

## **RETURN DATE FOR ALL PHYSICAL FORMS IS AUGUST 15**

### **Physicals**

Reverend Brown School policy requires that every student receives a physical exam from his/her physician **between May 15th and August 15th** regardless of insurance restrictions, without exception. This will ensure that each student is cleared to participate in gym and sports for the entire school year. The forms should be downloaded from the website and must be filled out completely, signed by both you and your physician, and stamped by the physician. Please keep a copy for your records. **No student will be allowed to start school until all forms are received.** Incomplete forms will be returned. Please call your physician now to **schedule an appointment**. All Pre-K, Kindergarten and New students **must** attach a vaccine record as well.

### **Asthma/Allergy Action Plan**

Action Plans are only necessary if your child has asthma requiring an inhaler/nebulizer or an allergy requiring an epinephrine auto injector. These forms can be downloaded from the website and include an authorization to share this information with staff and school representatives involved with the care of your child. The Allergy Action Plan also includes 2 additional forms for emergency medicine use and for delegate administration. Please make sure **all** forms are completed and signed by both the physician (as indicated) and the parent. All medication should be put in a Ziploc bag with the student's name clearly printed on the front and in the original container. **Students are NOT permitted to transport or carry medication.**

### **Seizure Action Plan**

A Seizure action plan is available on the website as needed.

### **Medication**

**ALL medications dispensed at school require a physician's order, no exceptions.** This includes both prescription and nonprescription medication. The order **MUST** include the name of the medication, dosage, frequency, indication for use (diagnosis) and possible side effects. All orders must have a physician signature and stamp. **Students are not permitted to transport or carry medication. This includes cough drops** and all other over the counter medications. All medications must be supplied by the parent, brought to the school by an adult, in the original container with the pharmacy label (when applicable) and clearly marked with your child's name. Please check expiration dates before submitting.

### **Concussion Form and Health History Update**

All students who participate in a school sponsored sport are required to **review and complete the concussion fact sheet and sign off page prior to the first practice**. This form must be completed each school year and submitted to the school nurse. Health History Updates are **required at the start of each new sport if the first practice begins more than 90 days after the current physical**.

Please return all forms to the Reverend Brown School Health Office by August 15th. Students will not be admitted to school in September until physicals are received. Thank you for your attention to this matter. We look forward to a successful and healthy school year with your child.

**Physical Evaluation Form**

**Grades PK-4**

Reverend George A. Brown Memorial School  
294 Sparta Avenue, Sparta, New Jersey 07871 973-729-9174

Students Name \_\_\_\_\_ DOB \_\_\_\_\_

Sex: M F Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_ / \_\_\_\_ Pulse \_\_\_\_\_

Vision: Right 20/ \_\_\_\_\_ Left 20/ \_\_\_\_\_ Glasses: Yes / No contacts: Yes / No

Gross Hearing: Right: Pass / Fail Left: Pass / Fail

|   |  |
|---|--|
| Head/Neck                               |  |
| Eyes/Sclera/Pupils                      |  |
| Ears                                    |  |
| Nose/Mouth/Throat                       |  |
| Heart:<br>Murmurs/Rhythms               |  |
| Lungs:<br>Auscultation/Percussion       |  |
| Chest Contour                           |  |
| Tanner Stage:<br>Testes/onset of menses |  |
| Skin                                    |  |
| Abdomen                                 |  |
| Neck/Back/Spine<br>Range of Motion      |  |
| Scoliosis                               |  |
| Upper Extremities                       |  |
| Lower Extremities                       |  |
| Neurological:<br>Balance/Coordination   |  |
| Hernia?                                 |  |

Allergies (environmental/drugs/insect bites) \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medications currently used: \_\_\_\_\_

Can this Child participate in a full physical education Program? Yes / No (if no, please explain)

\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date of Exam \_\_\_\_\_

Physician Stamp:

## **AUTHORIZATION FOR RELEASE OF INFORMATION ON NEED-TO-KNOW BASIS**

Reverend George A. Brown Memorial School strives to protect the well-being of our students, especially those with special health needs. This includes assisting teachers, students and administrators to adapt to a student's health needs.

Because of this commitment it is important that certain confidential information about the student's health be shared with different staff members. This information will be used to plan for the care and management of the student. It will be shared with those members of the professional staff who have direct responsibility for the student when in school or participating in school activities.

Please complete the release below:

I hereby authorize an exchange of information to occur between the school nurse, my child's physician and those members of the professional staff that have direct responsibility for my child when in school or when participating in school activities. Permission is effective for the school year in which it is granted and is renewed for each subsequent year.

Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form**

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

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

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

### **Quick Facts**

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

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

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

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

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

**What Should a Student-Athlete do if they think they have a concussion?**

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_  
Signature of Student-Athlete

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Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date