HAZEL PARK JR. HIGH Patriots

Family Newsletter

October 31, 2025

HELLO HPJH FAMILIES!
Wow! The Halloween Dance was amazing! Thank you to our student council groups and their amazing teacher leaders for putting on such a great event!

EDUCATIONAL BENEFITS FORMS
We have many families that have not completed the Educational Benefits forms. This is a very important document that some of our funding is based on. Please watch for an email or phone call from the Junior High so we can get these done as soon as possible.

APPOINTMENTS PLEASE
We are more than happy to meet with parents and guardians but we are not always available if you pop in without an appointment. You are welcome to give the school a call and schedule a day and time. 248-658-2300.

GOT SUPPLIES?
Please check with your child to see if they need any school supplies such as pencils, gluesticks, notebooks or folders. If you would like to donate tissue or disinfecting wipes for classrooms and office, they would be greatly appreciated.

PARENT PORTAL
Please make sure your parent portal contact information is up to date and provides multiple contacts whenever possible. In case there is an emergency, we need to be able to get a hold of someone right away.

PARENT VOLUNTEERS
If you would like to volunteer or be part of a parent group for the middle school, please reach out to me, Sheila O'Kane, at sheila.okane@myhpsd.org. Please put PARENT VOLUNTEER in the subject area.

CHEERLEADING TRYOUTS

Cheerleading tryouts are November 17, 18 and 21st from 3:00-6:00. Students must have their physical form turned in BEFORE tryouts. Students can pick up that form in the office. The Physical form is below. An immunization record is not needed. A flyer will be available soon!

BASKETBALL TRYOUTS

Basketball tryouts are November 17-19, from 3:00-5:00. Students must have their physical form turned in BEFORE tryouts. Students can pick up that form in the office. The Physical form is below. An immunization record is not needed. See the Basketball Tryouts flyer below!

DISMISSAL TIME

Just a friendly reminder that dismissal is at 2:55. Adults need to pick up promptly each day. There are many students hanging out in front of the school for up to 45 minutes waiting for their ride. Let's keep our students safe and pick up on time.

STUDENTS AFTER SCHOOL

Parents and guardians, please make sure your students know that they need to walk directly home when school is dismissed. They may not hang out at the school, Scout Park or Taco Bell.

CURRENT AND UPCOMING AFTER-SCHOOL CLUBS AND ACTIVITIES

- CHEER LEADING TRYOUTS
  - November 17, 18, 21 - you will need a physical!
- BASKETBALL TRYOUTS
  - November 17-19; 3:00;5:00 - you will need a physical!
- HOMEWORK CLUB
  - Homework club starts Tuesday, October 14! Students will meet in Room 105 from 3:00-4:00. Two teachers will be there to help students with their work.
- LIBRARY CLUB
  - This club meets every other Tuesday. They meet in the cafeteria after school and walk over to the Hazel Park Library. Parents pick up at the library at 4:15. For more information, your child can seek out Ms. London, in Pod A. The dates are listed in the flyer below.

DATES TO REMEMBER!

Here are some important dates to get on your calendar!

11-4-25		NO SCHOOL - Institute Day
11-12-25	6:00-7:30	STEM Night
11-13-25	Until 7:00	Half Day for Students, Conferences
11-26-25		NO SCHOOL
11-27 thru 11-30		Thanksgiving Break
12-15 thru 12-18		Spirit Week
12-19-25	7:55-11:05	Half Day
12-20 thru 1-4		Holiday Break
1-5-26		School Resumes

Sincerely,
Dr. Julie Kaminski, Sheila O'Kane, Ed.S., Bobby Kiger

HELPFUL LINKS

Hazel Park Junior High School Calendar, 2025/2026

Hazel Park Junior High School website

Hazel Park Schools Student Handbook, 2025/2026

Hazel Park Vikings Gear

Hazel Park Junior High School Gear

Hazel Park Jr High
6th, 7th & 8th Grade
BASKETBALL
Tryouts!!!

