

HILLEL YESHIVA MIDDLE SCHOOL OCEAN, NJ 07712

EMERGENCY MEDICAL CONSENT

STUDENT NAME:		BIRTH DATE:
GRADE: S	PORT:	SEX:
HOME ADDRESS:		
EMERGENCY PHONE	NUMBERS:	
MOM CELL:		_ DAD CELL:
MOM EMAIL:		DAD EMAIL:
made to contact me. If I cannot necessary by the attending co	ot be reached, I grant prtified first aid provide ified medical facility.	tention, I, the parent, expect every reasonable attempt be permission for any immediate treatment deemed er and/or physician and/or faculty member and the This authorization does not cover major surgery licensed physicians.
MEDICATION:	ust be on file in the nurse	ALLERGIC TO:
SPECIAL NEEDS:		O May be wearing contact lenses
SIGNATURE of parent	Date	Major medical ins. co. & policy #
PRINT NAME of parent		(print) Family physician & telephone #

Your child wishes to participate in the Hillel Yeshiva Middle School interscholastic athletic program. While every reasonable precaution is taken by our staff members to prevent injury, parents are required, under the law to assume the risk of injury. You must know and understand that your child's participation presents certain risks inherent to sports and exercise. Your signature below, as well as your child's signature, acknowledges that you understand and accept such risks.

TO THE BOARD OF EDUCATION:

I ask permission for my child to be allowed to participate in interscholastic athletics. I acknowledge that physical hazards may be encountered in the conduct of sports and in all arrangements incidental thereto. I waiver all claims for damages, remuneration, reimbursement or any other expenses in case of personal injury, in the conduct of the program and all arrangements incidental thereto. My signature below shall act as proof of my agreement and acknowledgement of the above facts.

PARENT SIGNATURE:	 DATE:
STUDENT SIGNATURE: _	 DATE:

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

PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keeps copy of this form in the chart.) Date of Exam

Name

Sex _____ Age _____ Grade _____ School ____

_ Date of birth ____ _ 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. □ Pollens □ Food

□ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
 Has a doctor ever denied or restricted your participation in sports for any reason? 			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?		
below: 🗆 Asthma 🔲 Anemia 🖾 Diabetes 🖾 Infections			28. Is there anyone in your family who has asthma?		
Other: 3. Have you ever spent the night in the hospital?			 Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? 		
4. Have you ever had surgery? .			30. Do you have groin pain or a painful bulge or hernia in the groin area?		-
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		
5. Have you ever passed out or nearly passed out DURING or			32. Do you have any rashes, pressure sores, or other skin problems?		
AFTER exercise?			33. Have you had a herpes or MRSA skin infection?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			34. Have you ever had a head injury or concussion?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
Has a doctor ever told you that you have any heart problems? If so, abade all that each.			36. Do you have a history of seizure disorder?		
check all that apply: High blood pressure A heart murmur			37. Do you have headaches with exercise?		-
Ingri high cholesterol A heart infection Id High cholesterol A heart infection Kawasaki disease Other;			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			39. Have you ever been unable to move your arms or legs after being hit or falling?		
10. Do you get lightheaded or feel more short of breath than expected			40. Have you ever become ill while exercising in the heat?		-
during exercise?			41. Do you get frequent muscle cramps when exercising?		1
11. Have you ever had an unexplained seizure?			42. Do you or someone in your family have sickle cell trait or disease?		-
12. Do you get more tired or short of breath more quickly than your friends			43. Have you had any problems with your eyes or vision?		
during exercise?			44. Have you had any eye injuries?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	45. Do you wear glasses or contact lenses?		-
 Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including 			46. Do you wear protective eyewear, such as goggles or a face shield?		1
drowning, unexplained car accident, or sudden infant death syndrome)?			47. Do you worry about your weight?		
 Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT 			48. Are you trying to or has anyone recommended that you gain or lose weight?		
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			49. Are you on a special diet or do you avoid certain types of foods?		
15. Does anyone in your family have a heart problem, pacemaker, or			50. Have you ever had an eating disorder?		
implanted defibrillator?			51. Do you have any concerns that you would like to discuss with a doctor?		
16. Has anyone in your family had unexplained fainting, unexplained			FEMALES ONLY	49.3	100
seizures, or near drowning?			52. Have you ever had a menstrual period?		
BONE AND JOINT QUESTIONS	Yes	No	53. How old were you when you had your first menstrual period?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			54. How many periods have you had in the last 12 months?		
18. Have you ever had any broken or fractured bones or dislocated joints?			Explain "yes" answers here		
 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?					
 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 ____

