Athletic Physical Form Checklist

(Athletes and Parents need to follow each step. Do not skip a step)

Step 1 Pick up a physical form from the Nurse/Trainer/Head Coach
Step 2 Take forms home have parent/guardian and athlete fill out each section
Step 3 Make an appointment with nurse to have your physical done from team physician or your family doctor.
***Take note of school deadlines for school physical. If not your family physician does the physical and returns to Trainer/Nurse to be signed off by team physician. This is an NJSIAA rule for all member schools.
Step 4 All completed forms must be returned to the Nurse/Trainer, including forms for inhaler and/or epipen, and proof of completed impact test.
Step 5 Nurse will make sure all forms are completed before athlete may begin practice.
Step 6 List of athletes with completed paperwork will be given to the Head Coach prior to beginning of the season.
Student Signature:
Parent Signature:

Metuchen School District Department of Athletics

Home of the Bulldogs

All students are required by law to complete the NJ Department of Education Health History Questionnaire and physical evaluation forms to participate in interscholastic athletic contests. Only the NJSIAA and NFHS athletic pre-participation forms will be accepted.

Please adhere to the following guidelines:

- Physical cover students for 365 days. If the physical expires during the course of the season, your child will need a physical for the following season. Parents/Guardians are responsible for keeping track of physical dates.
- The Health History Questionnaire is required to be reviewed by your health care professional at the time of your exam.
- If the athlete needs medical attention to participate such as an Epi-Pen, or inhaler the form must be filed out by your Health Care Professional.
- Permission slips and health history forms must be dated within 60 days of the start of practice.
- Use Sport physicals checklist to ensure all required paperwork is completed.

Please return all medical forms to the School Nurse. This will allow the School Nurse and the Team Physician to review all paperwork. Failure to return all necessary documents will delay your child's ability to start participating on the first day of official practice.

Metuchen Athletics Parental Athletic Consent Form

Name:	Gr Home Phone:
Sports: Fall winter:	Spring:
	edging that I have reviewed and will abide by the following:
 NJSIAA policy and consent to s Concussion policy and impact te Sudden cardiac death in young a MRSA informational pamphlet. 	esting
I certify that I have reviewed the policies child participates in the above named spoaside by the Metuchen Board of Education	above and it is with my full knowledge and consent that my ort/sports. That he/she will abide by the rules and policies set on and the NJSIAA and NFHS.
Parent/Guardian Signature	Date:
Parent/Guardian Name (Please Print)	
Address:	
Mother Cell:Fa	ther Cell:
Emergency Contact Name:	Phone:
Medical Insurance Company:	Insurance ID #
Policy Holder Name:	D.O.B



ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Age Grade School	Date of birth Sport(s)
licines and Allergies: Please list all of the prescription and over-the-counter	
	medicines and supplements (herbal and nutritional) that you are currently takin
ou have any allergies?	llergy below. □ Food □ Stinging Insects
n "Yes" answers below. Circle questions you don't know the answers to.	
RALQUESTIONS	MEDICAL QUESTIONS: Yes
as a doctor ever denied or restricted your participation in sports for ny reason?	26. Do you cough, wheeze, or have difficulty breathing during or after exercise?
o you have any ongoing medical conditions? If so, please identify one	27. Have you ever used an inhaler or taken asthma medicine?
ther:	28. Is there anyone in your family who has asthma? 29. Were you born without or are you missing a kidney, an eye, a testicle
ave you ever spent the night in the hospital?	(males), your spleen, or any other organ?
ave you ever had surgery?	30. Do you have groin pain or a painful bulge or hernia in the groin area?
CHEART (COURS) (OHS/AROUT YOU): SEE SEE SEE SEE SEE SEE SEE	31. Have you had infectious mononucleosis (mono) within the last month?
ave you ever passed out or nearly passed out DURING or TER exercise?	32. Do you have any rashes, pressure sores, or other skin problems?
ave you ever had discomfort, pain, tightness, or pressure in your	33. Have you had a herpes or MRSA skin infection?
est during exercise?	34. Have you ever had a head injury or concussion?
pes your heart ever race or skip beats (irregular beats) during exercise?	35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?
is a doctor ever told you that you have any heart problems? If so, eck all that apply:	36. Do you have a history of seizure disorder?
High blood pressure A heart murmur	37. Do you have headaches with exercise?
High cholesterol A heart infection Kawasaki disease Other:	38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?
s a doctor ever ordered a test for your heart? (For example, ECG/EKG, hocardiogram)	39. Have you ever been unable to move your arms or legs after being hit or falling?
you get lightheaded or feel more short of breath than expected ring exercise?	40. Have you ever become ill while exercising in the heat?
ve you ever had an unexplained seizure?	41. Do you get frequent muscle cramps when exercising?
you get more tired or short of breath more quickly than your friends	42. Do you or someone in your family have sickle cell trait or disease? 43. Have you had any problems with your eyes or vision?
ring exercise?	44. Have you had any eye injuries?
HEALTH QUESTIONS ABOUT YOUR FAMILY (Yes No	45. Do you wear glasses or contact lenses?
s any family member or relative died of heart problems or had an	46. Do you wear protective eyewear, such as goggles or a face shield?
expected or unexplained sudden death before age 50 (including swning, unexplained car accident, or sudden infant death syndrome)?	47. Do you worry about your weight?
es anyone in your family have hypertrophic cardiomyopathy, Marfan drome, arrhythmogenic right ventricular cardiomyopathy, long QT	48. Are you trying to or has anyone recommended that you gain or lose weight?
drome, short QT syndrome, Brugada syndrome, or catecholaminergic ymorphic ventricular tachycardia?	49. Are you on a special diet or do you avoid certain types of foods?
es anyone in your family have a heart problem, pacemaker, or	50. Have you ever had an eating disorder?
planted defibrillator?	51. Do you have any concerns that you would like to discuss with a doctor?
anyone in your family had unexplained fainting, unexplained	FEMALES: ONLY
zures, or near drowning?	52. Have you ever had a menstrual period?
NO TOWN QUESTIONS Yes No Te you ever had an injury to a bone, muscle, ligament, or tendon	53. How old were you when you had your first menstrual period?
t caused you to miss a practice or a game?	54. How many periods have you had in the last 12 months?
e you ever had any broken or fractured bones or dislocated joints?	Explain "yes" answers here
e you ever had an injury that required x-rays, MRI, CT scan, ctions, therapy, a brace, a cast, or crutches?	
e you ever had a stress fracture?	
e you ever been told that you have or have you had an x-ray for neck abllity or atlantoaxial instability? (Down syndrome or dwarfism)	
ou regularly use a brace, orthotics, or other assistive device?	
ou have a bone, muscle, or joint injury that bothers you?	
any of your joints become painful, swollen, feel warm, or look red?	

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HE0503

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exa	m					
Name					Date of birth	
The second secon	A	Crado	School		Sport(s)	
Sex	Age	Grade	School		Oport(a)	
1. Type of	disability		i i			
2. Date of						
	cation (if available)					
		lisease, accident/trauma, other)				
5 Liet the	enorte vou are inte	erested in playing				-
A Section	12.34	NEW KARAMEN AND				Yes No
		ce, assistive device, or prostheti				
		ace or assistive device for sports				
		ressure sores, or any other skin				
		s? Do you use a hearing aid?	Acceptable to the second of th			
The second secon	have a visual impa	The same of the sa				
		vices for bowel or bladder functi	on?	-		
		scomfort when urinating?		ē.		
	ou had autonomic o	THE RESERVE OF THE PARTY OF THE				
			hermia) or cold-related (hypotherr	mia) Illness?	٠.	
	have muscle spast					
		ures that cannot be controlled by	y medication?		,	
	s" answers here			. 10		,
					¥	
			3		a a	
Please Indic	ate if you have ev	er had any of the following.			The Late of the Committee of the Committ	
		AND THE REST. THE	white the state of			Yes No
Atlantoaxial						
X-ray evalua	ation for atlantoaxi	al instability				
Dislocated j	joints (more than o	ne)				
Easy bleedi						
Enlarged sp	oleen					
Hepatitis						
Osteopenia	or osteoporosis					-
Difficulty co	ontrolling bowel					
	ontrolling bladder					
Numbness	or tingling in arms	or hands				
Numbness	or tingling in legs o	r feet				
	n arms or hands					
	n legs or feet					
	nge in coordination					
Recent char	nge in ability to wa	lk ·				
Spina bifida	1					
Latex allerg	JY					
Explain "ves	s" answers here					
						340
	0				×	
I hereby sta	te that, to the bes	t of my knowledge, my answe	rs to the above questions are c	omplete and correct		
						· .
Signature of at	thlete		Signature of parent/guardian			Date

