

Ewing High School Athletics



Blue Devils

ATHLETIC PARTICIPATION PACKET

PLEASE READ ALL INSTRUCTIONS PRIOR TO COMPLETING THIS PACKET

ALL student athletes must get a new physical every **365 days** on the STATE/PRSD forms. Once their physical is more than 365 days old they become **INELIGIBLE** for athletics.

WHICH FORMS DO I NEED???

THE PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM MUST BE COMPLETED IF:

- 1) You wish to participate or tryout for a school sport and you have not fill out a full packet for the current school year. The entire packet must be completed.
- 2) You are taking your child to your own physician for their physical (a note from your doctor will not be acceptable)

THE HEALTH HISTORY UPDATE QUESTIONNAIRE MUST BE COMPLETED IF:

- 1) You completed a full physical packet and received a physical for one sport this current school year, and you are trying out for your 2nd or 3rd sport of the school year.

COMPLETED FORMS SHOULD BE TURNED IN TO THE NURSE

Forms that are required to be returned are:

- Physical Forms (Pages 1-4) or Health History Form (Page 5)
- Athletic Emergency Form (Page 6)
- Permission to Engage in Athletics (Page 7)
- Athletic Forms Acknowledgement Signature Page (Page 8)

Parents should keep the pages containing the NJSIAA Steroid Testing Policy and Concussion Information, Sudden Cardiac Death, Code of Ethics, Student Athlete Contract, and Parents Code of Conduct for their records – Do Not Return these pages with the permission and physical packet

Incomplete Sports Packets

The examining health care provider must complete the pre-participation physical evaluation form in its entirety. This includes the vision screening and the medical care provider's stamp(MD, APN, or PA). All incomplete forms will be returned to the student/ parent, thus preventing the student from participating in their sport.

Information about Athletic Injuries

Whenever a student is injured and requires a physician's note, he / she shall not be permitted to practice or take part in athletics until he / she has received a release form the treating medical care provider. This release must be placed on file in the Nurse's office and Athletic Trainer's office. The ATC and the school nurse must be notified of any injuries within 24 hours of the injury.

Timeline for Fall – Winter – Spring Sports

For season dates for Fall, Winter, and Spring Sports go to the Athletic Page on the Ewing Schools Web site:

<http://www.ewing.k12.nj.us/domain/49>

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

| GENERAL QUESTIONS | Yes | No | MEDICAL QUESTIONS | Yes | No |
|--|------------|-----------|---|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | | 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____ | | | 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 3. Have you ever spent the night in the hospital? | | | 28. Is there anyone in your family who has asthma? | | |
| 4. Have you ever had surgery? | | | 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No | 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | | 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | | 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | | 33. Have you had a herpes or MRSA skin infection? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____ | | | 34. Have you ever had a head injury or concussion? | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | | 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | | 36. Do you have a history of seizure disorder? | | |
| 11. Have you ever had an unexplained seizure? | | | 37. Do you have headaches with exercise? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | | 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No | 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | | 40. Have you ever become ill while exercising in the heat? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | | 41. Do you get frequent muscle cramps when exercising? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | | 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | | 43. Have you had any problems with your eyes or vision? | | |
| BONE AND JOINT QUESTIONS | Yes | No | 44. Have you had any eye injuries? | | |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | | 45. Do you wear glasses or contact lenses? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | | 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | | 47. Do you worry about your weight? | | |
| 20. Have you ever had a stress fracture? | | | 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | | 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | | 50. Have you ever had an eating disorder? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | | 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | | FEMALES ONLY | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | | 52. Have you ever had a menstrual period? | | |
| | | | 53. How old were you when you had your first menstrual period? | | |
| | | | 54. How many periods have you had in the last 12 months? | | |

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

| | | |
|--|------------|-----------|
| 1. Type of disability | | |
| 2. Date of disability | | |
| 3. Classification (if available) | | |
| 4. Cause of disability (birth, disease, accident/trauma, other) | | |
| 5. List the sports you are interested in playing | | |
| | Yes | No |
| 6. Do you regularly use a brace, assistive device, or prosthetic? | | |
| 7. Do you use any special brace or assistive device for sports? | | |
| 8. Do you have any rashes, pressure sores, or any 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 with 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 if you have ever had any of the following.

