

## **Harrington Park School Athletic Participation Form**

The state has recently enacted new requirements for student athletes to participate in sports activities. Pursuant to NJSA 18A:40-41 (d), the school district must provide access to: the **Sudden Cardiac Death in Young Athletes Pamphlet, Opioid Use and Misuse Educational Fact Sheet, Sports-Related Concussion and Head Injury Fact Sheet, and Sports-Related Eye Injuries Fact Sheet for Parents** to each student-athlete and to the parents or guardians of the student-athletes as part of the student's pre-participation physical examination and completion of the athletic permission forms. We have provided links to all of these documents as well as additional informational resources in the Health Office: Resources for Parents section of the school website. **These documents can be found at: <https://www.hpsd.org/Page/899>**

In addition, each student athlete and their parent/guardian **MUST** sign the attached individual forms to acknowledge they have viewed the corresponding brochures and fact sheets.

***\*Please return ALL of these signed forms to Mrs. Goldstein or Mrs. Boyle in the nurses' office before the first day of practice.***

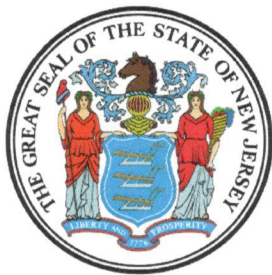
I hereby maintain that the answers provided in the athletic Health History Questionnaire Forms are correct. I understand that any misrepresentation of any of the information contained herein will result in the student being denied the opportunity to participate. I hereby give my consent to the participation of

\_\_\_\_\_ In any Harrington Park School Athletic Sport  
STUDENT'S FULL NAME (printed)

conducted by the school against other schools and within the school. Parents and guardians should be aware that such activity involves the potential for injury that 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 acknowledge that I/we have read and understand this warning. I shall assume all responsibility and expense for any injury received in practice or participation. I also agree that he/she may accompany any team on regularly scheduled trips if he/she becomes a member of the team. I attest that this permission is effective unless and until revoked in writing by the signatory. Although the school may assist parents, the responsibility for adjustment of any insurance claims lies with the parents.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet  
Sign-Off Sheet

Harrington Park School

I/We acknowledge that we received and reviewed the  
Sudden Cardiac Death in Young Athletes pamphlet.

The full pamphlet can be accessed on the Harrington Park School website or at:  
<https://www.state.nj.us/education/students/safety/behavior/athleteforms/Sudden%20Cardiac%20Death%20in%20Young%20Athletes%20Pamphlet.pdf>

---

Print student name

---

Student signature

---

Parent/Guardian signature

---

Date

# Use and Misuse of Opioid Drugs Fact Sheet

## Harrington Park School

### Student-Athlete and Parent/Guardian Sign-Off

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute the [Opioid Use and Misuse Educational Fact Sheet](#) to all student-athletes. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete, and for students under age 18, the parent or guardian must also sign.

Please return this signed form to the nurses prior to the first day of practice.

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

---

Print student name

---

Student signature

---

Parent/guardian signature

---

Date

## Harrington Park School Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim. Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parents/guardians are educated about the nature and treatment of sports related concussions and other head injuries.

### Symptoms of Concussion (Reported by Student-Athlete):

- Headache
- Balance problems or dizziness
- Sensitivity to light/sound
- Difficulty with concentration, short term memory, and/or confusion
- Nausea/vomiting
- Double vision or changes in vision
- Feeling of sluggishness or foggiess

### What should a Student-Athlete do if they think they have a concussion?

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

[www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)

[www.bianj.org](http://www.bianj.org)

[www.nfhs.com](http://www.nfhs.com)

[www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)

[www.atSNj.org](http://www.atSNj.org)

The complete, unabridged version of this fact sheet can be accessed at:

<https://www.state.nj.us/education/students/safety/behavior/athleteforms/Concussion%20Fact%20Sheet%20and%20Acknowledgemt%20Form.pdf>

---

Signature of student/athlete

---

Print student name

---

Date

---

Parent/Guardian signature

---

Date