NOTE: The preparticiaption physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

Date of birth

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _

 Do you feel stressed or Do you ever feel sad, h Do you feel safe at you Have you ever tried cig 	tions on more sensitive issues ut or under a lot of pressure? opeless, depressed, or anxious? ur home or residence? parettes, chewing tobacco, snuff, or di s, did you use chewing tobacco, snuff s, did you use chewing tobacco, snuff	p? , or dip?				
Have you ever taken arHave you ever taken arDo you wear a seat bel	nabolic steroids or used any other per ny supplements to help you gain or los it, use a helmet, and use condoms?	e weight or improve your	performance?			
EXAMINATION	tions on cardiovascular symptoms (qu	esuons 5–14).	122	Photo Commission Control of the		
Height	Weight	☐ Male	☐ Female			13.00
BP /	(/) Pulse	Vision	***************************************	L 20/	Competed E V	- N
MEDICAL					-	O N
	oliosis, high-arched palate, pectus excav axity, myopia, MVP, aortic insufficiency)	atum, arachnodactyly,	S Transition of the Company of the			a se and a second
Eyes/ears/nose/throat Pupils equal Hearing	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, r				
Lymph nodes			<u> </u>	1		
Heart* • Murmurs (auscultation state) • Location of point of maxim	nding, supine, +/- Valsalva) al impulse (PMI)					
Pulses • Simultaneous femoral and						
Lungs Abdomen				-		·
Genitourinary (males only) ^b				<u> </u>		
Skin HSV, lesions suggestive of	MRSA, tinea corporis					
Neurologic * MUSCULOSKELETAL			Edward Carry Mark Construction	CZRA WOWATERSBANA	MAX of all laws schools base verst	
Neck		COMMON CONTRACT CONTRACT				
Back						
Shoulder/arm						
Elbow/forearm						
Wrist/hand/fingers Hip/thlgh						
Knee				-		
Leg/ankle				 	***************************************	
Foot/toes				 		
Functional				<u> </u>		
 Duck-walk, single leg hop 						
*Consider GU exam if in private settin *Consider cognitive evaluation or base Cleared for all sports withou	referral to cardiology for abnormal cardiac histog, Having third party present is recommended, elline neuropsychiatric testing if a history of signit restriction t restriction with recommendations for fu	olficant concussion.	nt for			
□ Not cleared						
☐ Pending furthe	er evaluation					
☐ For any sports						X
☐ For certain spo	orts		11			
						-
articipate in the sport(s) as or rise after the athlete has been o the athlete (and parents/gua		exam is on record in my o may rescind the clearanc	ffice and can be made e until the problem is	e available to the scho resolved and the poten	ol at the request of the pare Itial consequences are com	ents. If conditions pletely explained
Name of physician, advanced	practice nurse (APN), physician assis	stant (PA) (print/type)	×		Date of exam	-
Address					Phone	
	PA		¥			
2010 American Academy of Fa	mily Physicians, American Academy of P	ediatrics, American College	of Sports Medicine. Am	erican Medical Society fi	or Sports Medicine American	Orthonaedic

