

Pope John XXIII Parent Code of Conduct

Interscholastic sports programs promote the physical, social, and emotional development of student-athletes. Parents should encourage student-athletes to embrace the values of good sportsmanship and should model good sportsmanship by demonstrating fairness, respect and self control. **For a child to participate in athletics at Pope John, the child's parents must sign and agree to abide by this Code of Conduct.** Parents must be responsible for their words and actions while attending an athletic event, home or away.

Parents must not engage in or encourage their child or anyone else to engage in:

- 1) Unsportsmanlike conduct with any coach, parent, participant, official, or other attendee;
- 2) Any behavior that would endanger the health, safety, or well being of any coach, parent, participant, official, or other attendee.
- 3) The use of profanity;
- 4) Treating any coach, parent, participant, official, or other attendee with disrespect based on race, creed, color, national origin, sex, sexual orientation or ability; but not limited to
- 5) Verbal or physical threats or abuse of any coach, parent, participant, official, or other attendee;
- 6) Initiating a fight or scuffle with any coach, parent, participant, official, or other attendee;
- 7) Coaching any player from the sidelines or stands during practice or competition, as this may be distracting to the individual and the team, and may directly conflict with the coach's strategy is **STRICTLY PROHIBITED**
- 8) Approaching a coach to discuss the coach's strategy or the playing time of a player immediately before, during or after a game. Please wait for 48 hours to contact a coach. Parents must address any concerns with the coach's approach directly with the coach, in a respectful manner at an appropriate time (never on the same day as a game). If the concerns are then not addressed to the parents' satisfaction, they may then contact the Athletic Director, Mrs Mia Gavan to schedule an appointment to discuss any concerns.

Parents who violate this Code of Conduct while attending a school-sponsored athletic event, home or away, will be subject to disciplinary action by authorized game or school officials, including but not limited to the following in any order or combination:

- a. Verbal or written warning accompanied by mandatory behavioral remediation program;*
- b. Suspension or immediate ejection from a sports event; and/or*
- c. Season suspension or multiple season suspension.*

As a proud parent/guardian of _____ (students full name) and member of the Pope John XXIII community and _____ (team name)

I understand and fully agree to abide by the Pope John XXIII Parent Code of Conduct. I understand If I do not return this signed contract my son or daughter will not be allowed to participate in any practice or game until done so.

Parent/Guardian Name (please print)

Relation to Student-Athlete

Date

Parent/Guardian (signature)

Relation to Student-Athlete

Date

Website Resources

- Sudden Death in Athletes
<http://tinyurl.com/m2gimvq>
- 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

P.O. Box 500
Trenton, NJ 08625-0500
(p) 609-292-5935
www.state.nj.us/education/

New Jersey Department of Health

P.O. Box 360
Trenton, NJ 08625-0360
(p) 609-292-7837
www.state.nj.us/health

Lead Author: American Academy of Pediatrics,

New Jersey Chapter

Written by: Initial draft by Sushma Raman Hebban,
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 DeWitte-Parker, MSN, CSN, RN;

Lakota Kruse, MD, MPH; Susan Martz, EdM;

Stephen G. Rice, MD; Jeffrey Rosenberg, MD;

Louis Teichholz, MD; Perry Weinstein, MD

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on
Sudden Cardiac Death
in Young Athletes



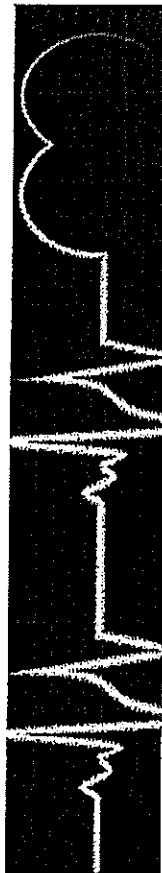
STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

American Heart
Association

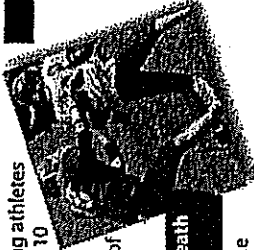
Learn and Live



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?

