



## Upper School Student-Athlete Team Participation Form

This form must be completed in order for your child to participate in any team sports. **Your child must have a physical exam within the last year on file in the health office.** Please submit this completed form to the school health office. It will be forwarded to the team coach.

### TO BE COMPLETED BY HEALTH OFFICE:

Date of last physical exam: \_\_\_\_\_

Date of last Tetanus booster: \_\_\_\_\_

**It is important for parents and students to be alert for signs and symptoms of a concussion.** A fact sheet is attached.

An informational letter with the risks, signs, and symptoms of sudden cardiac arrest is also attached for students and their parents to review.

### TO BE COMPLETED BY PARENT OR GUARDIAN:

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

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Bus. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Bus. #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Please provide emergency contact person other than parent:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Sports Team: \_\_\_\_\_

### HISTORY SINCE LAST PHYSICAL EXAM:

(CHECK)

1. Any injuries requiring medical attention?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Any surgical operation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Any illness lasting more than a week, e.g., Mononucleosis?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Any skin infections?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. Any chronic disease, e.g., asthma, diabetes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
6. Any allergies to medication/food/other?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
7. Taking medication at this time?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
8. Wears glasses for sports?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
9. Wears contacts for sports?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Explain "Yes" answers here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please inform the school nurse of any changes in your child's medical condition.

### CONSENT FOR EMERGENCY MEDICAL TREATMENT AND TRIP AUTHORIZATION:

In the event of an emergency, if either parent cannot be reached, I give permission to the physician or hospital selected by the Ramaz School to hospitalize, and/or secure proper treatment as necessary, including but not limited to anesthesia, surgery, or injection, for my child as named above, with the understanding that the family will be notified as soon as possible. I give permission for the school nurse to release medical information as appropriate to school staff/faculty, to outside health care personnel, and as otherwise required by law.

I consent that my child may go or be taken by public or private transportation, vehicle or otherwise, on outings or any other trips arranged by the Ramaz School.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# A FACT SHEET FOR High School Parents



This sheet has information to help protect your teens from concussion or other serious brain injury.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Teens Safe?

Sports are a great way for teens to stay healthy and can help them do well in school. To help lower your teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for teens to avoid hits to the head.

## How Can I Spot a Possible Concussion?

Teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events *prior to* or *after* a hit or fall

### Symptoms Reported by Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Talk with your teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*

**GOOD TEAMMATES KNOW:  
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.**



**[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)**

# CONCUSSIONS AFFECT EACH TEEN DIFFERENTLY.

While most teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your teens' healthcare provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



**Plan ahead.** What do you want your teen to know about concussion?

## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1, or take your teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

**Teens** who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a teen for a lifetime. It can even be fatal.



## What Should I Do If My Teen Has a Possible Concussion?

As a parent, if you think your teen may have a concussion, you should:

1. Remove your teen from play.
2. Keep your teen out of play the day of the injury. Your teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your teen's healthcare provider for written instructions on helping your teen return to school. You can give the instructions to your teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

*Revised January 2019*

To learn more,  
go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)





Dear Parents/Guardians,

The [Dominic Murray Sudden Cardiac Arrest Prevention Act](#) is a new law as of July 1, 2022. This law requires schools, students, and parents/guardians have information on sudden cardiac arrest risks, signs, and symptoms. Please note that sudden cardiac arrest in children and youth is rare. The incidence of sudden cardiac death (SCD) on the playing field is 0.61 in 100,000.<sup>1</sup>

Sudden Cardiac Arrest (SCA) is an emergency that happens when the heart suddenly stops working. SCA can cause death if not treated immediately, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). Ramaz has staff members trained in the use of CPR and AED in school and at all school athletic events.

Preventing SCA before it happens is the best way to save a life<sup>1</sup>. Both your family health history and your child's personal history must be told to healthcare providers to help them know if your child is at risk for sudden cardiac arrest. Ask your child if they are having any of the symptoms listed below and tell a healthcare provider. Know your family history and tell a healthcare provider of any risk factors listed below.

**The signs or symptoms are:**

- Fainting or seizure, especially during or right after exercise or with excitement or startled
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

**Student's Personal Risk Factors are:**

- Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or "recreational" drugs.<sup>2</sup>
- Elevated blood pressure or cholesterol
- History of health care provider ordered test(s) for heart related issues

**Student's Family History Risk Factors are:**

- Family history of known heart abnormalities or sudden death before 50 years of age

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<sup>1</sup> Maron BJ, Doerer JJ, Haas TS, et al. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980-2006. *Circulation* 2009;119:1085-92. 10.1161/CIRCULATIONAHA.108.804617

<sup>2</sup> [SCA Prevention Toolkit – Eric Paredes Save A Life Foundation \(epsavealife.org\)](https://www.epsavealife.org/)

- Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents before 50 years of age
- Structural heart abnormality, repaired or unrepaired
- Any relative diagnosed with the following conditions:
  - Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
  - Arrhythmogenic Right Ventricular Cardiomyopathy
  - Heart rhythm problems, long or short QT interval
  - Brugada Syndrome
  - Catecholaminergic Ventricular Tachycardia
  - Marfan Syndrome- aortic rupture
  - Heart attack at 50 years or younger
  - Pacemaker or implanted cardiac defibrillator (ICD)

SCA in students at risk can be triggered by athletic activities. To decrease any chance of SCA in a student, the Student-Athlete Team Participation Form must be completed and signed by a parent/guardian before each sports season. A recent physical examination form is required to be submitted to Magnus Health for any student participating on a sports team. The date of the exam should be within twelve months prior to the start of the sports season. The Vital Health Record requirement in Magnus Health should be completed annually.

Finally, the law requires any student who has signs and symptoms of pending SCA be removed from athletic activity until seen by a **physician**. The physician must provide written clearance to the school for the student to be able to return to athletics.

Please contact the State Education Department's Office of Student Support Services for questions at [studentsupportservices@nysed.gov](mailto:studentsupportservices@nysed.gov) or 518-486-6090.

Thank-you!

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