In order to be cleared for participation in sports at SCVTHS, a sports clearance packet must be completed before an athlete can be involved in any athletic activity, including tryouts/practice. The attached required forms must be read and signed by the Parent/Guardian and the Student.

- **2019** Fall Sport Physicals are due on *Thursday, August 1, 2019*
- **2019-2020** Winter Sport Physicals are due on *Friday, November 1, 2019*
- **2020** Spring Sports Physicals are due on *Friday, January 31, 2020*

When you submit a sports packet, it will be sent directly to the SCVTHS School Nurse*. The school nurse will review all parts of the sports packet to make sure everything is completed and signed by the parent/guardian and the student.

A new athletics sports packet is required for every school year. In order to be eligible for the first day of tryouts, the completed packet must be submitted to the school nurse according to the above deadlines. Forms not submitted within the specified timeframe may result in the prospective student-athlete not being eligible for the start of tryouts. Coaches will be notified of any ineligible players.

Thank you for your cooperation.

Jaime Morales, Supervisor of Athletics
Pat Pelliccia, Supervisor of Athletics

*THE SCHOOL NURSE SHOULD BE INFORMED OF ANY CHANGE IN MEDICAL STATUS OF A POTENTIAL ATHLETE THROUGHOUT THE SCHOOL YEAR.*
STANDARD AUTHORIZATION OF USE
AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Information to be Used or Disclosed:
The information covered by this authorization includes ____________________________

________________________________________

Person(s) Authorized to Use or Disclose Information:
Information listed above will be used or disclosed by ____________________________

________________________________________

Person(s) to Whom Information May be Disclosed:
Information described above may be disclosed to: Somerset County Vocational Technical High School

________________________________________

Expiration Date of Authorization:
This authorization is effective through — no expiration date — unless revoked or terminated by the patient or the patient’s personal representative.

________________________________________

Right to Terminate or Revoke Authorization:
You may revoke or terminate this authorization by submitting a written revocation to Warren MediCenter, P.A. You should contact Karen Trimboli, Health Services Manager, to terminate this authorization.

________________________________________

Potential for Re-disclosure:
Information that is disclosed under this authorization may be disclosed again by the organization or person to which it is sent. The privacy of this information may not be protected under the federal privacy regulations.

________________________________________

Name of Patient (print or type) ____________________________ Date ____________________________

________________________________________

Signature of Patient ____________________________ Date ____________________________

________________________________________

Signature of Parent/Guardian ____________________________ Date ____________________________

________________________________________

Relationship of Patient Representative to Patient ____________________________ Date ____________________________
School District: Somerset County Vo-Tech High School

Emergency Information/Medical Clearance

Student name ____________________________ Birth date: ________________

Age: ________________ Grade: ________________ ID # ______________________

Address __________________________ street ____________________________ Town ____________ zip ____________

Home Telephone (____) __________________________

Name of Parent(s) or Guardian(s) __________________________

Work Phone: (____) ________________ cell: (____) ________________

Name __________________________ Relationship __________________________

Work Phone: (____) ________________ cell: (____) ________________

Name __________________________ Relationship __________________________

Emerg. Contact: numbers: (____) __________________________

Name __________________________ Relationship __________________________

Emerg. Contact: numbers: (____) __________________________

Name __________________________ Relationship __________________________

Family Physician: __________________________ Phone #: (____) __________________________

Insurance Company: __________________________ Policy #: __________________________

In the event of serious injury and your family doctor cannot be contacted, and if we are unable to contact one or the other parent, does the coaching staff/athletic trainer have your permission to seek medical attention from the nearest physician?

Yes ( ) No ( ) If your answer is NO, please state the procedure you wish the coaching staff/athletic trainer to follow __________________________

______________________________

Parent or Guardian Signature:

Parent email: __________________________

SPORTS RELATED CONCUSSION/HEAD INJURY/CARDIAC FACT SHEET PARENT/GUARDIAN ACKNOWLEDGEMENT

I have reviewed the information regarding concussion, head injury and cardiac death in young athletes associated with playing sports.

