

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://bnyul.com/n2gm1q>
- Hypertrophic Cardiomyopathy Association
www.hfcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics
New Jersey Chapter
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(609) 862-0014
(609) 862-0015
www.aapnj.org

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

New Jersey Department of Education
PO Box 500
Trenton, NJ 08625-0500
(609) 292-5935
www.state.nj.us/education/

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

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SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on 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.

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

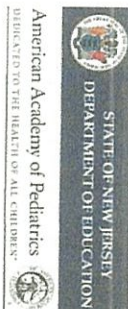
What are the most common causes?

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-TREEK-you-lar-fib-roo-AV-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-oh-my-OP-ee-thie), 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-tal) (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).



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION
DEDICATED TO THE HEALTH OF ALL CHILDREN

American Heart
Association
Learn and Live



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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).

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.

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

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.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at <http://www.hhs.gov/familyhistory/index.html>.

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 athletes' primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

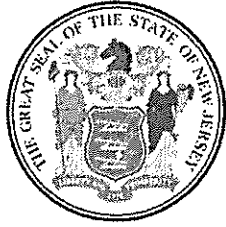
Why have an AED on site during sporting events?

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.



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: _____



1161 Route 130 North | Robbinsville, NJ 08691
609.259.2776 | www.njsiaa.org

Banned Substances 2024-2025

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

Exceptions: Phenylephrine and Pseudoephedrine are not banned.

2. Anabolic Agents

Androstenedione	Methandienone
Boldenone	Methasterone
Clenbuterol	Nandrolone (19-nortestosterone)
Clostebol	Oxandrolone
DHCMT (Oral Turinabol)	SARMS [Ligandrol (LGD-4033); Ostarine; RAD140; S-23]
DHEA (7-Keto)	Stanozolol
Drostanolone	Stenbolone
Epitrenbolone	Testosterone
Etiocholanolone	Trenbolone

3. Beta Blockers

Atenolol	Pindolol
Metoprolol	Propranolol
Nadolol	Timolol

4. Diuretics and Masking Agents

Bumetanide	Hydrochlorothiazide
Canrenone (Spironolactone)	Probenecid
Chlorothiazide	Triamterene
Furosemide	Trichlormethiazide

Exceptions: Finasteride is not banned

5. Narcotics

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

6. Cannabinoids

Marijuana Synthetic cannabinoids (Spice; K2; JWH-018; JWH-073)	Tetrahydrocannabinol (THC, Delta-8)
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7. Peptide Hormones, growth factors, related substances, and mimetics

BPC-157 Growth hormone (hGH) Human Chorionic Gonadotropin (hCG)	Erythropoietin (EPO) IGF-1 (colostrum; deer antler velvet) Ibutamoren (MK-677)
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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- δ [GW1516 (Cardarine); GW0742] SERMS [Clomiphene (Clomid); Raloxifene (Evista); Tamoxifen (Nolvadex)]

9. Beta-2 Agonists

Albuterol Formoterol Higenamine (Norcoclaurine)	Salbutamol Salmeterol Vilanterol
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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.

Athlete may submit supplement and medication to Drug Free Sport AXIS™ to receive information regarding banned substances or safety issue. Athlete or parents may login to the NJSIAA account at axis.drugfreesport.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

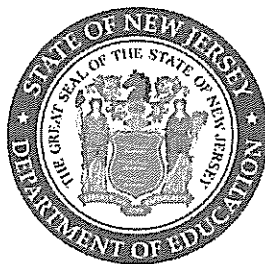
Print Student-Athlete's Name

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 traumatic brain injury that can be caused by a blow to the head or body that disrupts the normal functioning of the brain. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells, disrupting the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting balance, reading (tracking), problem solving, planning, memory, attention, concentration, and behavior. Concussions can range from mild to severe. Having a concussion increases the risk of sustaining another concussion. Second-impact syndrome may occur when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death.

Requirements addressing sports-related concussions and head injuries for student athletes and cheerleaders

- All school districts, charter, and non-public schools that participate in interscholastic sports are required to distribute this educational fact to all student athletes and cheerleaders and obtain a signed acknowledgment 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 and cheerleaders.
- Any cheerleader or 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 they have written clearance from a physician trained in concussion treatment and have 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 and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury.

