

DIRECTIONS: GBMS ATHLETIC PARTICIPATION FORMS

PARTICIPATION IN ANY SPORT DURING ANY SEASON REQUIRES THE SUBMISSION OF A HEALTH FORM, EVERY SEASON!

- **ALL FORMS MUST** be filled out, signed and returned to Nurse by the deadline dates.

Sport season	Sport	Forms Deadline Dates
Fall	Soccer, Cross Country	August 1 st
Winter	Basketball	October 15 th
Spring	Softball, Baseball, Track	February 15 th

- **Late forms** will delay approval and may eliminate attendance at try-outs or practices.
- **School Physician reviews all sports physicals** done by private physicians: Note that by NJ state law all completed physical exam forms are sent to the school physician for approval prior to a student's sport participation. Approval takes two weeks.
- **Failure to submit all forms** or late delivery of forms will prohibit participation in try-outs or practices.
- **All forms can be found** on the school web site: www.gbtps.org , in the Middle School section under either heading: School Nurse or Athletics sport forms.
- Please Keep All Pages together

Sports Participation Forms

1. Once a year or every 365 days:

- **Parental Permission to Participate in Athletics Form: Required once per year.**
- **Pre-participation Physical Evaluation - History Form & Physical Exam Forms:**
Required once per year to reflect a medical examination which was done within the last 365 days and prior to form's deadlines. A physical exam more than 365 days old has expired. A new physical exam must be submitted to the health office within two weeks of expiration date for continued participation.
 - ★ All areas on the "*Pre-Participation Evaluation Physical Exam Form*", must be completed by the primary health care practitioner including these important areas listed below.

Checklist for parent:

<input type="checkbox"/> DATE OF ACTUAL PHYSICAL EXAM	<input type="checkbox"/> M.D. signature on both: Physical examination & Clearance forms along with office stamp
<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Blood Pressure/Pulse
<input type="checkbox"/> Vision: (practitioner's office vision testing)	

- ★ Health Care Practitioners must also complete the "*Pre-participation Clearance Form*" and should answer questions on the "*The Athlete with Special Needs: Supplemental History*" Form.
 - ★ The school nurses cannot complete any missing information as per N.J. State law.
 - ★ Make of copy of the sports physical for your own records.
 - **Anaphylaxis/Epinephrine and Asthma/Inhaler Medication Forms: Required every school year for student with life threatening allergies or asthma.** If a student athlete requires the use of an epinephrine auto-injector or inhaler, the required medication forms must be on file in the Health Offices. Medication(s) in a pharmacy labeled auto-injector or inhaler must be given to the coach prior to the beginning of try-outs or practices. Medication forms are at www.gbtps.org
 - As per NJ state law parents/ guardians and students must read and understand the information in the Sudden Cardiac Death and Concussion/Impact flyers.
- ### 2. At start of every sports season:
- **Health History Update** is required for participation in any sport in the two following sports seasons after initial physical was done and completed less than 90 days before form due date.
 - **All forms can be found** on the school web site: www.gbtps.org , in the Middle School section under either heading: School Nurse (forms) or Athletics (sport forms).

There are no exceptions to these NJ State law mandate procedures.

ATHLETIC PRE-PARTICIPATION: PARENTAL CONSENT

(To be completed by the parent and student - Pursuant to N.J.A.C. 6A:16 (Programs to Support Student Development))

PHYSICAL EXAM INFORMATION

New Jersey Administrative code 6:29-3.4, **Athletic Procedures**, states that “a medical examination shall be conducted at the medical home (private health care practitioner) of the student to determine fitness of a pupil to participate in athletics and shall include as a minimum, no less than the following ...”