Parent/Guardian Signature: __________________________

Date: __________________________
Preparticipation Physical Evaluation

(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 ____________________________________________ 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

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? ☐

HEART HEALTH QUESTIONS ABOUT YOU

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

☐ 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? ☐

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

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

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 __________________________
# Preparticipation Physical Evaluation

**The Athlete with Special Needs: Supplemental History Form**

Date of Exam ___________________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
<th>Sex</th>
<th>Age</th>
<th>Grade</th>
<th>School</th>
<th>Sport(s)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Atlantoaxial instability</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<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 __________________________

New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
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 wear a seat belt, use a helmet, and use condoms?
   * During the past 30 days, did you use chewing tobacco, snuff, or dip?
   * Do you ever use alcohol or any other drugs?
   * Do you ever use alcohol or any other performance supplement?
   * Have you ever taken anabolic steroids or used any other performance supplement?
   * Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   * Do you feel safe at your home or residence?

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

### PHYSICIAN REMINDERS

- **Do you drink alcohol or use any other drugs?**
- **Do you wear a seat belt, use a helmet, and use condoms?**
- **During the past 30 days, did you use chewing tobacco, snuff, or dip?**
- **Do you ever use alcohol or any other performance supplement?**
- **Have you ever taken anabolic steroids or used any other performance supplement?**
- **Have you ever tried cigarettes, chewing tobacco, snuff, or dip?**
- **Do you feel safe at your home or residence?**
- **Have you ever taken any supplements to help you gain or lose weight or improve your performance?**
- **Have you ever taken any supplements to help you gain or lose weight or improve your performance?**

### 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 wear a seat belt, use a helmet, and use condoms?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you ever use alcohol or any other drugs?
   - Do you ever use alcohol or any other performance supplement?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - Do you feel safe at your home or residence?

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

#### EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>☐ Male</th>
<th>☐ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>(</td>
<td>)</td>
<td>Pulse</td>
</tr>
</tbody>
</table>

#### MEDICAL

**NORMAL**

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Normality</th>
<th>Abnormality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ears/eyes/nose/throat</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Lymph nodes</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Heart</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Pulses</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Lungs</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Genitourinary (males only)</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Skin</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Neurologic</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

#### MUSCULOSKELETAL

<table>
<thead>
<tr>
<th>Neck</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Shoulder/arm</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Elbow/forearm</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Wrist/hand/fingers</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Hip/thigh</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Knee</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Leg/ankle</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
<tr>
<td>Foot/toes</td>
<td>Normal</td>
<td>Abnormal</td>
</tr>
</tbody>
</table>

#### Recommendations

- Clear for all sports without restriction
- Clear 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 __________________________

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) __________________________ Date __________________________

Address __________________________________ Phone __________________________

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

Name ____________________________ Sex ☐ M ☐ F Age __________ Date of birth ______________

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

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

Reason __________________________________________________________

Recommendations _______________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

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) _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______ _______
Somerset County Vocational & Technical High School
Interscholastic Athletic Form

1. Request for Enrollment

_________________________, a student of the Somerset County Vo-Tech High School and in the
_______________________ grade at Somerset County Vo-Tech High School, hereby request that I be enrolled as
a candidate for a place on the _______________ team of the aforementioned school.

_________________________  Date: ______________________

Signature of student

2. Acknowledgement of Physical Hazards

The undersigned hereby acknowledge that participation in athletics involves an inherent potential for injury.
Further, the undersigned acknowledge that even with the best coaching, rules, injuries are still a possibility. On
rare occasion these injuries can be so severe as to result in total disability, paralysis or even death. The
undersigned understand and accept this fact.
The Board of Education does not provide medical insurance coverage for student athletics. Such coverage must
be provided by your home, private or business insurance or the optional insurance company parents must choose
to purchase annually through BOLLINGER Insurance Company, P.O. Box 1346, Morristown, NJ 07962; Phone #
(866)267-0092; http://www.bollingerschools.com/site/.