■ 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 evalu	ation or treatment for
□ Not cleared	
□ Pending further evaluation	,
☐ For any sports	
☐ For certain sports	
8	
Reason	
Recommendations	
1	
EMERGENCY INFORMATION	· ·
Allergies	
Other information	
7	
HCP OFFICE STAMP	SCHOOL PHYSICIAN:
	Reviewed on(Date)
	(Date)
	Approved Not Approved
	Signature:
I have examined the above-named student and completed the prepai	rticipation physical evaluation. The athlete does not present apparent is 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	s. If conditions arise after the athlete has been cleared for participation
the physician may rescind the clearance until the problem is resolved (and parents/guardians).	d and the potential consequences are completely explained to the athl
Name of abusiness advanced exection sures (ADM), abusiness assistant (DA)	Date
	Phone
Signature of physician, APN, PA	
Completed Cardiac Assessment Professional Development Module	
Date Signature	

Asthma Treatment Plan – Student Parent Instructions

The **PACNJ Asthma Treatment Plan** is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.

- 1. Parents/Guardians: Before taking this form to your Health Care Provider, complete the top left section with:
 - Child's name
- · Child's doctor's name & phone number

Parent/Guardian's name

- · Child's date of birth
- An Emergency Contact person's name & phone number
- & phone number



- The effective date of this plan
- The medicine information for the Healthy, Caution and Emergency sections
- Your Health Care Provider will check the box next to the medication and check how much and how often to take it
- Your Health Care Provider may check "OTHER" and:
 - Write in asthma medications not listed on the form
 - * Write in additional medications that will control your asthma
 - * Write in generic medications in place of the name brand on the form
- Together you and your Health Care Provider will decide what asthma treatment is best for your child to follow
- 3. Parents/Guardians & Health Care Providers together will discuss and then complete the following areas:
 - . Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
 - · Child's asthma triggers on the right side of the form
 - <u>Permission to Self-administer Medication</u> section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form
- 4. Parents/Guardians: After completing the form with your Health Care Provider:
 - Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
 - · Keep a copy easily available at home to help manage your child's asthma
 - Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

PARENT AUTHORIZATION I hereby give permission for my child to receive medication at school as proin its original prescription container properly labeled by a pharmacist or information between the school nurse and my child's health care provunderstand that this information will be shared with school staff on a need	physician. I also give permission for the ider concerning my child's health and m	release and exchange of			
Parent/Guardian Signature	Phone	Date			
STUDENT AUTHORIZATION FOR SELF ADMINISTRATION OF ASTHMA MEDICATION RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY					
I do request that my child be ALLOWED to carry the following medication for self-administration in school pursuant to N.J.A.C:.6A:16-2.3. I give permission for my child to self-administer medication, as prescribed in this Asthma Treatment Plan for the current school year as I consider him/her to be responsible and capable of transporting, storing and self-administration of the medication. Medication must be kept in its original prescription container. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.					
☐ I DO NOT request that my child self-administer his/her asthma medication.					
	Dhana	Dete			
Parent/Guardian Signature	Phone	Date			



PACNJ approved Plan available at www.pacnj.org Disclaimers: The use of this Website/RADAI Activan Treatment Plan and its contant is all your own risk. The content is provided on an "as is" basis. The American Lung Association of the Mid-Aliantic (ALAIA-A), the Pediatric/Adult Activans Coalition of New Alexsy and all affiliates discisian all warranties, express or implied, statutory or otherwise, including but not limited to the implied warranties are mentantability, non-infringement of third parties' rights, and fitness for a particular purpose. ALAIA-A makes no representations on warranties about the accounts, expressed informations with a unabstracted or non-international country and a state of the products of the product

AMERICAN LUNG LUNG IN NEW JERSEY

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 parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision

- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion

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.