| | Yes | No |
|---|------------|-----------|
| Atlantoaxial instability | | |
| 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 above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

| EXAMINATION | | |
|---|--------------|--|
| Height _____ | Weight _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| BP _____ / _____ (_____ / _____) | Pulse _____ | Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS |
| Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | |
| Eyes/ears/nose/throat • Pupils equal • Hearing | | |
| Lymph nodes | | |
| Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) | | |
| Pulses • Simultaneous femoral and radial pulses | | |
| Lungs | | |
| Abdomen | | |
| Genitourinary (males only) ^b | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | |
| Neurologic ^c | | |
| MUSCULOSKELETAL | | |
| Neck | | |
| Back | | |
| Shoulder/arm | | |
| Elbow/forearm | | |
| Wrist/hand/fingers | | |
| Hip/thigh | | |
| Knee | | |
| Leg/ankle | | |
| Foot/toes | | |
| Functional • Duck-walk, single leg hop | | |

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction
 Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared
 Pending further evaluation
 For any sports
 For certain sports _____
Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is 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 clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes _____ No _____
If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes _____ No _____
If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes _____ No _____
If yes, describe in detail _____

4. Fainted or "blacked out?" Yes _____ No _____
If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes _____ No _____
If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes _____ No _____

7. Been hospitalized or had to go to the emergency room? Yes _____ No _____
If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes _____

9. Started or stopped taking any over-the-counter or prescribed medications? Yes _____ No _____
If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____



Dear Parent/Guardian,

Participation in competitive sports places the athlete in a situation in which an injury is likely to occur. I personally feel that our athletes have every right to expect that their health and safety be kept as the highest of priorities. Time becomes the critical factor, and assistance to the injured individual must not only be based on knowledge of what to do and how to do it, but also on how to perform effective aid immediately. Arrangements regarding transportation, logistics, billing procedures and appropriate contact made, be fore having to deal with an injury, help expedite emergency care and lessen the injured athlete's and your frustration and concern. With this in mind, please complete the form below and **return with the physical/permission forms as soon as possible.**

If you ever have any questions or concerns, please do not hesitate to contact me.

Professionally yours,

David Csillan, MS, ATC/L
Certified Athletic Trainer

ATHLETIC EMERGENCY CARD

Sport _____

Name: _____
Last First MI

Incase of emergency, the hospital that my child should be sent to is:

EMERGENCY HOSPITAL PREFERENCE: _____ Family Physician _____

After 2:00 PM, the phone number I can be reached at is: _____

MOTHER/GUARDIAN: _____ FATHER/GUARDIAN _____

Please list any medications and/or allergies:

I know that if I will be out of town I must notify the certified athletic trainer as to a responsible person to call in case of injury. By this signature I give my consent to allow the certified athletic trainer and other health care provider(s) to provide treatment to any injury received while participating in athletics for his/her school during the school year covered by this form. I further consent to allow said certified athletic trainer or health care provider(s) to share appropriate information concerning any information that is relevant to his/her participation with coaches and other school personnel as deemed necessary.

Ewing High School Athletics



Blue Devils

PERMISSION TO ENGAGE IN ATHLETICS

Student's Name _____ I.D.# _____ Grade _____

TO THE PARENT/GUARDIAN:

Your child wishes to try for a place on the team representing the school in the following athletic program: _____. If he/she has your permission to engage in the above noted sport, please fill out the questionnaire, sign the statement and return this form with the physical forms.

Was a physical examination given to your child in school this year? ___Yes ___No

If so, for what reason? ___Sport Physical ___Routine Physical ___Other

Is your child covered by health and accident insurance? ___Yes ___No

If so please give the name of your insurance company: _____

TO THE PRINCIPAL:

I hereby consent to the participation of my child in athletics and concussion baseline testing conducted by the school authorities and to his/her participation in the games with other schools as a member of the team. I shall assume all responsibility and expense not covered by my insurance and the school's athletic insurance for any injury received by my child while in practice or participating in any game or travel to and from game.

Realizing that such activity involves the potential for injury which is inherent in all sports, I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I/we have read and understand this warning.

I do hereby release and hold harmless the said school doctors, the Ewing Township Board of Education, the administration officials, teachers, school nurse, coaches and staff, or their representatives, from any and all suits, damages and demands arising out of any injuries sustained or suffered by my child while engaged in the athletic activity.

I have completed in full and understand the reverse side of this form and attest to its accuracy.