_________________________  Date: ______________________

Signature of Parent or Guardian

_________________________  Date: ______________________

Signature of student

3. Consent of Parent/Guardian

_________________________, as the Parent/Guardian of ______________________ hereby give
consent to the participation of said student on the _______________ team at Somerset County Vo-Tech High
School. I hereby certify that he/she was born ___________________ in ___________________. I am advised that
student-athletes are held responsible for the athletic equipment and uniforms issued to them by the school
district and I agree to be responsible for the same if they are lost.

_________________________  Date: ______________________
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 reverse side 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        Date

______________________________  ____________________________
Signature of Parent/Guardian        Date

Please see other side
NJSIAA Banned-Drug Classes

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

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

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

(a) Stimulants
- amphetamine
- benedrine
- benzphetamine
- bromantan
- caffeine
- chlorphenetermine
- cocaine
- crotopamide
- diethylpropion
- diphenylhydantoin
- doxapram
- ephedrine
- ethamivan
- ethylamphetamine
- fencamfamine
- meclofenoxate
- methamphetamine
- methylphenidate
- methylenedioxyamphetamine (MDMA, ecstasy)
- methylphenidate
- pemoline
- pentazocine
- phenmetrazine
- phenmetrazine
- phenetermine
- phenylpropanolamine (ppa)
- piperoxine
- pipradol
- propranolol
- strychnine
- synephrine
- (citrus aurantium, zhi shi, bitter orange)
and related compounds

(b) Anabolic Agents
- anabolic steroids
- androstenediol
- androstenedione
- boldenone
- clostebol
- dehydrochlormethyl-testosterone
- dehydroepiandrosterone
- dehydrotestosterone (DHEA)
- dromostanolone
- epitrenbolone
- fluoxymesterone
- gestrinone
- mesterolone
- methandienone
- methenolone
- methyltestosterone
- nandrolone
- norandrostenediol
- norandrastenedione
- norethandrolone
- oxandrolone
- oxymesterone
- oxymetholone
- phenidmazemazine
- pregelone
- stanozolol
- testosterone
- tetrahydrogestrinone
- (THG)
- trenbolone
and related compounds
other anabolic agents
- clenbuterol

(c) Diuretics
- acetazolamide
- bendroflumethiazide
- benzthiazide
- bumetanide
- chlorothiazide
- chlorthalidone
- ethacrynic acid
- flumethiazide
- furosemide
- hydrochlorthiazide
- hydroflumethiazide
- metolazone
- polythiazide
- quinethazone
- spirinolactone
- triamterene
- trichloromethiazide
and related compounds

(d) Peptide Hormones & Analogues:
- corticotrophin (ACTH)
- human chorionic gonadotrophin (hCG)
- leutenizing hormone (LH)
- growth hormone (HGH, somatotrophin)
- insulin like growth hormone (IGF-1)

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

(e) Definitions of positive depends on the following:
1 for caffeine—if the concentration in urine exceeds 15 micrograms/ml
2 for testosterone—if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.

Please see other side
NJSIAA PARENT/GUARDIAN
CONCUSSION POLICY ACKNOWLEDGMENT FORM

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

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

<table>
<thead>
<tr>
<th>Symptoms may include one or more of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Headache.</td>
</tr>
<tr>
<td>2. Nausea/vomiting.</td>
</tr>
<tr>
<td>3. Balance problems or dizziness.</td>
</tr>
<tr>
<td>4. Double vision or changes in vision.</td>
</tr>
<tr>
<td>5. Sensitivity to light or sound/noise.</td>
</tr>
<tr>
<td>6. Feeling of sluggishness or fogginess.</td>
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<tr>
<td>7. Difficulty with concentration, short-term memory, and/or confusion.</td>
</tr>
<tr>
<td>8. Irritability or agitation.</td>
</tr>
<tr>
<td>9. Depression or anxiety.</td>
</tr>
<tr>
<td>10. Sleep disturbance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signs observed by teammates, parents and coaches include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Appears dazed, stunned, or disoriented.</td>
</tr>
<tr>
<td>2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent)</td>
</tr>
<tr>
<td>3. Exhibits difficulties with balance or coordination.</td>
</tr>
<tr>
<td>4. Answers questions slowly or inaccurately.</td>
</tr>
<tr>
<td>5. Loses consciousness.</td>
</tr>
<tr>
<td>6. Demonstrates behavior or personality changes.</td>
</tr>
<tr>
<td>7. Is unable to recall events prior to or after the hit.</td>
</tr>
</tbody>
</table>
What can happen if my child/player keeps on playing with a concussion or returns too soon?