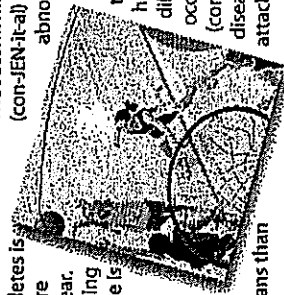
Research suggests that the main cause is a
loss of proper heart rhythm, causing the
heart to quiver instead of pumping
blood to the brain and body. This is called
ventricular fibrillation (ven-TRICK-you-lar fib-
roo-LAY-shun). The problem is usually caused
by one of several cardiovascular abnormalities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

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

The second most likely cause is congenital
(con-JEN-it-al) (i.e., present from birth)

abnormalities of the coronary

arteries. This means that these
blood vessels are connected to
the main blood vessel of the
heart in an abnormal way. This
differs from blockages that may
occur when people get older
(commonly called "coronary artery
disease" which may lead to a heart
attack).



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 Participation Physical Examination Form (PPE). This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

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

Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

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

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

Are there warning signs to watch for?

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

- 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).

normal is seen in 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 "Jane'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:

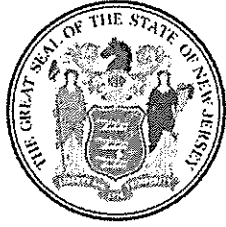
- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
 - A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (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.

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



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

**Sudden Cardiac Death Pamphlet
Sign-Off Sheet**

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: _____



Banned Substances 2023-2024

It is the student athlete's responsibility to check with the appropriate or designated athletic staff before using any substance.

The NJSIAA bans the following drug classes:

1. Stimulants
2. Anabolic agents
3. Beta-blockers
4. Diuretics and other masking agents
5. Narcotics
6. Cannabinoids
7. Peptide hormones, growth factors, related substances and mimetics
8. Hormone and metabolic modulators
9. Beta-2 agonists

Note: Any substance chemically/pharmacologically related to any of the classes listed above and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g., drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is also banned. All drugs within the banned-drug class shall be considered to be banned regardless of whether they have been specifically identified. There is no complete list of banned substances.

Substances and Methods Subject to Restrictions:

1. Blood and gene doping.
2. Local anesthetics (permitted under some conditions).
3. Manipulation of urine samples.
4. Beta-2 agonists (permitted only by inhalation with prescription).
5. Tampering of urine samples.

NJSIAA Nutritional/Dietary Supplements:

Before consuming any nutritional/dietary supplement product, review the product and its label with your school's athletics department staff.

1. Many nutritional/dietary supplements are contaminated with banned substances not listed on the label.
2. Nutritional/dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test.
3. Student-athletes have tested positive and lost their eligibility using nutritional/dietary supplements.
4. Any product containing a nutritional/dietary supplement ingredient is taken at your own risk.

Athletics department staff should consider providing information to student-athletes about supplement use and the importance of having nutritional/dietary products evaluated by qualified staff members before consumption. The NJSIAA has identified Drug Free Sport AXIS™ (AXIS) as the service designated to facilitate student-athletes and schools review of label ingredients in medications and nutritional/dietary supplements. Contact AXIS at 816-474-7321 or axis.drugfreesport.com (password: njsports).

There is no complete list of banned substances. The following are some examples of substances in each of the banned drug classes. Do not rely on this list to rule out any labeled ingredient. Any substance that is chemically/pharmacologically related to one of the below classes, even if it is not listed as an example, is also banned.