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian/Caregiver, Teammate, and others)

- 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
- 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 - trouble reading
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess - fatigue
- Difficulty with concentration, short term memory, and/or confusion

Dangerous Signs & Symptoms of a Concussion

- New onset of symptoms
- One pupil is 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, nausea, 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.

What should a student-athlete do if they think they have a concussion?

- Do not hide it. Tell your athletic trainer, coach, school nurse, or parent/guardian.
- Report it. Do not return to competition or practice with symptoms of a concussion or head injury.
- 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.

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 accommodation made for student-athletes who have suffered a concussion?

- Most students will only need help through informal, academic adjustments as they recover from a concussion.
- 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
- Contact the school nurse if symptoms persist to discuss whether additional accommodations are

necessary.

- To recover, cognitive rest is just as important as physical rest. Reading, texting, computer use and even watching movies can slow down recovery. Limit screen time during recovery.

Students who have sustained a concussion may not return to practice or competition until they receive written clearance from a physician trained in the evaluation and management of concussion and complete the graduated Six-step return to play protocol outlined by the CDC:

Step 1: Back to regular activities (such as school)

Athletes or cheerleaders are back to their regular activities (such as school).

Step 2: Light aerobic activity

Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging. No weightlifting at this point.

Step 3: Moderate activity

Continue with activities to increase an athlete's heart rate with body or head movement. This includes moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine).

Step 4: Heavy, non-contact activity

Add heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).

Step 5: Practice & full contact

Athletes may return to practice and full contact (if appropriate for the sport) in controlled practice.

Step 6: Competition

Young athletes may return to competition.

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

- [CDC Heads Up](#)
- [Keeping Heads Healthy](#)

Student athlete's name (print)

Student athlete's signature

Date

Parent / Guardian name (print)

Parent / Guardian signature

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



OPIOID USE AND MISUSE EDUCATIONAL FACT SHEET

Keeping Student-Athletes Safe

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.¹ 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.²

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.³ 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.³ 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,⁴ 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:

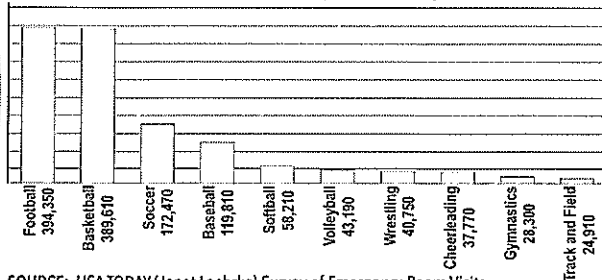
- The pain from most sports-related injuries can be managed with non-narcotic medications such as acetaminophen, non-steroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor's instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.¹
- 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.

According to 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."



Number of Injuries Nationally in 2012 Among Athletes 19 and Under from 10 Popular Sports

(Based on data from U.S. Consumer Product Safety Commission's National Electronic Injury Surveillance System)



SOURCE: USA TODAY (Janet Loehrke) Survey of Emergency Room Visits

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.⁵

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

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.

Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

National Council on Alcoholism and Drug Dependence - NJ promotes addiction treatment and recovery.

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.

References¹ Massachusetts Technical Assistance Partnership for Prevention

² Centers for Disease Control and Prevention

³ New Jersey State Interscholastic Athletic

Association (NJSIAA) Sports Medical Advisory Committee (SMAC)

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.

Updated Jan. 30, 2018.

[The New Jersey Department of Education developed this template Student-Athlete Sign-Off Form in January 2018 to assist schools with adhering to state statute requiring student-athletes (and their parents/guardians, if the student is a minor) to confirm they have received an Opioid Fact Sheet from the school. School districts, approved private schools for students with disabilities, and nonpublic schools that participate in an interscholastic sports or cheerleading program should insert their district or school letterhead here.]

Use and Misuse of Opioid Drugs Fact Sheet

Student-Athlete and Parent/Guardian Sign-Off

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.

**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: _____