Dear Parent/Guardian,

Due to state regulations, students interested in participating in athletics, band, cheerleading, ROTC and the strength and conditioning program are instructed to obtain a New Jersey Department of Education Annual Athletic Pre-participation Examination. The exam is valid for 365 days and in order to maintain eligibility for participation a new form must be completed yearly within that time frame. The forms are available for pick up at Clifton High School and are also available via the CHS website http://www.clifton.k12.nj.us/hs/athletics.news.asp.

Each Physical Packet Must Contain the Following:

1. **History Form** - (to be completed by parent/guardian and student)
2. **Special Needs Form** – (to be completed by parent/guardian and student) - Only required for those with special needs.
3. **Physical Examination Form** - (to be completed by physician) - Physician must complete this page, check off level of participation permitted, sign and date the physical.
4. **Clearance Form** - (to be completed by physician) - Physician must check level of participation permitted, stamp and sign both the clearance form AND the line entitled “Cardiac Assessment Professional Development Module”. Two signatures are required on this page. As per NJ Department of Education Scholastic Student-Athlete Safety Act, P.L. 2013 all examining physicians must have completed the Cardiac Assessment Professional Development Module to be eligible to sign off on your child’s physical.
5. **Consent and Release/Concussion Acknowledgement/Steroid Testing Policy/Sudden Cardiac Death Forms/ Opioid Drug Sign Off and Fact Sheet** - (to be completed by parent/guardian and student)
6. **Eligibility and Training Rules** - (to be completed by parent/guardian and student)
7. **Sudden Cardiac Death Pamphlet** - This page is to be retained by parent/guardian.

Please note if forms are not completed entirely, your child will be withheld from participation until the forms are completed. Return the signed completed physical packet to the Athletic Training Room or Clifton High School main office. If you have any questions, please use the contact information provided below.

Please adhere to the physical submission deadline dates for each sport season. Failure to do so can result in disqualification from participation. Also be advised there is a review period for all submitted physicals that can be up to 14 days from submission date. Note: Faxed pages will not be accepted.

Thank you for your cooperation.

Tom Mullahey          Tom Cutalo, ATC          Meaghan Conti, ATC
Athletic Director      Certified Athletic Trainer      Certified Athletic Trainer
973-470-2282           973-470-2524           973-470-2524
tmullahey@cliftonschools.net   tcutalo@cliftonschools.net   mconti@cliftonschools.net
### 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?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

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:
   - ☐ Asthma
   - ☐ Anemia
   - ☐ Diabetes
   - ☐ Infections
   - Other: __________________________________________________________________________________

3. Have you ever spent the night in the hospital?

4. Have you ever had surgery?

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:
   - ☐ High blood pressure
   - ☐ A heart murmur
   - ☐ High cholesterol
   - ☐ A heart infection
   - ☐ 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 YOU

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

5. Have you ever had a heart infection?

6. Have you ever had a heart murmur?

7. Have you ever had a heart attack?

8. Have you ever had atrial fibrillation?

9. Have you ever had heart failure?

10. Have you ever had aortic stenosis?

11. Have you ever had aortic regurgitation?

12. Have you ever had heart valve disease?

13. Have you ever had heart failure?

14. Have you ever had heart failure?

15. Have you ever had a pacemaker?

16. Have you ever had a defibrillator?

---

### MEDICAL QUESTIONS

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

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. Are you trying to or has anyone recommended that you gain or lose weight?

51. Do you have any concerns that you would like to discuss with a doctor?

---

### BONE AND JOINT QUESTIONS

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

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?

---

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

Signature of athlete __________________________ Signature of parent/guardian __________________________ Date __________________________
# Preparticipation Physical Evaluation

## The Athlete with Special Needs: Supplemental History Form

**Date of Exam** ____________________________________________________________

**Name** ____________________________________________________________________ **Date of birth** __________________________

**Sex** _______ **Age** _______ **Grade** _______ **School** ________________________ **Sport(s)** __________________________________

<table>
<thead>
<tr>
<th>1. Type of disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Date of disability</td>
</tr>
<tr>
<td>3. Classification (if available)</td>
</tr>
<tr>
<td>4. Cause of disability (birth, disease, accident/trauma, other)</td>
</tr>
<tr>
<td>5. List the sports you are interested in playing</td>
</tr>
<tr>
<td>6. Do you regularly use a brace, assistive device, or prosthetic?</td>
</tr>
<tr>
<td>7. Do you use any special brace or assistive device for sports?</td>
</tr>
<tr>
<td>8. Do you have any rashes, pressure sores, or any other skin problems?</td>
</tr>
<tr>
<td>9. Do you have a hearing loss? Do you use a hearing aid?</td>
</tr>
<tr>
<td>10. Do you have a visual impairment?</td>
</tr>
<tr>
<td>11. Do you use any special devices for bowel or bladder function?</td>
</tr>
<tr>
<td>12. Do you have burning or discomfort when urinating?</td>
</tr>
<tr>
<td>13. Have you had autonomic dysreflexia?</td>
</tr>
<tr>
<td>14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?</td>
</tr>
<tr>
<td>15. Do you have muscle spasticity?</td>
</tr>
<tr>
<td>16. Do you have frequent seizures that cannot be controlled by medication?</td>
</tr>
</tbody>
</table>