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

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)		
1. Type of disability					
2. Date of disability					
3. Classification (if available	3)				
4. Cause of disability (birth,	disease, accident/trauma, other	1			
5. List the sports you are in	terested in playing				
a de la companya de l			the state of the state of the state of the	Yes	No
6. Do you regularly use a bi	race, assistive device, or prosthe	tic?			
7. Do you use any special b	race or assistive device for spor	ts?			
8. Do you have any rashes,	pressure sores, or any other ski	n problems?			
9. Do you have a hearing lo	ss? Do you use a hearing aid?				
10. Do you have a visual imp	pairment?				
11. Do you use any special of	levices for bowel or bladder fund	tion?			
12. Do you have burning or o	discomfort when urinating?				
13. Have you had autonomic	dysreflexia?				
14. Have you ever been diag	nosed with a heat-related (hype	rthermia) or cold-related (hypothermia) illnes	ss?		
15. Do you have muscle spa	sticity?				
16. Do you have frequent se	izures that cannot be controlled	by medication?			

Explain "yes" answers here

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

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

Explain "yes" answers here

Signature of athlete

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

Signature of parent/guardian

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Date_

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

	Sex 🗆 M 🗆 F Age	Date of birth
Cleared for all sports without restriction		
Cleared for all sports without restriction with recommendations for furth	her evaluation or treatment for	-
□ Not cleared		
Pending further evaluation		
□ For any sports		
□ For certain sports		
Reason		
Recommendations		
		<u>*</u>
Σ.		
· · · · · · · · · · · · · · · · · · ·		
EMERGENCY INFORMATION		
Allergies	8	
Other information		
• Other information		
Other information		
• Other information		
. Other information		
	SCHOOL PHYSICIAN:	
	SCHOOL PHYSICIAN:	
	SCHOOL PHYSICIAN:	(Date)
	SCHOOL PHYSICIAN:	(Date)
	SCHOOL PHYSICIAN:	t Approved
HCP OFFICE STAMP	SCH00L PHYSICIAN: Reviewed on No Approved No Signature:	(Date) t Approved
HCP OFFICE STAMP I have examined the above-named student and completed the	SCHOOL PHYSICIAN: Reviewed on Approved No Signature: Preparticipation physical evaluation	(Date) t Approved . The athlete does not present apparent
HCP OFFICE STAMP I have examined the above-named student and completed the clinical contraindications to practice and participate in the sp and can be made available to the school at the request of the	SCHOOL PHYSICIAN: Reviewed on No Approved No Signature: preparticipation physical evaluation ort(s) as outlined above. A copy of th parents. If conditions arise after the a	t Approved The athlete does not present apparent e physical exam is on record in my office athlete has been cleared for participation
HCP OFFICE STAMP	SCHOOL PHYSICIAN: Reviewed on No Approved No Signature: preparticipation physical evaluation ort(s) as outlined above. A copy of th parents. If conditions arise after the a	t Approved The athlete does not present apparent e physical exam is on record in my office athlete has been cleared for participation
HCP OFFICE STAMP I have examined the above-named student and completed the clinical contraindications to practice and participate in the sp and can be made available to the school at the request of the the physician may rescind the clearance until the problem is r (and parents/guardians).	SCHOOL PHYSICIAN: Reviewed on Approved No Signature: e preparticipation physical evaluation ort(s) as outlined above. A copy of th parents. If conditions arise after the a resolved and the potential consequen	(Date) t Approved The athlete does not present apparent e physical exam is on record in my office athlete has been cleared for participation ces are completely explained to the athle
HCP OFFICE STAMP I have examined the above-named student and completed the clinical contraindications to practice and participate in the sp and can be made available to the school at the request of the the physician may rescind the clearance until the problem is r (and parents/guardians).	SCHOOL PHYSICIAN: Reviewed on Approved No Signature: e preparticipation physical evaluation ort(s) as outlined above. A copy of th parents. If conditions arise after the a resolved and the potential consequen	(Date) t Approved The athlete does not present apparent e physical exam is on record in my office athlete has been cleared for participation ces are completely explained to the athle
HCP OFFICE STAMP I have examined the above-named student and completed the clinical contraindications to practice and participate in the sp and can be made available to the school at the request of the the physician may rescind the clearance until the problem is r (and parents/guardians).	SCHOOL PHYSICIAN: Reviewed on No Signature: No Signature: e preparticipation physical evaluation ort(s) as outlined above. A copy of th parents. If conditions arise after the a resolved and the potential consequen	t Approved The athlete does not present apparent e physical exam is on record in my office athlete has been cleared for participation ces are completely explained to the athle
HCP OFFICE STAMP I have examined the above-named student and completed the clinical contraindications to practice and participate in the sp and can be made available to the school at the request of the the physician may rescind the clearance until the problem is r (and parents/guardians).	SCHOOL PHYSICIAN: Reviewed on Approved No Signature: No Signature: e preparticipation physical evaluation ort(s) as outlined above. A copy of th parents. If conditions arise after the a resolved and the potential consequent nt (PA)	The athlete does not present apparent physical exam is on record in my office athlete has been cleared for participation ces are completely explained to the athle Date
Other information	SCHOOL PHYSICIAN: Reviewed on Approved No Signature: No Signature: e preparticipation physical evaluation ort(s) as outlined above. A copy of th parents. If conditions arise after the a resolved and the potential consequent nt (PA)	The athlete does not present apparent physical exam is on record in my office athlete has been cleared for participation ces are completely explained to the athle Date