November
17th-19th
3pm-5pm

GO PATRIOTS

*MUST HAVE A
PHYSICAL BEFORE TRYOUTS*

MEDICAL HISTORY: Completed by Parent or Guardian or 18-Year-Old

MHSAA michigan high school athletic association

Student Name: _____ Date of Birth: _____

Doctor: _____ Doctor's Phone: _____ Date of Exam: _____

- GENERAL QUESTIONS	Y	N
Has a doctor ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical conditions? If so, please identify below:		
☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:		
Have you ever spent the night in the hospital or have you ever had surgery?		
Do you have any concerns that you would like to discuss with a doctor?		
- HEART HEALTH QUESTIONS ABOUT YOU	**Y**	**N**
Have you ever passed out or nearly passed out DURING or AFTER exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? Check all that apply:		
☐ High blood pressure ☐ Heart murmur ☐ Heart infection ☐ High cholesterol		
☐ Kawasaki disease ☐ Other:		
Has a doctor ordered a test for your heart? (example, ECG/EKG, echocardiogram)		
Do you get lightheaded or feel more short of breath than expected during exercise?		
Do you have a history of seizure disorder or had an unexplained seizure? Fainting?		
Do you get more tired or short of breath more quickly than your friends during exercise?		
- HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Y**	**N**
Has anyone in your family had a pacemaker or implanted defibrillator before age 35?		
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)?		
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)?		
- BONE AND JOINT QUESTIONS	**Y**	**N**
Have you ever had an injury to a bone, muscle, ligament or tendon that caused you to miss a practice or a game?		
Have you ever had any broken or fractured bones, dislocated joints or stress fracture?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
Do you regularly use a brace, orthotics or other assistive device?		
Do you have a bone, muscle or joint injury that bothers you?		
Do any of your joints become painful, swollen, feel warm or look red?		
Do you have any history of juvenile arthritis or connective tissue disease?		
Have you ever had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?		

- MEDICAL QUESTIONS	Y	N
Do you cough, wheeze or have difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medicine?		
Is there anyone in your family who has asthma?		
Were you born without, or missing a kidney, eye, testicle (males), spleen or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Do you have headaches or get frequent muscle cramps when exercising?		
Have you ever become ill while exercising in the heat?		
Do you or someone in your family have sickle cell trait or disease?		
Have you had any problems with your eyes or vision or any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eyewear such as goggles or a face shield?		
Immunization History: Are you missing any recommended vaccines?		
Do you have any allergies?		
Have you ever had a head injury or concussion?		
Have you ever received a blow to the head that caused confusion, prolonged headache or memory problems?		
Have you ever had numbness, tingling, weakness or inability to move your arms or legs after being hit or falling?		
Have you ever had an eating disorder?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
- FEMALES ONLY (Optional)	**Y**	**N**
Have you ever had a menstrual period?		
If "YES", When was your most recent menstrual period?		
How old were you when you had your first menstrual period?		
How many periods have you had in the last 12 months?		

CURRENT-YEAR PHYSICAL = GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Please explain any "YES" answers: _____

PHYSICAL EXAMINATION & MEDICAL CLEARANCE: Completed by MD, DO, PA or NP - RETURN DIRECTLY TO PATIENT

EXAMINATION: Height: Weight: ☐ Male ☐ Female BP: / Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N

MEDICAL	NORMAL	ABNORMAL	MUSCULOSKELETAL	NORMAL	ABNORMAL
Appearance: Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			Neck		
Eyes/Ears/Nose/Throat: Pupils Equal Hearing			Back		
Lymph nodes			Shoulder/Arm		
Heart: Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI)			Elbow/Forearm		
Pulses: Simultaneous femoral and radial pulses			Wrist/Hand/Fingers		
Lungs			Hip/Thigh		
Abdomen			Knee		
Genitourinary (males only)			Leg/Ankle		
Skin: HSV: Lesions suggestive of MRSA, tinea corporis			Foot/Toes		
Neurologic			Functional Duck Walk		

RECOMMENDATIONS: _____

I certify that I have examined the above student and recommend him/her as being able to compete in supervised athletic activities except: _____

EXAMINER

Name of Examiner (print/type): _____ Date: _____

Signature of Examiner: _____ (Check One): ☐ MD ☐ DO ☐ PA ☐ NP

- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -

EMERGENCY INFORMATION: COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

Student: _____ Grade: _____ Doctor: _____ Phone: (_____)_____

IN EMERGENCY (1): _____ Home #: (_____)_____ Cell #: (_____)_____

IN EMERGENCY (2): _____ Home #: (_____)_____ Cell #: (_____)_____

Drug Reactions: _____ Current Medications: _____

Allergies: _____

FORM A: SEPT-22-23

PRE-PARTICIPATION PHYSICAL - CONSENT - INSURANCE

Shaded headline areas are to be completed by student, parent/guardian or 18-year-old

There are **FOUR** (4) signatures on this page ④ to be completed by student, parent/guardian and/or 18-year-old

A CURRENT-YEAR PHYSICAL IS ONE GIVEN ON OR AFTER APRIL 15 OF THE PREVIOUS SCHOOL YEAR

Student Name: _____
LAST FIRST MIDDLE INITIAL

Student Address: _____
STREET CITY ZIP

Sex: ☐ M ☐ F Age: _____ Date of Birth: _____ Place of Birth (City/State): _____

School: _____ Circle Grade: 6 7 8 9 10 11 12

Parent/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Parent/Guardian Name: _____

Phone (home): _____ (work): _____ (cell): _____

Email Address: Parent/Guardian/18-Year-Old: _____

STUDENT PARTICIPATION & PARENT or GUARDIAN or 18-YEAR-OLD CONSENT

The information submitted herein is truthful to the best of my knowledge. By my/my child's signature below, **I/we acknowledge that I/we have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.**

Further, in consideration of my/my child's participation in MHSAA-sponsored athletics, I/we do hereby agree, understand, appreciate, and acknowledge: **that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I/we assume;** and that I/we agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against the MHSAA, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my/my child's participation in an MHSAA-sponsored sport.