1. **Completed by Parent:** Complete the top of all forms with athletes name, gender, grade, date of birth, sport etc.
 - i. **Parental Consent** conveying permission to participate in indicated (checked) sports.
 - ii. **Pre-Participation Physical Evaluation - History Form**
 - iii. **Pre-Participation Physical Evaluation - The Athlete with Special Needs: Supplemental History Form**
 - iv. **Mandated Information flyers:** CDC Concussion, Impact, Sudden Cardiac Death and Eye Protection: Parent & student must read flyers and attest understanding.
 - v. **Health History Update (salmon-colored short form/ not part of this packet)** must be completed for each sport season **after this initial** (white) Health History Questionnaire is completed.
2. **Completed by Health Care Practitioner (HCP)**
 - i. **Pre-Participation Physical Evaluation - Physical Examination Form** (Date of last physical must be less than 365 days)
 - ii. **Pre-Participation Physical Evaluation - Clearance Form**
3. **Late forms will delay participation or try-outs. No private physician’s office forms will be accepted. Make a copy of the private practitioner’s completed sport physical exam form for your records.**
4. **If you have a current sports physical on record in school that is less than 365 days old** then complete the salmon-colored **Health History Update** (not part of this packet).

PARENTAL CONSENT

Student’s Name: _____ **Grade:** _____ **School:** IEF GBMS

I hereby give my consent for my child to participate in: (check **✗** for all sports participation for **entire school year**)

Autumn	<input type="checkbox"/> Soccer	<input type="checkbox"/> Cross Country		Due: August 1st
Winter	<input type="checkbox"/> Basketball			Due: October 15th
Spring	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball	<input type="checkbox"/> Track	Due: February 15th

These sports programs are sponsored by the Green Brook Township Public Schools. Realizing that such activity involves the potential for injury, which is inherent in all sports,

1. I acknowledge **that I have read and understand the following injury potential warning:** even with the best coaching, use of available protective equipment, and strict observance of rules, injuries are still a possibility. These injuries can be severe and may result in total disability, paralysis or even death.
2. I and my child have read discussed, and understand the flyers: **CDC Head’s Up Concussion/Head Trauma, Eye Protection and Sudden Cardiac Death in Young Athletes** information forms.
3. **I/we understand that IMPACT Baseline Testing is conducted on student athletes and will abide by the district’s Concussion/Head Trauma policy: Prevention and Treatment of Sports-Related Concussion and Head Injuries (# 2431.4), and will report to the coach immediately any head or upper torso injuries that my child has sustained, and will abide by the Gradual Return to Play/Competition and Practice Protocol.**
4. I/we hereby indemnify and hold harmless the Green Brook Township School District, its Board of Education and all its employees and coaches from all liabilities present and future, which arise from trauma sustained by my/our child during or resulting from participation in above named sport(s) and or treatment or non-treatment of any injuries sustained in sports.

Parent signature: _____ **Date:** _____

STUDENT PARTICIPATION AGREEMENT

(Student’s Name) I, _____, hereby understand and agree to the following:

1. I recognize that I am a representative of the Green Brook Township School District and a member of a Green Brook Middle School interscholastic team, and I will conduct myself in an appropriate and acceptable manner according to the laws of the state and the rules and requirements of my school and coaches.
2. I understand and agree that any “substance abuse”, on or off school property, as well as conduct contrary to law and/or school rules, may result in my dismissal from participation in sports.
3. I have read and understand the CDC Head’s Up Concussion and Sudden Cardiac Death in Young Athletes flyers.
4. **I understand that IMPACT Baseline Testing is conducted on student athletes and will abide by the district’s Concussion/Head Trauma policy: Prevention and Treatment of Sports-Related Concussion and Head Injuries.**
5. **I will report all head or upper torso injuries to the coach immediately after sustaining trauma, and then abide by the Gradual Return to Play/Competition and Practice Protocol.**

Student signature: _____ **Date:** _____

Complete back side of page

SCHOLASTIC STUDENT-ATHLETE SAFETY ACT
NJ State Mandated: Sport Participation Information Fact Sheet

Prior to participation on any GBMS athletic team or squad, each GBMS student-athlete in grades six through eight **MUST** present a completed and signed Pre-Participation Sports Packet. The fully completed packet with all pages intact must be delivered to the middle school nurse before sports form due dates.