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totale A P & Seas 1	PARTIC	IPATI	ON PHYS	ICAL EV	ALUATI	ON	
PHY	SICA	LE	XAMINA	TION	FORM		
Name	0.07	A Annual Annual A				r	Date of birth
PHYSICIAN RE	MUNDEDO						
 Consider additio Do you feel st Do you ever ft Do you feel sa Have you ever During the pa Do you drink t Have you ever Have you ever Have you ever Daving the pa 	nal questions on ressed out or un eel sad, hopeless ife at your home tried cigarettes st 30 days, did y alcohol or use ar taken anabolic taken any supp a seat belt, use a	der a lot of pr , depressed, o or residence? , chewing tob ou use chewin y other drugs steroids or us lements to he helmet, and u	essure? or anxious? ? acco, snuff, or dip? ng tobacco, snuff, or dip ?? sed any other performar lp you gain or lose weig	nce supplement? Iht or improve your p	erformance?		*
EXAMINATION			andred far en C.C.				
Height		Weight		🗆 Male	Female		
BP /	(/)	Pulse	Vision F		L 20/	Corrected 🗆 Y 🗖 N
MEDICAL Appearance		and the second	en de la de Maria		NORMAL	a strange of the	ABNORMAL FINDINGS
Eyes/ears/nose/thr Pupils equal Hearing Lymph nodes	jht, hyperlaxity, m pat	·					
Heart ^a Murmurs (ausculture) Location of point Pulses	t of maximal impl	ulse (PMI)	salva)				
 Simultaneous fe 	moral and radial	pulses					
Lungs							
Abdomen							
Genitourinary (male Skin • HSV, lesions sug		tinea corporis					
Neurologic 6							
MUSCULOSKELET	AL			And and the Parameter			
Neck							
D. I.							
Back							
Shoulder/arm							
Shoulder/arm Elbow/forearm		•					
Shoulder/arm Elbow/forearm Wrist/hand/fingers							
Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh							
Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee							
Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee Leg/ankle							
Shoulder/arm Elbow/forearm Wrist/hand/fingers Hip/thigh Knee							

Not cleared

Pending further evaluation

□ For any sports

For certain sports _____

Reason

Recommendations

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

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

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HE0503 New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71 State of New Jersey DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet Sign-Off Sheet

Name of School District: _

 \mathbf{x}

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:

[Type text]

Date:

New Jersey Department of Education 2014: pursuant to the Scholastic Student-Athlet Safety Act, P.L. 2013, c71

E14 00395

Website Resources

- cardiachealth.org/sudden-death-in-Sudden Death in Athletes athletes
- Hypertrophic Cardiomyopathy Association www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics New Jersey Chapter 3836 Cuakebridge Road, Suite 108 Hamilton, NJ 08619 (1) 609-842-2014 (1) 609-842-2014 pro.indee.www

American Heart Association 1 Union Street, Suite 301 Robbinsville, NJ, 03691 (p) 609-208-0020

New Jersey Department of Education PO Box 500 Trenton, NJ 08625-0500 (p) 609-292-5935 www.heart.org

New Jersey Department of Health P. O. Box 360 Trenton, NJ 08625-0360 (p) 609-292-7837 www.state.nj.us/education/

www.state.nj.us/health

Written by: Initial draft by Sushma Raman Hebbar, MD & Stephen G. Rice, MD PhD Lead Author: American Academy of Pediatrics, New Jersey Chapter

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ATHLETES CARDIAC SUDDEN YOUNG DEATH 2

Sudden Cardiac Death The Basic Facts on in Young Athletes



STATE OF NEW JERSEY DEPARTMENT OF EDUCATION O

American Heart Learn and Live Association



Udden 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

What is sudden cardiac death in the young athlete?

tragedy?