What can happen if a student-athlete continues to play with a concussion or returns to play to soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing-even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

<u>Student-Athletes who have sustained a concussion should complete a graduated return-to-play before</u> they may resume competition or practice, according to the following protocol:

- Step 1: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- Step 2: Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- Step 3: Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- Step 4: Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- Step 5: Following medical clearance (consultation between school health care personnel and studentathlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- Step 6: Return to play involving normal exertion or game activity.

www.nfhs.com bianj.org www.atsnj.org rint Student-Athlete's Name Date
rint Student Athlete's Name
rint Student Athlete's Name
mnt Student Athlete's Name Deta
init Student-Attitute 5 Ivalite Date
*
int Parent/Guardian's Name Date
r

Metuchen School District imPACT (Immediate Post Concussion Assessment and Cognitive Teast)

The imPACT test will assist our Team Physician and Athletic Trainer to evaluate our athletes in the event of a head injury. The program is designed to help our medical personnel in managing the diagnosis and tratment of a concussion. It is a computerized exam used by most professional, collegiate and high school sports teams. If an athlete is believed to have suffered a head injury the imPACT test gives our medical personnel a baseline cognitive test to determine the depth of the injury.

The test is administered to our athletes at the beginning of the season and takes approximately 15-20 minutes to complete. Essentially imPACT test is a preseason physical of the brain. It, however, is not an IQ test.

If a concussion is suspected the athlete will be required to re-take the test. Both preseason and post injury test data is given to our team physician to help evaluate the injury. The information gathered can be shared with your family physician. The test data will enable these health professionals to determine when return to play is appropriate and safe for the injured athlete.

This is not an invasive test and is strictly computerized and poses no risk to your student/athlete. Each student is required to take the imPACT baseline test at home by logging on to the following website:

www.impacttestonline.com/schools

organization: Select New Jersey

Use Code: 47CF9105AE

Students will not be able to participate in aschool based sport without a baseline.

Proof of completion must be submitted to our Athletic Trainer or Nurse.



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691

609-259-2776 609-259-3047-Fax

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.

Althetes may submit supplements and medications to Drug Free Sport AXIS to receive information regarding banned substances or safety issues. Athletes of parents may login to the NJSIAA account at www.disaxis.com using the password inisports.

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.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of Student-Athlete	Print Student-Athlete's Name	Date
	*	
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date

Nebsite Resources

- http://tinyurl.com/m2gjmvq Sudden Death in Athletes
- Hypertrophic Cardiomyopathy Association www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics

3836 Quakerbridge Road, Suite 108 **lew Jersey Chapter**

Hamilton, NJ 08619

p) 609-842-0014

f) 609-842-0015 www.aapnj.org

American Heart Association

Union Street, Suite 301 Robbinsville, NJ, 08691 (p) 609-208-0020 www.heart.org



New Jersey Department of Education

Frenton, NJ 08625-0500 (p) 609-292-5935 PO Box 500

www.state.nj.us/education/

New Jersey Department of Health

P. O. Box 360

renton, NJ 08625-0360 www.state.nj.us/health (p) 609-292-7837



ead Author: American Academy of Pediatrics, **New Jersey Chapter**

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NJ Academy of Family Practice, Pediatric Cardiologists, Additional Reviewers: NJ Department of Education, American Heart Association/New Jersey Chapter, NJ Department of Health and Senior Services, New Jersey State School Nurses

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DEDICATED TO THE HEALTH OF ALL CHILDREN" American Academy of Pediatrics





Learn and Live

DEATH CARDIAC SUDDEN

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

What is sudden cardiac death in the young athlete?

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

How common is sudden death in young athletes?

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

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

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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; or
- Being unable to keep up with friends due to shortness of breath (labored breathing)

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 Preparticipation Physical Examination Form (PPE)

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 warming signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

Are there options privately available to screen for cardiac conditions?

Technology-based screening-programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at http://www.hhs.gov/familyhistory/index.html.