1. Stimulants

Amphetamine (Adderall) Caffeine (Guarana) Cocaine Dimethylbutylamine (DMBA; AMP) Dimethylhexylamine (DMHA; Octodrine) Ephedrine Heptaminol Hordenine Methamphetamine	Methylhexanamine (DMAA; Forthane) Methylphenidate (Ritalin) Mephedrone (bath salts) Modafinil Octopamine Phenethylamines (PEAs) Phentermine Synephrine (bitter orange)
--	---

Exceptions: Phenylephrine and Pseudoephedrine are not banned.

2. Anabolic Agents

Androstenedione Boldenone Clenbuterol DHCMT (Oral Turinabol) DHEA (7-Keto) Drostanolone Epitrenbolone Etiocholanolone Methandienone	Methasterone Nandrolone Norandrostenedione Oxandrolone SARMs [Ligandrol (LGD-4033); Ostarine; RAD140; S-23] Stanozolol Stenbolone Testosterone Trenbolone
---	---

3. Beta Blockers

Atenolol Metoprolol Nadolol	Pindolol Propranolol Timolol
-----------------------------------	------------------------------------

4. Diuretics and Masking Agents

Bumetanide Chlorothiazide Furosemide Hydrochlorothiazide	Probenecid Spironolactone (canrenone) Triamterene Trichlormethiazide
---	---

Exceptions: Finasteride is not banned

5. Narcotics

Buprenorphine Dextromoramide Diamorphine (heroin) Fentanyl, and its derivatives Hydrocodone Hydromorphone Methadone	Morphine Nicomorphine Oxycodone Oxymorphone Pentazocine Pethidine
---	--

6. Cannabinoids

Marijuana Synthetic cannabinoids (Spice; K2; JWH-018; JWH-073)	Tetrahydrocannabinol (THC, Delta-8)
---	-------------------------------------

7. Peptide Hormones, growth factors, related substances, and mimetics

Growth hormone (hGH) Human Chorionic Gonadotropin (hCG) Erythropoietin (EPO)	IGF-1 (colostrum; deer antler velvet) Ibutamoren (MK-677)
--	--

Exceptions: Insulin, Synthroid, and Forteo are not banned.

8. Hormone and Metabolic Modulators

Anti-Estrogen (Fulvestrant) Aromatase Inhibitors [Anastrozole (Arimidex); ATD (androstatrienedione); Formestane; Letrozole] PPAR-d [GW1516 (Cardarine); GW0742] SERMS [Clomiphene (Clomid); Raloxifene (Evista); Tamoxifen (Nolvadex)]

9. Beta-2 Agonists

Bambuterol Formoterol Higenamine	Norcoclaaurine Salbutamol Salmeterol
--	--



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

NJSIAA STEROID TESTING POLICY

CONSENT TO RANDOM TESTING

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, 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.

Athletes may submit supplements and medications to Drug Free Sport AXIS to receive information regarding banned substances or safety issues. Athletes or parents may login to the NJSIAA account at www.dfsaxis.com using the password "njsports".

The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

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

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:

- [CDC Heads Up](#)
- [Keeping Heads Healthy](#)
- [National Federation of State High School Associations](#)
- [Athletic Trainers' Society of New Jersey](#)

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

Pope John XXIII Department of Health

Policies on Pre-Participation, Return to Activity, and Consent to Treat

Pre-Participation Policy

All athletes must have a physical completed by a licensed physician, nurse practitioner, or physician assistant before participating in a sport. All forms requested by the nursing and/or athletic training staff must be completed. The physical must verify that the student is able to participate without restrictions and all immunizations are up to date. Physicals are valid for 365 days. The athlete must have a valid physical on file prior to the start of participation in athletics at Pope John. A Health History Update Form must be filled out prior to the start of an athletic season if the athlete's physical is older than 90 days.

All Athletes that suffer from asthma or severe allergies that require the use of an epi-pen or inhaler will be responsible for carrying them to all practices and competitions.