DUE DATES	Fall: August 1	Winter: October 15	Spring: Feb 15
Sports	Soccer, Track, Cross Country	Basketball: boys & girls	Track, Softball, Baseball

1. **The PPE may ONLY be completed by a licensed physician, advanced practice nurse (APN) or physician assistant (PA)** (hereto referred to as **PCP** primary care provider) **that has completed the Student-Athlete Cardiac Assessment professional development module.** It is recommended that you verify that your medical provider has completed this module before scheduling an appointment for a PPE (pre-participation physical exam).
2. The required PPE must be conducted within 365 days prior to the first official practice in an athletic season. The PPE packet is available on the GBTPS.org web site or at the middle school.
3. **The parent/guardian must complete and sign the following forms:**
 - a. **Parental Consent:** complete and sign front and back (both parent/guardian and athlete).
 - b. **History Form/Athlete with special needs:** Supplemental History Form parent signs.
 - c. **Athlete with Special Needs: Supplemental History Form** if applicable, for a student with a disability that limits major life activities complete and sign bottom.
 - d. **Physical Examination Form:** write in the student's name and date of birth (DOB) on top.
 - e. **Concussion & IMPACT** forms must be read & signed by both parent/guardian and athlete.
 - f. **Sudden Cardiac Death & Eye Protection** forms must be read by both parent and athlete.
4. The PCP (licensed physician, APN or PA), who performs the physical examination must complete the PPE, and insert the date of the examination on the Physical Examination and Clearance Forms.
5. **The PCP must also sign the certification statement on the PPE form attesting to the completion of the professional development module.** Each board of education and charter school or nonpublic school governing authority must retain the original signed certification on the PPE form to attest to the qualification of the PCP to perform the PPE.
6. The school district school physician must review all private practitioners' physical exam forms and upon review of the medical report indicate approval of the student's participation in a school-sponsored interscholastic or intramural athletic team or squad based. This approval process can take more than a week. All sports forms are due on or before the due date as to not delay the athlete's approval to attend the try-outs or practices/games/meets.
7. For student-athletes that had a medical examination completed more than 90 days prior to the first official practice in an athletic season, the Health History Update Questionnaire (HHQ) form must be completed, and signed by the student's parent/guardian. The HHQ must be reviewed by the school nurse and the school physician. The HHQ is available on the district web site or at the middle school.

For more information, please contact the GBMS nurse at 732-968-1051 ext. 3 or Cseracka@gbtps.org.

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

(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
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
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: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
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: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
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)?		
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?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
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)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
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 (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
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?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
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 _____

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New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

9-2881/0410

Parent/Guardian completes this page

Note: Parent/Guardian completes this page & writes athlete's name on top of all other pages.

Parent/Guardian completes this page.

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

No "Special Needs" for this athlete.

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 _____

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

**PREPARTICIPATION PHYSICAL EVALUATION
PHYSICAL EXAMINATION FORM**

Name: _____ DOB: _____

Medical Provider Name: _____
 Completed Cardiac Assessment Professional Development Form? Yes No
 Address Stamp: _____
 Date of Exam: _____

Health Care Practitioner's page Please ATTACH IMMUNIZATION RECORD

Health Care Practitioner's page Please ATTACH IMMUNIZATION RECORD

EXAMINATION		NORMAL	ABNORMAL FINDINGS
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			
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* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only)*			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic*			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
 *Consider GU exam if in private setting. Having third party present is recommended.
 *Consider 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 _____

Parent/Guardian a make of copy of this page for your records.

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 _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____
(Date)

Approved _____ Not Approved _____

Signature: _____

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 _____

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 too 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.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before 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 student-athlete'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.