PLEASE COMPLETE AND SIGN BOTH PAGES OF THIS FORM

(Date)

(Signature of Parent/Guardian)

Ewing High School Athletics



Blue Devils

ATHLETIC FORMS ACKNOWLEDGEMENT SIGNATURE PAGE

I _____ (print name) am acknowledging that I have read the following forms that inform me of the safety and well-being of my child as it pertains to athletics at Ewing High School.

By signing this form, I confirm that I have read and reviewed the information below with my child. We agree to abide by these policies as a member of a Ewing Township Schools Athletic Team. We understand that non-compliance may warrant dismissal from the team at any time based on the discretion of the coach and/or administration.

1. The NJSIAA Steroid Testing Policy
2. The Sports Related Concussion and Head Injury Fact Sheet
3. The Sudden Cardiac Death in Young Athletics
4. Code of Ethics and Guidelines for Athletes
5. Ewing Student Athlete Contract
6. Parent Code of Conduct

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

Sport

Boys Girls
(Please circle one)

Grade



NJSIAA STEROID TESTING POLICY AND PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT FORMS

NJSIAA STEROID TESTING POLICY CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

NJSIAA Banned-Drug Classes 2012 - 2013

The term “related compounds” comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U. S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. **The use of supplements is at the student-athlete’s own risk.** Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

(a) Stimulants

Amiphenazole
amphetamine
bemigrade
benzphetamine
bromantan
caffeine¹ (guarana)
chlorphentermine
cocaine
cropropamide
crothetamide
diethylpropion
dimethylamphetamine
doxapram
ephedrine
(ephedra, ma huang)
ethamivan
ethylamphetamine
fencamfamine
meclofenoxate
methamphetamine
methylenedioxymethamphetamine
(MDMA, ecstasy)
methylphenidate
nikethamide
pemoline
pentetrazol
phendimetrazine
phenmetrazine
phentermine
phenylpropanolamine
picrotoxine
pipradol
prolintane
strychnine
synephrine
(citrus aurantium, zhi shi, bitter
orange)
and related compounds

(b) Anabolic Agents

anabolic steroids
androstenediol
androstenedione
boldenone
clostebol
dehydrochloromethyl-
testosterone
dehydroepiandro-
sterone (DHEA)
dihydrotestosterone (DHT)
dromostanolone
epitrenbolone
fluoxymesterone
gestrinone
mesterolone
methandienone
methenolone
methyltestosterone
nandrolone
norandrostenediol
norandrostenedione
norethandrolone
oxandrolone
oxymesterone
oxymetholone
stanozolol
testosterone²
tetrahydrogestrinone
(THG)
trenbolone
and related compounds

other anabolic agents

(c) Diuretics

acetazolamide
bendroflumethiazide
benzhiazide
bumetanide
chlorothiazide
chlorthalidone
ethacrynic acid
flumethiazide
furosemide
hydrochlorothiazide
hydroflumenthiazide
methyclothiazide
metolazone
polythiazide
quinethazone
spironolactone
triamterene
trichlormethiazide
and related compounds

(d) Peptide Hormones & Analogues:

corticotrophin (ACTH)
human chorionic gonadotrophin (hCG)
leutenizing hormone (LH)
growth hormone (HGH, somatotrophin)
insulin like growth hormone (IGF-1)

**All the respective releasing factors
of the above-mentioned substances
also are banned:**
erythropoietin (EPO)
darbypoetin
sermorelin

(e) Definitions of positive depends on the following:

1 for caffeine – if the concentration in urine exceeds 15 micrograms/ml

2 for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.



NJSIAA PARENT/GUARDIAN CONCUSSION POLICY ACKNOWLEDGMENT FORM

In order to help protect the student athletes of New Jersey, the NJSIAA has mandated that all athletes, parents/guardians and coaches follow the NJSIAA Concussion Policy.