I/we understand that I am/we are expected to adhere firmly to all established athletic policies of my school district and the MHSAA. I/we hereby give my consent for the above student to engage in interscholastic athletics and for the disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics. My child has my permission to accompany the team as a member on its out-of-town trips.

① Signature of **STUDENT**: _____ Date: _____

② Signature of **PARENT** or **GUARDIAN** or **18-YEAR-OLD**: _____ Date: _____

INSURANCE STATEMENT

Our son/daughter will comply with the specific insurance regulations of the school district.

The student-athlete has health insurance: ☐ YES ☐ NO

If YES, Family Insurance Co: _____ Insurance ID #: _____

Additionally, I hereby state that, to the best of my knowledge, my answers to the medical history questions (see reverse) are complete and correct.

③ Signature of **PARENT** or **GUARDIAN** or **18-YEAR-OLD**: _____ Date: _____

- (DETACH HERE IF NEEDED TO ACCOMPANY STUDENT-ATHLETE) -

MEDICAL TREATMENT CONSENT COMPLETED BY PARENT or GUARDIAN or 18-YEAR-OLD

I, _____, an 18-year-old, or the parent or guardian of _____, recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

④ Signature of PARENT or GUARDIAN or 18-YEAR-OLD: _____ Date: _____

Library Club

Permission Slip

Who
All HPJH Students

What
Visit the library with other HPJH students, chaperoned by Ms. London (6th grade English teacher) to read, study, and more!

When
Every other Tuesday (*some exceptions), 3:00 PM - 4:15 PM
Club leaves from Junior High at 3:05 PM

(Sep 23, Oct 7, Oct 21, Nov 11, Nov 25, *Dec 9, *Dec 16, Jan 6, Jan 20, Feb 3, Feb 24, Mar 10, Mar 24, Apr 7, Apr 21, May 5, May 19, June 2)

Where
Meet in the HPJH cafeteria at 3:00 PM and walk 0.3 miles with Library Club to the Hazel Park District Library (123 E 9 Mile Rd, Hazel Park, MI 48030)

Need a Library Card?
Complete the attached Library Card application. It must be filled out neatly and include a parent/guardian's Driver's License Number. Yes, School of Choice students are eligible for a library card!

- Books, including
  - eBooks
  - Audio books
- Movies and TV Shows
  - DVDs
  - Downloadable content
- Downloadable music and CDs
- Library of Things, including
  - Drones
  - STEAM kits
- Maker's Space, including
  - 3D Printers
  - 3D Scanners
  - Crikut machine
- Podcasting, vlogging, and video production space
- Historical newspapers
- Quiet study-pods
- Computers and internet access

Please detach the following permission slip and return to the Main Office or Ms. London in Room 105

Hazel Park Junior High
Library Club Permission Slip

Name _____ Grade _____

Parent/Guardian Name _____

Parent/Guardian Phone Number _____

Following meetings (at 4:15 PM), my student will be

_____ Picked up from the **Hazel Park District Library**, NOT Hazel Park Junior High

_____ Walking to their next location

Parent/Guardian Signature _____ Date _____

BUILD UP THE PARK
A PARENT SERIES
2025-2026

Join us for Build Up the Park, a district-wide parent series open to all Hazel Park Schools families! Each event includes dinner and free childcare, so you can relax, connect, and participate fully. We're excited to host this year's events, offering support, resources, and connection for families across the district. Two of our featured events—Choose Your Own Adventure and Hometown Huddle—are specially designed for children and parents to enjoy together. We can't wait to see you there!

Aug. 28, 2025, 5 to 6:30 PM @ High School
Hometown Huddle

Sept. 23, 2025, 6 to 7:30 PM @ Junior High
Choose your own Adventure

Oct. 7, 2025, 5:30 to 7 PM @ Webb
Family First: Tools to help Students thrive

Nov. 20, 2025, 5:30-7 PM @ United Oaks
Dinner and Data

Dec. 9, 2025 5:30 to 7 PM @ Hoover
Cocoa & Conversation

Jan. 13, 2026, 5:30 to 7 PM @ Webb
Navigating Tech & Child Wellness

Feb. 7, 2026, 11 am to 2 PM @ Junior High
Family Resource fair and Chili Cookoff

March 24, 2026, 5:30 to 7 PM @ United Oaks
Dinner and Data

April 21, 2026, 5:30 to 7 PM @ TBD
From Here to Hired

May 12, 2026, 5:30 to 7 PM @ Hoover
Safe at Home