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

If you think your child/player has suffered a concussion

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

An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and may not return to play until the athlete is evaluated by a medical doctor or doctor of Osteopathy, trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.

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

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

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

www.nfhslearn.com

_________________________________________  ________________________________  ____________________
Signature of Student-Athlete                Print Student-Athlete's Name       Date

_________________________________________  ________________________________  ____________________
Signature of Parent/Guardian               Print Parent/Guardian’s Name        Date

Please keep this form on file at the school. Do not return to the NJSIAA. Thank you.
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

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-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-o-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).

Website Resources

- Sudden Death in Athletes http://tinyurl.com/m2gjmwq
- Hypertrophic Cardiomyopathy Association www.hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics
New Jersey Chapter
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org

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

New Jersey Department of Education
PO Box 500
Trenton, NJ 08625-0500
(p) 609-292-5335
www.state.nj.us/education/

New Jersey Department of Health
P.O. Box 360
Trenton, NJ 08625-0360
(p) 609-292-7377
www.state.nj.us/health

Lead Author: American Academy of Pediatrics, New Jersey Chapter
Written by: Initial draft by Sushma Raman Hebbar, MD & Stephen G. Rice, MD PhD
Additional Reviewers: NJ Department of Education, NJ Department of Health and Senior Services, American Heart Association/New Jersey Chapter, NJ Academy of Family Practice, Pediatric Cardiologists, New Jersey State School Nurses
Revised 2014: Nancy Curry, EdM; Christene DeVitt-Parker, MSN, CSN, RN; Lakota Kruse, MD, MPH; Susan Martz, EdM; Stephen G. Rice, MD; Jeffrey Rosenberg, MD, Louis Teichholz, MD; Perry Weinstock, MD

State of New Jersey Department of Education
American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN

American Heart Association Learn and Live
Being unable to keep up with friends due to fatigue or tiring more quickly than peers; or palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation; or dizziness or lightheadedness, especially down periods after athletic participation; or fainting or a seizure from emotional startlement; or 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.

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.

Sudden Cardiac Death in Young Athletes

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.

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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).

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 1 1/2 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.
Name of School District: ____________________________________________

Name of Local School: ____________________________________________

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

Student Signature: ________________________________________________

Parent or Guardian
Signature: _________________________________________________________

Date: __________________________
Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear. 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.

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.

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

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**Signs or Symptoms of an Eye Injury**

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

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**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.

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**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.

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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.

### How Do Athletes Obtain Opioids?

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

### What Are Signs of Opioid Use?

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied. In the early stages of abuse, the athlete may exhibit unprovoked nausea and/or vomiting. However, as he or she develops a tolerance to the drug, those signs will diminish.

Constipation is not uncommon, but may not be reported. One of the most significant indications of a possible opioid addiction is an athlete’s decrease in academic or athletic performance, or a lack of interest in his or her sport. If these warning signs are noticed, best practices call for the student to be referred to the appropriate professional for screening, such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)) offered through the New Jersey Department of Health.

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

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

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

- The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, 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?

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

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

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

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.

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.

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.6

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

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
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.

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

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

Name of School:

Name of School District (if applicable):

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

Student Signature:

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

Date:

¹Does not include athletic clubs or intramural events.