A concussion is a brain injury and all brain injuries are serious. They may be caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or bump on the head could be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

| |
|---|
| Symptoms may include one or more of the following: |
|---|

- | |
|--|
| <ol style="list-style-type: none">1. Headache2. Nausea/vomiting3. Balance problems or dizziness4. Double vision or changes in vision5. Sensitivity to light or sound/noise6. Feeling of sluggishness or fogginess7. Difficulty with concentration, short-term memory, and/or confusion8. Irritability or agitation9. Depression or anxiety10. Sleep Disturbance |
|--|

| |
|--|
| Signs observed by teammates, parents and coaches include: |
|--|

- | |
|---|
| <ol style="list-style-type: none">1. Appears dazed, stunned, or disoriented2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)3. Exhibits difficulties with balance or coordination4. Answers questions slowly or inaccurately5. Loses consciousness6. Demonstrates behavior or personality changes7. Is unable to recall events prior to or after the hit |
|---|

What can happen if my child/player keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athletes' safety.

If you think your child/player has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours.

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete receives written clearance from a physician trained in the evaluation and management of concussions that states the student athlete is asymptomatic at rest and may begin the graduated return to play protocol. The graduated return to play protocol is a series of six steps, the first being a completion of a full day of normal cognitive activities without re-emergence of symptoms.

Day 2: light aerobic exercise, keeping the student's heart rate <70% max

Day 3: sport specific exercises: running, etc. No head impact activities.

Day 4: non-contact training drills such as passing, shooting. Some progressive resistance training.

Day 5: normal training/practice activities, following medical clearance.

Day 6: return to play involving normal game exertion or game activity.

You should also inform your child's Coach, Athletic Trainer (ATC), and/or Athletic Director, if you think that your child/player may have a concussion. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports>

<http://www.nfhslearn.com>

Website Resources

- Sudden Death in Athletes at; www.suddendeathathletes.org
- Hypertrophic Cardiomyopathy Association www.4hcm.org
- American Heart Association www.heart.org

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Sudden Cardiac Death in Young Athletes



The Basic Facts on Sudden Cardiac Death in Young Athletes

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



New Jersey Chapter

American Heart Association

Learn and Live

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?

What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise *without trauma*. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping

blood to the brain and body. This is called *ventricular fibrillation* (*ven-TRICK-you-lar fib-roo-LAY-shun*). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is *hypertrophic cardiomyopathy* (*hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee*) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is *congenital* (*con-JEN-it-al*) (i.e., present from birth) *abnormalities of the coronary arteries*. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called “coronary artery disease,” which may lead to a heart attack).

Other diseases of the heart that can lead to sudden death in young people include:

- *Myocarditis* (*my-oh-car-DIE-tis*), an acute inflammation of the heart muscle (usually due to a virus).

- *Dilated cardiomyopathy*, an enlargement of the heart for unknown reasons.
- *Long QT syndrome* and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- *Marfan syndrome*, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.



Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress or being startled
- Dizziness or lightheadedness, especially during exertion
- Chest pains, at rest or during exertion

- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation
- Fatigue or tiring more quickly than peers
- Being unable to keep up with friends due to shortness of breath

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Annual Athletic Pre-Participation Physical Examination Form.

This process begins with the parents and student-athletes answering questions about *symptoms* during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about *family health history*.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for



each exam because it is so *essential to identify those at risk for sudden cardiac death*.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.



When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

The American Academy of Pediatrics/New Jersey Chapter recommends that schools:

- Have an AED available at every sports event (three minutes total time to reach and return with the AED)
- Have personnel available who are trained in AED use present at practices and games.
- Have coaches and athletic trainers trained in basic life support techniques (CPR)
- Call 911 immediately while someone is retrieving the AED.