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

State of New Jersey DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet Sign-Off Sheet

Name of School District:	· · · · · · · · · · · · · · · · · · ·	
Name of Local School:		
I/We acknowledge that we received and reviewed the Sudden Ca	ardiac Death in Young	g Athletes pamphlet.
Student Signature:		k
Parent or Guardian		
Signature:		
Date:		•

OPIOID USE AND MISUSE EDUCATIONAL FACT SHEET

Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller. It is important to understand that overdoses from opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.²

This educational fact sheet, created by the New Jersey Department of Education as required by state law (*N.J.S.A.* 18A:40-41.10), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

How Do Athletes Obtain Opioids?

In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician's supervision), and 83 percent of adolescents had unsupervised access to their prescription medications.³ It is important for parents to understand the possible hazard of having unsecured prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

What Are Signs of Opioid Use?

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied.³ In the early stages of abuse, the athlete may exhibit unprovoked nausea and/or vomiting. However, as he or she develops a tolerance to the drug, those signs will diminish. Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete's decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening,⁴ such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)) offered through the New Jersey Department of Health.

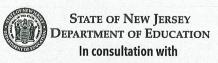
What Are Some Ways Opioid Use and Misuse Can Be Prevented?

According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

- The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, nonsteroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor's instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.
- Ice therapy can be utilized appropriately as an anesthetic.
- Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.
- In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time;
- Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location; and
- Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drop-off locations or home disposal kits like Deterra or Medsaway.

According to NJSIAA Sports
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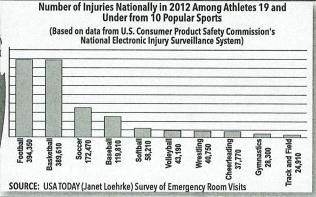


NJ Health

STATE OF NEW JERSEY DEPARTMENT OF HEALTH

NJSIAA SPORTS MEDICAL **ADVISORY COMMITTEE**





Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.5

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.6

What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.

The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:



PREPARE Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.



CONDITIONING Maintain a good fitness level during the season and offseason. Also important are proper warm-up and cooldown exercises.



PLAY SMART Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.



ADEQUATE HYDRATION Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.



TRAINING Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways, such as running in a swimming pool instead of only running on the road.



REST UP Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low-stress activities such as stretching, yoga or walking.



PROPER EQUIPMENT Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

National Council on Alcoholism and Drug Dependence - NJ promotes addiction treatment and recovery.

New Jersey Department of Health, Division of Mental Health and Addiction Services is committed to providing consumers and families with a wellness and recovery-oriented model of care.

New Jersey Prevention Network includes a parent's quiz on the effects of opioids.

Operation Prevention Parent Toolkit is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.

Parent to Parent NJ is a grassroots coalition for families and children struggling with alcohol and drug addiction.

Partnership for a Drug Free New Jersey is New Jersey's anti-drug alliance created to localize and strengthen drug-prevention media efforts to prevent unlawful drug use, especially among young people.

The Science of Addiction: The Stories of Teens shares common misconceptions about opioids through the voices of teens.

Youth IMPACTing NJ is made up of youth representatives from coalitions across the state of New Jersey who have been impacting their communities and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

- **References** ¹ Massachusetts Technical Assistance Partnership for Prevention
 - ² Centers for Disease Control and Prevention
 - ³ New Jersey State Interscholastic Athletic
- Association (NJSIAA) Sports Medical Advisory Committee (SMAC)
- ⁴ Athletic Management, David Csillan, athletic trainer, Ewing High School, NJSIAA SMAC
- National Institute of Arthritis and Musculoskeletal and Skin Diseases
- 6 USATODAY
- 7 American Academy of Pediatrics

An online version of this fact sheet is available on the New Jersey Department of Education's Alcohol, Tobacco, and Other Drug Use webpage. Updated Jan. 30, 2018.

[The New Jersey Department of Education developed this template Student-Athlete Sign-Off Form in January 2018 to assist schools with adhering to state statute requiring student-athletes (and their parents/guardians, if the student is a minor) to confirm they have received an Opioid Fact Sheet from the school. School districts, approved private schools for students with disabilities, and nonpublic schools that participate in an interscholastic sports or cheerleading program should insert their district or school letterhead here.]