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

63

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. sudden cardiac death is more

attack).

Research suggests that the main cause is a What are the most common causes?

roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities ventricular fibrillation (ven-TRICK-you-lar fiband electrical diseases of the heart that go loss of proper heart rhythm, causing the blood to the brain and body. This is called unnoticed in healthy-appearing athletes. heart to quiver instead of pumping

muscle, which can cause serious heart rhythm problems and blockages to blood flow. This also called HCM. HCM is a disease of the heart, The most common cause of sudden death In an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR- dee-oh-my-OP-a-thee) genetic disease runs in families and usually with abnormal thickening of the heart 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 ".(commonly called "coronary artery disease," which may lead to a heart / heart in an abnormal way. This differs from blockages that may the main blood vessel of the occur when people get older

Other diseases of the heart that can lead to sudden death in young people include:

inflammation of the heart muscle (usually Myocarditis (my-oh-car-DIE-tis), an acute

extra beats) during athletics or during cool

beating unusually (skipping, irregular or

Palpitations - awareness of the heart

down periods after athletic participation;

Fatigue or tiring more quickly than peers;

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Being unable to keep up with friends due

to shortness of breath.

- Dilated cardiomyopathy, an enlargement due to a virus).
 - Long QT syndrome and other electrical of the heart for unknown reasons.
- abnormal fast heart rhythms that can also abnormalities of the heart which cause run in families.
 - 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 Marfan syndrome, an inherited disorder other family members.

("medical home") or school physician at least

once per year. The New Jersey Department of Education requires use of the specific

Annual Athletic Pre-Participation Physical

Examination Form.

New Jersey requires all school athletes to be examined by their primary care physician

What are the current recommendations for screening young athletes?

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 serlously. Warning signs are:

student-athletes answering questions about

This process begins with the parents and symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or

shortness of breath); and questions about

family health history.

- Fainting, a seizure or convulsions during physical activity;
- excitement, emotional distress or being Fainting or a seizure from emotional startled:
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;

must be provided annually for each exam because it is so essential to identify those at

risk for sudden cardiac death.

unexplained sudden death such as drowning or car accidents. This information

during physical activity or during a seizure. They also need to know if anyone in the

family under the age of 50 had an

know if any family member died suddenly

The primary healthcare provider needs to

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

abnormalities. If there are no warning signs careful listening examination of the heart, measurement of blood pressure and a abnormalities discovered on exam, no reported on the health history and no The required physical exam includes especially for murmurs and rhythm further evaluation or testing is recommended.

When should a student athlete see a heart specialist?

specialist may also order a treadmill exercise test and a monitor to enable a longer electrocardiogram (ECG), which is a graph of echocardiogram, which is an ultrasound test If the primary healthcare provider or school physician has concerns, a referral to a child recommended. This specialist will perform a more thorough evaluation, including an to allow for direct visualization of the heart recording of the heart rhythm. None of the heart specialist, a pediatric cardiologist, is structure, will likely also be done. The the electrical activity of the heart. An testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

evaluation, such as an infection of the heart not all, conditions that would cause sudden A proper evaluation should find most, but death in the athlete. This is because some diseases are difficult to uncover and may develop following a normal screening only develop later in life. Others can muscle from a virus.

review of the family health history need to athlete's primary healthcare provider. With This is why screening evaluations and a proper screening and evaluation, most be performed on a yearly basis by the cases can be identified and prevented.

Why have an AED on site during sporting

normal rhythm. An AED is also life-saving for The only effective treatment for ventricular automated external defibrillator (AED). An AED can restore the heart back into a fibrillation is immediate use of an

Effective September 1, 2014, the New Jersey the chest over the heart (commotio cordis). ventricular fibrillation caused by a blow to

Department of Education requires that all public and nonpublic schools grades K through 12 shall:

- event (three minutes total time to reach and return with the AED); Have an AED available at every sports
- Have adequate personnel who are trained in AED use present at practices and
- dames;
- Have coaches and athletic trainers trained in basic life support techniques (CPR); and
- Call 911 immediately while someone is retrieving the AED.