Print Student's Name

Student Signature

Date

Parent/Guardian Signature
(Read and Understands Pre-Participation Policy)

Date

Over

Pope John XXIII Department of Health

Policies on Pre-Participation, Return to Activity, and Consent to Treat

Return to Activity Policy

HEALTH DEPARTMENT EVALUATES THE STUDENT ACCORDING TO REQUIRED STANDARD OF CARE AND DEEMS PHYSICIAN REFERRAL IS NOT NECESSARY: The health department, following standards set by the standing orders that are signed by supervising physician, will determine return to activity protocol for the student.

HEALTH DEPARTMENT EVALUATES THE STUDENT AND FAMILY PHYSICIAN PROVIDES RETURN TO ACTIVITY NOTE: The health department will monitor the student throughout their injury and assess the student's ability to return to activity. If the health department agrees with the family doctor the student will be permitted to return to activity. If the health department does not agree with the family doctor, they will: 1. Hold the student out of any Pope John physical education classes or sports; 2) Request parents/guardian to sign a permission slip allowing the Pope John School Physician to speak with the family doctor; and 3) Wait for return to activity instructions from the Pope John School Physician.

STUDENT SEES A SPECIALIST AND A PRIMARY CARE (NON-SPECIALIST) PHYSICIAN: The student must be cleared by the specialist who initially treated the student or a specialist associated with the Pope John School Physician who is equally qualified to evaluate and treat the injury or illness.

STUDENT GOES TO THE EMERGENCY ROOM: The student must supply the health department with a physician note releasing them for participation. If a note is not received, or the note requires the student to seek follow-up care from their family doctor or specialist, then that is the physician that needs to release the student back into activity. If the emergency room releases the student after a certain time period the athletic trainer, nurse, and Pope John School Physician still have the final clearance responsibility and may recommend either: 1) The student will not participate until it is felt that it is safe for them to return to play; or 2) The student must follow-up with a physician/specialist regarding the injury.

STUDENT SEES A FAMILY MEMBER FOR TREATMENT FOR AN INJURY/ILLNESS: All releases must be provided by a qualified physician, following a full, formal evaluation. Pope John will not accept releases provided by a student's immediate family member(s) following an injury.

STUDENT IS SEEN BY A PHYSICIAN WHO DOES NOT HAVE THE BACKGROUND TO SEE THAT TYPE OF INJURY/ILLNESS: a physician qualified to diagnose and/or treat the injury/illness presented must provide all releases. Pope John will not accept releases provided by a physician who practices in unrelated areas (e.g., student sprains their ankle and sees a friend of the family who is a dermatologist).

Pope John XXIII Department of Health

Policies on Pre-Participation, Return to Activity, and Consent to Treat

STUDENTS THAT ARE UNDER THE CARE OF PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, CHIROPRACTORS, ACUPUNCTURIST, ETC: The health department will honor notes from the above professionals in regards to modified classes, practices or therapy recommendations. No note exempting the student from activity or return to activity notes will be accepted from any of these professionals.

Only a physician may overrule the health department's decision regarding a return to activity request. However, Pope John school physician, in looking out for the best interest of the student, may overrule any outside physician's decision. On December 19, 2012, a new rule went into effect that states, if there is any question whether or not a student can safely participate in his or her activity, the student shall not return to activity until he or she has been cleared to participate by the Pope John School Physician. If there are any limitations on a student's ability to participate, those limitations must be clearly spelled out so that there is no misunderstanding between the treating physicians, Pope John school physician and Pope John health department. In order to enable the Pope John health department, and Pope John School Physician to effectively communicate with an outside treatment provider regarding the condition of each student, the parent or guardian of said student shall sign the appropriate HIPPA release form that will be provided by the health department.