CODE OF ETHICS AND GUIDELINES FOR ATHLETES

1. To welcome the privileges of being an athlete but sincerely assume the responsibilities and obligations that go with it.
2. To know and practice correct health and training routines such as attaining and maintaining good physical conditioning, proper eating and sleeping habits, and avoid tobacco, alcohol and drugs.
3. To agree that "studies" come first – athletics, as important as they may be, are but a part of the educational process. In order to participate in competitive athletics, students in grades 6-12 must earn a C average (70% - Ewing High, 2.0 – Fisher) in 25 credits of work during the first semester for participation in spring sports; and for the final grades of the previous year for participation in fall and winter sports.
4. To strive always to be a positive example and representative of our school and community in appearance, conduct and performance.
5. To avoid "cliques" or "special groups" which are operating under selfish motives rather than for the good of the team, school, and community.
6. To respect the role of the parent, teachers, teammates, coaches, officials, students, and opponents in your daily life.
7. If an athlete or manager is tardy to school and does not report by 8:01 AM, he/she cannot practice or play that day, or evening. Exceptions are at the discretion of the Principal or designee.
8. If an athlete fails to participate in his/her scheduled physical education class he/she may not participate in practices, scrimmages or games that day or evening.
9. If a team associated student is found to use cigarettes or other tobacco products, including the chewing of tobacco or tobacco related substances, he/she will be suspended from the squad for one calendar week, or three games, whichever occurs first, for the first offense; on the second offense, for the season.
 - a. On the first offense, the parent/guardians of the athlete will be informed by mail that if a second offense occurs, it will result in his/her dismissal for the season.
 - b. The athlete must return the above letter to the coach, signed by the parent/guardian before he/she is reinstated to the squad. This letter will be filed in the Athletic Director's office.
10. If a student is found to use, or is in possession of alcoholic beverages, drugs, or weapons (excluding firearms-see #11):
 - a. **First offense:** Any student found to use and/or is in possession of alcoholic beverages, weapons, or illegal substances (excluding tobacco products – see policy #9) will be excluded from all school activities for 30 school days upon his/her return from the mandatory 10 day school suspension. It is important to note that "school days" do not include weekends, vacation periods, or holidays.
 - b. **Second Offense:** Student is ineligible for all sports for one calendar year from the date of the second offense.

The Ewing Public Schools

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11. If a team-associated student is directly involved in creating or maintaining a disorder, fight, or riot prior to, during, or after an athletic activity, which results in suspension from school, he/she will also be suspended from all sports for one calendar year. Police notification may occur if warranted. Students placed in alternative programs for possession of firearms will also be suspended from sports for one calendar year.
12. If a team-associated student is suspended from school for habitual lateness, disrespect for a teacher, etc., he/she will not be permitted to practice or play during the period of suspension. Suspension ends at Midnight of the last day of suspension —this includes ISS at Fisher School.
13. If a team-associated student has detention, after serving the required time, he/she will then report to the coach and the coach will determine the additional practice.
14. If a team-associated student is late to practice because of make-up work to help, he/she must bring a note from his/her teacher with the time he/she was dismissed.
15. If a team-associated student is caught stealing equipment, money, valuables, etc., or is involved in vandalism, and defacing or destruction of property: A conference with the student, coach, Athletic Director, and/or the Principal will occur, followed by parental notification, and the suspension of privileges stated as follows:
 - a. **First Offense:** He/she is ineligible from all athletic activities for 40 school days.
 - b. **Second Offense:** He/she is ineligible for all sport for one calendar year from the date of the second offense.
16. During the season, an athlete may not leave one sport and go to another unless an agreement is made between both coaches involved.
17. The athlete should conduct himself/herself like a gentleman or lady at all times, especially while on the bus going to and from an event and at the event. No calling out, ridiculing, loudness, etc.
18. Profanity is not allowed and is looked upon as a sign of weakness by the staff. Discipline is subject to policy 5600, which could mean immediate suspension of privileges.
19. It is the wish of the coaching staff that all team-associated students be well groomed at all times.
20. A good athlete is humble in victory and proud in defeat.
21. Appeal of any of the above codes and/or guidelines are subject to Board of Education Policy #5710 Pupil Grievance.
22. Student athletes are reminded of the N.J.S.I.A.A Requirements for Participation:
 - a. Beginning in grade 9, all students must pass a minimum of 30 credits per year.
 - b. No athlete may compete if they reach their 19th birthday prior to September 1st of the current school year.
 - c. No athlete may compete more than four years, commencing with September 1 of the year his/her class begins ninth grade.

EWING

STUDENT/ATHLETE CONTRACT

GENERAL ATHLETIC TEAM RULES AND REGULATIONS

PROCEDURES

- ✓ All participants must have a signed **Physical form, Health History form, Emergency Medical card and Student/Athlete contract** on file in the athletic office in order to participate in interscholastic sports programs.
- ✓ Athletes must meet EHS and NJSIAA eligibility requirements (as outlined in the student handbook/agenda and NJSIAA handbook).
- ✓ Athletes must abide by ALL school policies; these policies are located in the student handbook/agenda.
- ✓ All injuries are to be reported immediately to your coach and to the Athletic Trainer for proper examination and if needed, a referral to the appropriate medical personnel or services.
- ✓ Students are to be in school by 8:00AM if they wish to participate in a scheduled practice or game on that day. The Athletic Director must approve any exception.