**Explain “yes” answers here**

---

Please indicate if you have ever had any of the following.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray evaluation for atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged spleen</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteopenia or osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in ability to walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spina bifida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Explain “yes” answers here**

---

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

**Signature of athlete** __________________________________________ **Signature of parent/guardian** __________________________________________ **Date** _____________________
Preparticipation Physical Evaluation

PHYSICAL EXAMINATION FORM

Name ___________________________ Date of birth ___________________________

PHYSICIAN REMINDERS

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

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION

Height ___________________________ Weight ___________________________

Male □ Female □

BP / / / Pulse Vision R 20/ L 20/ Corrected □ Y □ N

MEDICAL

NORMAL

ABNORMAL FINDINGS

Appearance
   * Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)

Eyes/ears/nose/throat
   * Pupils equal
   * Hearing

Lymph nodes

Heart:
   * 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 GI 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) ___________________________ Date ___________________________

Address ___________________________ Phone ___________________________

Signature of physician, APN, PA ___________________________
Preparticipation Physical Evaluation
CLEARANCE FORM

Name ___________________________ Sex □ M □ F Age ______________ Date of birth ______________

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

☐ Not cleared
  □ Pending further evaluation
  □ For any sports
  □ For certain sports ________________________________________________________________________________________

Reason ______________________________________________________________________________________

Recommendations ______________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

EMERGENCY INFORMATION
Allergies ______________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Other information ______________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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: __________________________

©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment. New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
Consent and Release Form:

This instrument is to certify that I (if student is 18) or as the parent and/or guardian of __________________ in consideration of the benefits to children to be gained through participation in the sports program, do hereby consent to his/her being enrolled as a candidate for participation in athletics and that he/she has my permission to undergo a complete sports physical which may include: history, blood pressure, pulse, hernia (boys), scoliosis screening, finger stick blood count, urinalysis for steroid detection and orthopedic exam of shoulders, elbows, knees, and ankles. He/she also has my permission to engage in the interscholastic competition under jurisdiction of the Clifton Board of Education.

Realizing that all sports participation is dangerous, I do hereby waive any claim for damages against the Board of Education of Clifton in the County of Passaic, NJ, its employees, officers, members, and participants for death or personal injuries or loss of potential earnings that may result from his/her participation in such sports except for and proceeds of accident or liability insurance policies that may be available for his/her protection.

By signing below I, hereby acknowledge that I have been properly advised, cautioned and warned by the proper administrative and coaching personnel of the Clifton Public School District that by participating in athletics I am exposing myself/my child to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis, or even death. Having been so cautioned and warned, it is still my desire to participate/permit participation in the sport, and should I choose to participate/permit participation in sport, I hereby further acknowledge that I do so with full knowledge and understanding of the risk of injury to which I am exposing myself/my child by participating.

I further release the said Board of Education of Clifton in the County of Passaic, NJ, its employees, members and participants from any and all claims or actions whatsoever based on the transportation of said team or the playing, equipment or operation of said sports programs during the season.

I also give permission and consent for my child to receive medical care from the Clifton High School Sports Medicine staff. This consent allows the Sports Medicine Staff to provide first aid care, injury evaluation and necessary treatment by the Team Physicians or Certified Athletic Trainers under the Team Physician’s written or verbal instructions or plan of care. In addition, I agree to allow the Clifton High School Sports Medicine staff to both receive and release pertinent medical information from/to appropriate authorities (such as coaches, school nurses, physician’s offices or hospitals) if said information is requested.

I further give permission and consent for my child to receive treatment by the Clifton High School Sports Medicine staff by order of other licensed physicians who although not on the Clifton High School Sports Medicine staff provide oral or written orders directly to the Sports Medicine staff. The Sports Medicine staff will review these orders with the Clifton High School Team Physician or other staff physicians as deemed necessary prior to providing treatment.

By signing below, I hereby acknowledge that Clifton High School utilizes the ImPact Baseline Concussion Management Program for all student-athletes participating in contact/collision sports. Should I/my child participate in contact/collision sport I give consent for him/her to participate in the ImPact Concussion Management Program and complete a baseline concussion test under the supervision of the Certified Athletic Trainers. I acknowledge the following sports require baseline concussion tests; Football, Soccer, Gymnastics, Cheerleading, Volleyball, Wrestling, Ice Hockey, Basketball, Lacrosse, Baseball, Softball, and Track.