Print Student's Name

Student's Signature

Date

Parent/Guardian Signature
(Read and Understands Return to Play Policy)

Date

Pope John XXIII Department of Health

Policies on Pre-Participation, Return to Activity, and Consent to Treat

Consent to Treat

I _____ (Print Parent/Guardian Name) consent to the provision of medical care and treatment for my son/daughter _____ (Print Student Name). I understand that Pope John XXIII Regional High School employs health care providers, such as nurses, athletic trainers, and team physicians who are qualified to evaluate, treat, and rehabilitate my child's illnesses and injuries. I acknowledge that no guarantees have been given to me as to the outcome of any examination or treatment and all results of any examination and/or treatment are kept confidential. I understand and agree that others may assist or participate in providing care. This may include, but is not limited to, the Pope John Team Physician, athletic trainer, and/or school nurse.

I understand Pope John may serve as a host to interns from colleges and universities and an intern may help treat my child, under the direction of a certified athletic trainer or nurse.

Print Student's Name

Student Signature

Date

Parent/Guardian Signature
(Read and understands Consent to Treat Policy)

Date

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691

Phone 609-259-2776 ~ Fax 609-259-3047

Memorandum

To: All Athletic Directors of Member Schools

From: Tony Maselli, Assistant Director

Date: June 2019

Re: Opioid Education Video Procedure

To All Athletic Directors:

Acting to address the increased risk of opioid abuse among high school athletes, the Office of the New Jersey Coordinator for Addiction Responses and Enforcement Strategies (NJCARES) and the New Jersey State Interscholastic Athletic Association (NJSIAA) announced on February 19, 2019, a new partnership to educate student athletes and their parents/guardians on addiction risks associated with sports injuries and opioid use.

This educational initiative, spearheaded by Attorney General Gurbir Grewal and approved by the Executive Committee of the NJSIAA, is a collaborative effort to use video programming to raise awareness among high school athletes that they face a higher risk of becoming addicted to prescription pain medication than their fellow students who do not play sports.

Beginning with the 2019 fall season, we are making available to all student athletes and their parents/guardians, an educational video about the risks of opioid use as it relates to student athletes. The video will be available on August 1, 2019 and can be found on the NJSIAA website under "Athlete Wellness" which is located under the "Health & Safety" tab. We are strongly encouraging student athletes and parents/guardians to watch the video as soon as it becomes available. An acknowledgement that students and their parents/guardians have watched the video will be required starting with the 2019-2020 winter season.

All member schools are asked to add to their current athletic consent forms the sign-off listed below. The sign-off acknowledgment is an NJSIAA mandate; student athletes are required to view the video only once per school year prior to the first official practice of the season in their respective sport, but the signed acknowledgment is required for each sport a student participates in. Athletes that are 18 years or older do not need the parents/guardians to watch the video.

Opioid Video is located at: <https://youtu.be/3Rz6rkwpAx8>

NJSIAA OPIOID POLICY ACKNOWLEDGEMENT

We have viewed the NJ CARES educational video on the risks of opioid use for high school athletes. We understand the NJSIAA policy that requires students, and their parents(s)/guardian(s) if a student is under the age of 18, to view this video and sign this acknowledgement.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**New Jersey Department of Education
Health History Update Questionnaire**

Name of School: _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: _____ Age: _____ Grade: _____

Date of Last Physical Examination: _____ Sport: _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes ☐ No ☐

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ☐ No ☐

If yes, explain in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes ☐ No ☐

If yes, describe in detail:

4. Fainted or "blacked out?" Yes ☐ No ☐

If yes, was this during or immediately after exercise?

5. Experienced chest pains, shortness of breath or "racing heart?" Yes ☐ No ☐

If yes, explain

6. Has there been a recent history of fatigue and unusual tiredness? Yes ☐ No ☐

7. Been hospitalized or had to go to the emergency room? Yes ☐ No ☐

If yes, explain in detail

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes ☐ No ☐

9. Started or stopped taking any over-the-counter or prescribed medications? Yes ☐ No ☐

10. Been diagnosed with Coronavirus (COVID-19)? Yes ☐ No ☐

If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes ☐ No ☐

If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes ☐ No ☐

Date: _____ Signature of parent/guardian: _____