Same as Yellow with the following exceptions *Elementary students NOT eating will be asked to go to their classroom	*Students and staff will be home



TRANSPORTATION			
GREEN - DHIM Phase IV - Low Risk	YELLOW - DHIM Phase III - Moderate Risk	ORANGE - DHIM Phase II - Elevated Risk	RED - DHIM Phase I - Significant Risk
*Students with a 100° temperature will not be allowed to ride the bus to school *Seating assignments will be used to optimize social distancing *If doubling up in seats is necessary, students will sit with members of their family *Buses will be cleaned after every trip *Masks are optional but will be encouraged for all riders	*Same procedures as in Green	*Same procedures as in Yellow *Masks will be required *Parents would need to sign an Option Out Form excusing	*Students and staff will be home
CLEANING PROCEDURES			
GREEN - DHIM Phase IV - Low Risk	YELLOW - DHIM Phase III - Moderate Risk	ORANGE - DHIM Phase II - Elevated Risk	RED - DHIM Phase I - Significant Risk
*A cleaning schedule will be developed to make sure all common areas are cleaned throughout the day *Each classroom will have cleaning supplies to wipe down surfaces throughout the day *Signage will be placed all around the school and bathrooms to remind students about the importance of handwashing *Elementary students will take breaks to wash hands during the day *Students will not share materials with others *Hand sanitizer will be placed in classrooms *Students will be encouraged to bring their own water bottles during the day	*Same procedures as in Green *Continue deep cleaning in identified areas	*Same procedures as in Yellow	*Maintenance staff will be cleaning building while students and teachers are home
COMMUNICATION			
GREEN - DHIM Phase IV - Low Risk	YELLOW - DHIM Phase III - Moderate Risk	ORANGE - DHIM Phase II - Elevated Risk	RED - DHIM Phase I - Significant Risk
*Regular communication throughout our website, social media, monthly newsletter and all-call system *The school will be in contact with Public Health Solutions for directives and guidance *Continue communication throughout our website, social media, monthly newsletter and all-call system	*Communication of confirmed COVID case in the building will be sent out immediately by letter and by all-call system *The school will be in contact with Public Health Solutions for directives and guidance *The school will be in contact with Public Health Solutions for directives and guidance	*Communication of confirmed COVID case in the building will be sent out immediately by letter and by all-call system *The school will be in contact with Public Health Solutions for directives and guidance	*Will be in contact with parents and stakeholders as we transition to remote learning *Teachers will be in contact with students and parents through email
EXTRA CURRICULAR			
GREEN - DHIM Phase IV - Low Risk	YELLOW - DHIM Phase III - Moderate Risk	ORANGE - DHIM Phase II - Elevated Risk	RED - DHIM Phase I - Significant Risk
*Social distancing should be encouraged when possible *Each participant will have their own water bottle *Occupancy will be 75% for indoor and 100% for outdoor activities *Spectators will be encouraged to use hand sanitizer when entering to watch an activity *Spectators will be encouraged to wear a mask *Athletic equipment should be cleaned after every practice *NSAA guidelines will be followed in each risk zone	*Social distancing should be encouraged when possible *Each participant will have their own water bottle *Occupancy will be 50% for indoor and 100% for outdoor activities *Spectators will be encouraged to use hand sanitizer when entering to watch an activity *Spectators will be encouraged to wear a mask *Athletic equipment should be cleaned after every practice *NSAA guidelines will be followed in each risk zone	*Enforced social distancing will need to take place *Each participant will have their own water bottle *Occupancy will be 25% for indoor and 75% for outdoor activities *Spectators will be encouraged to use hand sanitizer when entering to watch an activity *Spectators will be encouraged to wear a mask *Athletic equipment should be cleaned after every practice *NSAA guidelines will be followed in each risk zone	*There must be a distance of 6 feet between participants *No gathering of 25 people at a time *NSAA guidelines will be followed



■ 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 ≥ 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?		



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: _____

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.



■ 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;
(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;
(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;
(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;
(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.

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.

Table with 8 columns: 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.

Table with 3 columns: Parent(s)/Guardian Printed Name(s)*, Parent/Guardian Signature, Date of Signature.

*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. Revised June 2020



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 _____ consents for the
release of the health and medical information contained herein to be released to _____
Name of Student Name of School

Signature _____ Printed Name/Relationship to Student _____ Date _____

Student Name	School	Grade
Student Address	Zip	Age
		Sex: <input type="checkbox"/> M <input type="checkbox"/> F

Physician Name _____

PHYSICAL FINDINGS (use back for comments or recommendations)

Height	Weight	Medical	Normal	Abnormal Findings
Blood Pressure	Pulse			
Urinalysis		Appearance	<input type="checkbox"/>	<input type="checkbox"/>
Hemoglobin/Hct		Eyes/ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>
Audiometric Screening Report		Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>
		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



Daykin Lumber Co.

DAYKIN, NE 68338

READY MIXED CONCRETE · BUILDING MATERIALS
ASTRO BUILDINGS · PRATT & LAMBERT PAINT
CONCRETE FEED BUNKS

PH. 402-446-7305
800-637-9711

daykinlumber@windstream.net



JONESGROUP

INSURANCE | FINANCIAL SERVICES

Damara Woitalewicz

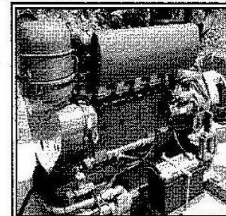
Agent/Customer Service Representative
402-223-5247

dwoitalewicz@jones-ins.com

601 N 6th St, Beatrice, NE 68310

Craig's Automotive

Sales & Service
Of All Makes & Models
Irrigation Engines



AUTO & AG
EQUIPMENT REPAIR

CRAIG BURKHART • 402-446-7435 • DAYKIN



Part of your Community
We care about our town - and we're invested in you!

First State Bank
www.1fsb.bank 877.303.9737 Member FDIC

Western Oil

Western, NE 68464
402-433-4156
402-300-1178



Sims Florist & Gifts

420 Fourth Street
Fairbury, NE 68352
402-729-5125



Amy Rains
Crop Insurance Agent
CNCS

305 Tullis Ave
Daykin, NE 68338

Mobile: 402.228.6255

Heartland Bank

MyHeartland.Bank | Member FDIC

P.O. Box 220
Daykin, NE 68338

Phone: 402-446-7233

Fax: 402-446-7234

Diode TECHNOLOGIES

- Home Automation
- Business Telephone Systems
- Surveillance
- Security
- Access Control
- Audio/Video

DIODETECH.NET
(402) 793-5124



Milligan Insurance Agency, Inc.
P.O. Box 248

MILLIGAN NE 68406

402-629-4531