In case of accident or serious illness, I request the school to contact me/us. If the school is unable to reach me, I hereby authorize the school to make whatever emergency arrangements seem necessary.

Student ID#: __________________

Athlete’s PRINTED Name: __________________________________________________________________

Athlete’s Signature: ________________________________________________________________________

Parent/Guardian PRINTED Name: _____________________________________________________________

Parent/Guardian Signature: ______________________________________________ Date: _______________

Emergency Phone Number(s): ______________________________ / ______________________________

Parent Email: ____________________________________________________________
State of New Jersey: DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet Sign-Off Sheet:

Name of School District: CLIFTON PUBLIC SCHOOLS
Name of Local School: CLIFTON HIGH SCHOOL

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

Student Signature: ___________________________________________ Date: __________

Parent/Guardian Signature: ______________________________________ Date: __________

New Jersey Department of Education 2014: pursuant to the Scholastic Student-Athlete Safety Act, P.L. 2013, c.7

NJSIAA

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 (list of substances available upon request), without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA’s sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student’s parent/guardian consent to random testing.

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
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.

**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

_________________________  ___________________________  __________
Signature of Student-Athlete  Print Student-Athlete’s Name  Date

_________________________  ___________________________  __________
Signature of Parent/Guardian  Print Parent/Guardian’s Name  Date
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: __CLIFTON HIGH SCHOOL________________________________________

Name of School District (if applicable): _CLIFTON____________________________________

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

Student Signature: _________________________________________________________________

Parent/Guardian Signature: __________________________________________________________

Date: __________________________________________________________________________

¹Does not include athletic clubs or intramural events.
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.

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.

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, non-steroidal 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.
What Are Some Ways to Reduce the Risk of Injury?

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

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. 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.

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:

- **CONDITIONING** Maintain a good fitness level during the season and offseason. Also important are proper warm-up and cooldown exercises.
- **ADEQUATE HYDRATION** Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.
- **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.

Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

- 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
5. National Institute of Arthritis and Musculoskeletal and Skin Diseases
6. USA TODAY
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.

1. The student must meet the New Jersey Interscholastic Athletic Association (NJSIAA) and Clifton Board of Education requirements concerning age and academic credits before he/she can participate. The NJSIAA academic and age requirements are as follows:
   A. To participate in fall and winter sports, a student must have earned 30 credits at the start of the first semester.
   B. To participate in a spring sport, a student must have earned the equivalent of 15 credits at the end of the first semester.
   C. A student becomes ineligible for high school athletics if he/she turns 19 prior to September 1st.

2. Any student, who is found to be in possession of, using, transmitting or found to be under the influence of any alcoholic beverage or substance not prescribed by a physician, including but not limited to marijuana, chewing tobacco and vape products, shall be suspended from the athletic program in accordance with the Board of Education Alcohol and Tobacco Policy.

3. Following a violation, the athlete shall not be allowed to practice or compete in any interscholastic activity until they have complied with the readmission criteria established by the Board of Education.

4. Athletes who have tested positive for steroids will be ineligible to participate in interscholastic sports for the remainder of the season and shall be assigned to undergo another pre-season physical before being considered eligible for another sport. If tested positive a second time, the athlete will be ineligible from all interscholastic sports for one year from the date of incident.

5. Any athlete, who intentionally causes or attempts to cause school damage, steals or attempts to steal school property, is liable for suspension.

6. Any athlete who intentionally causes physical injury to another person, except in self-defense, is liable for suspension. No student can haze another person in any manner. Hazing is not permitted and not tolerated.

7. Any athlete who does not observe the coach’s particular training rules is liable for suspension.

*In the cases of all violations the principal, athletic director, school personnel and head coach will review each case and determine which specific penalty/penalties will be assessed to the student-athlete.

I have read these eligibility and training rules and agree with them as a parent/guardian and as a student. I will abide by the rules.

_________________________                 _______________                     __________________________
Parent/Guardian’s Signature                              Date             Student’s Signature

__________________________              _______________                     __________________________
Athletic Trainer’s Signature               Sport/Activity                       Print Student’s Name

Parent’s Name_________________________Address_________________________________________

Parent/Guardian Contact Numbers ____________________________ / ___________________________

Additional Emergency Name & Number____________________________________________________

Hospital of Preference____________________________________Date of Current Physical____________

Personal Physician (Name & Number)____________________________________________________

Medical Conditions (Allergies, Contacts, Asthma, etc.)_________________________________________

Medications currently being taken________________________________________________________

Does your child have a 504 plan in place? Yes☐ No☐ HS Guidance Counselor__________________
Grade_____ Gender: Male / Female     Date of Birth__________ Age______ ID#________________
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

SUDDEN 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 fibr-ROO-lay-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

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

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

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

### Are there warning signs to watch for?

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

- Fatigue, 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.


### 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.