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

www.cdc.gov/concussion/sports/index.html

www.nfhs.com

www.ncaa.org/health-safety

www.bianj.org

www.atsnj.org

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

GREEN BROOK MIDDLE SCHOOL IMPACT COMPUTER BASELINE PROGRAM

Dear Parent or Guardian,

The incidence of sports-related concussion in school athletics has increased dramatically over the last decade. Head trauma or upper torso trauma can lead to serious or even life-threatening situations if not managed correctly. The CDC Head's Up campaign has focused on the prevention, diagnosis and management of concussions in students. The New Jersey Legislature has enacted concussion legislation to achieve early diagnosis and management of students with suspected head trauma.

Green Brook Middle School administers a concussion baseline program is called IMPACT which stands for Immediate Post Concussion Assessment and Cognitive Testing. IMPACT is a computerized program, which establishes baseline data that can be used if a concussion should occur. It is administered as a non-invasive "video-game" formatted that takes about 20-25 minutes to complete and poses no risk to the student. This baseline is completed yearly during the first few weeks of a sport season. The IMPACT baseline data is stored with the student health records and is retrievable if head trauma occurs.

If a student is believed to have sustained head or upper body trauma, the pre-trauma IMPACT baseline data can be provided to your child's health care provider. This baseline data will assist the health care provider in evaluating the extent of the trauma, managing care and limiting potential brain damage that can occur with head trauma(s). Further IMPACT testing by the health care provider will assist the practitioner in determining health care and school accommodations needed for the recovery of the student. The IMPACT test is utilized by the local concussion centers at Morristown Memorial Hospital, Overlook Medical Center, Somerset Medical Center, St Clares Hospital, St Barnabas Medical Center and the Goryeb Children's Hospital, etc.

The IMPACT program was obtained through a grant awarded to the middle school nurse through the P.A.C.E. (Protect Athletes through Concussion Education) Program from Dick's Sporting Goods. The Green Brook Township School District is committed to keeping your child's health and safety at the forefront of his/her athletic experience.

I understand the use of the IMPACT baseline computer program for establishing a pre-concussion baseline. If you have questions please call the school nurse or ask your couch.

Parent

Signature: _____ **Date:** _____

Student's

Name: _____

Grade: _____

Homeroom Teacher: _____

Updated: 9-3-15

Website Resources

- Sudden Death in Athletes
<http://tinyurl.com/m2gjmvg>
- Hypertrophic Cardiomyopathy Association
www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics New Jersey Chapter

3836 Quakerbridge Road, Suite 108
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American Heart Association

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SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes



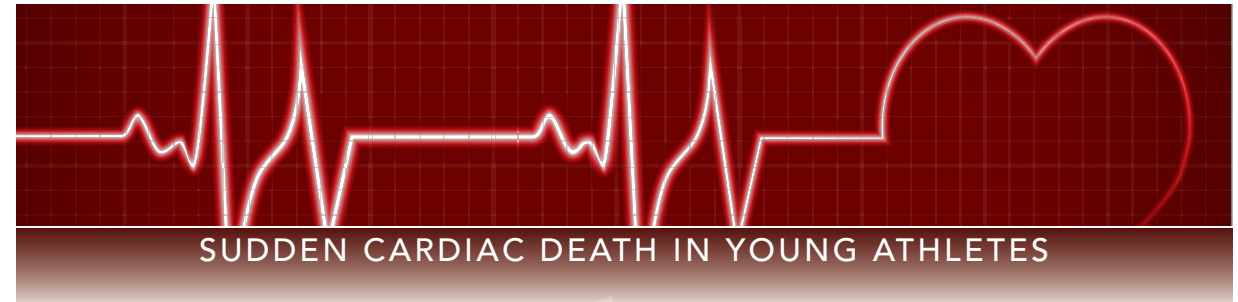
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SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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).

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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; 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 warning 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

PPE. However, these procedures may be 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

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).

N.J.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder.

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1½ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.

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.¹ 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 protective eyewear.² **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). 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, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.**³

Health care providers (HCP), including family 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 recommended, and permitted for your child's sport, visit the National Eye Institute at <http://www.nei.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 participating in school sports or 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 teams 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/sportsrelatedeyeInjuries.pdf, December 26, 2013.

³ 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

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;

Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

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>.

⁴Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.