Use and Misuse of Opioid Drugs Fact Sheet

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 this *Opioid Use and Misuse Educational Fact Sheet* to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

Name of School:

Name of School District (if applicable):

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



Parent/Guardian Signature (also needed if student is under age 18):

Date:

¹Does not include athletic clubs or intramural events.



What is MRSA?

MRSA is methicillin-resistant Staphylococcus aureus, a potentially dangerous type of staph bacteria that is resistant to certain antibiotics and may cause skin and other infections. As with all regular staph infections, recognizing the signs and receiving treatment for MRSA skin infections in the early stages reduces the chances of the infection becoming severe. MRSA is spread by:

- Having direct contact with another person's infection
- Sharing personal items, such as towels or razors, that have touched infected skin
- Touching surfaces or items, such as used bandages, contaminated with MRSA

What are the signs and symptoms?

Most staph skin infections, including MRSA, appear as a bump or infected area on the skin that may be:

- > Red
- > Swollen
- > Painful
- > Warm to the touch
- > Full of pus or other drainage
- > Accompanied by a fever

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http://phil.cdc.gov

What if I suspect an MRSA skin infection?

Cover the area with a bandage and contact your healthcare professional. It is especially important to contact your healthcare professional if signs and symptoms of an MRSA skin infection are accompanied by a fever.

How are MRSA skin infections treated?

Treatment for MRSA skin infections may include having a healthcare professional drain the infection and, in some cases, prescribe an antibiotic. Do not attempt to drain the infection yourself – doing so could worsen or spread it to others. If you are given an antibiotic, be sure to take all of the doses (even if the infection is getting better), unless your healthcare professional tells you to stop taking it.

How can I protect my family from MRSA skin infections?

- Know the signs of MRSA skin infections and get treated early
- > Keep cuts and scrapes clean and covered
- Encourage good hygiene such as cleaning hands regularly
- Discourage sharing of personal items such as towels and razors

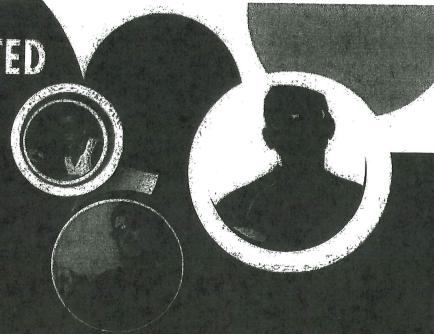
For more information, please call 1-800-CDC-INFO or visit www.cdc.gov/MRSA.





SPORTS-RELATED EYE INJURIES: /

AN EDUCATIONAL FACT SHEET FOR PARENTS



Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury. According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using precitive eyewear. Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (Annual Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards see a thould be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.³

Healthcare providers (HCP), including amily physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is economic and permitted for your child's sport, visit the National Eye institute at later / www.net.nih.gov/sports/findingprotection.asp. Prevent Blindness America also offers tips for choosing and buying protective eyewear at http://www.preventblindness.org/tips buying-sports-eye-protectors, and http://www.preventblindness.org/ recommended-sports-eye-protectors.

It is recommended that all children participated in school sports of recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth reams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

¹ National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeInjuries.pdf, December 26, 2013.

² Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, http://www.aafp.org/afp/2003/0401/p1481.html, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyelnjuries.pdf, December 26, 2013.

Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

Most Common
Types of Eye
Injuries

The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

- → Blunt injuries: Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.
- ◆ Corneal abrasions: Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their

own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

◆ Penetrating injuries: Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.⁴

Signs or Symptoms of an Eye Injury



What to do if a Sports-Related Eye Injury Occurs If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for

the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

Return to Play and Sports

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For

example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that

it is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.

Additional information on eye safety can be found at http://isee.nei.nih.gov and http://www.nei.nih.gov/sports.