CONDUCT

- ✓ Athletes are representatives of EHS and at all times must present themselves in a positive and sportsmanlike manner.
- ✓ **All athletes, spectators and coaches must show proper respect for opposing teams, their coaches and officials alike.**
- ✓ Bus behavior will be beyond reproach. Appropriate demeanor and reasonable volume must be maintained at all times. No abuse, distasteful or obscene language or actions will be permitted. All athletes are expected to arrive and return to the school as part of the team. The coach may allow a student athlete to return home from an away event **ONLY with a parent**. At this point, the parent of the child will assume all responsibility. **At no time are students allowed to drive themselves to or from athletic contests. We encourage all team members, whenever possible, to use the assigned school transportation. This promotes team unity, ensures proper supervision and allows for greater safety of our students.**
- ✓ HAZING: EHS will not tolerate hazing of any kind to our student athletes. Students who disregard this rule are subject to suspension and/or expulsion from their team, as well as appropriate school disciplines set forth by the Administration.

RESPONSIBILITIES

- ✓ It is the responsibility of the head coach to decide which student/athlete will participate and at what level of play, as well as the amount of playing time that the student will have. Questions regarding this area will be addressed directly to the head coach in a mutually acceptable timeframe and in an appropriate, professional manner. If these concerns are not addressed in a satisfactory manner, the next course of action is to meet with the Athletic Director: then, if necessary, the Principal. Finally, if necessary, you can request, in writing, a meeting with the Superintendent.
- ✓ Athletes will be on time for practice and will be prepared every day. They should prioritize their affiliations with community teams, placing the needs of the EHS team first.
- ✓ Athletes are responsible for the care and use of all equipment issued. Equipment and uniforms are to be worn and used only at EHS events. Athletes will be held accountable for any equipment/uniform mistreated or not returned.
- ✓ Every effort should be made to have transportation waiting at the school for athlete pick-up.
- ✓ Failure to comply with any policy, regulations and/or requirements stipulated by the Ewing BOE or any of the rules stated above or attached to this contract that have been stipulated by the coach regarding dress code, curfews, detentions, etc., will result in disciplinary action including suspension or dismissal for a designated time as determined by the head coach and/or policy set forth in the student handbook/agenda.
- ✓ A student involved in ANY incident of unbecoming conduct of a serious nature inside OR outside of the school environment may not represent the school in accordance with Regulation 2431.3 Item 11.

In addition to the above-mentioned criteria, all athletes are required to be alcohol-free, tobacco-free, drug-free and anabolic steroid-free 24 hours a day, 7 days a week throughout the season. Athletes who use and/or are in possession of these items are subject to disciplinary action as outlined by the Board of Education Policy and may be subject to suspension and/or expulsion from their team. Attendance at parties or gatherings where alcohol, tobacco or drugs are present is strictly prohibited. Athletes must depart from such affairs or situations immediately once these substances are discovered. This rule does not restrict athletes from attending family functions where alcoholic beverages are present. The purpose of this rule is to deter under-age drinking and/or substance abuse.

Parents Code of Conduct

We feel that, as parents, we play a vital role in the development of our student athletes. Therefore, we believe that we should:

- **Be a positive role model through our own actions to make sure our child has the best athletic experience possible.**
- **Be a “team” fan, not a “my kid” fan.**
- **Show respect for the opposing players, coaches, spectators and support groups.**
- **Be respectful of all officials’ decisions.**
- **Not instruct your children before, during, or after a game, because it may conflict with the coach’s plans and strategies.**
- **Praise the student athletes in their attempt to improve themselves as students, as athletes and as people.**
- **Gain an understanding and appreciation for the rules of the contest.**
- **Recognize and show appreciation for an outstanding play by either team.**
- **Help our child learn that success is oriented in the development of a skill, and we should make the student athletes feel good about themselves, win or lose.**
- **Weigh what our children say: they will tend to slant the truth to their advantage.**
- **Take the time to talk with coaches in an appropriate manner, including time and place. (24 Hour Rule)**
- **Be sure to follow designated chain of command.**
- **Reinforce the school’s drug and alcohol free policies by refraining from the use of any controlled substances before or during athletic contests.**
- **Remember that a ticket to a school athletic event is a privilege to observe the contest.**

National High School Coaches Association