



ATHLETIC PARTICIPATION AND PARENTAL CONSENT FORM

Name: _____ Grade: _____ School Year: _____

Home Phone: _____ Cell: _____ Sport(s): _____

By its nature, participation in inter-scholastic athletics and sports clubs include a risk of injury which may range from minor to severe including total disability, paralysis or even death. Although serious injuries are not common in supervised athletic programs or clubs it is possible only to minimize not eliminate this risk.

Participants bear the responsibility to help reduce the chance of injury to themselves and others. They must obey all safety rules, report any and all physical problems to their coaches or club supervisors and follow all rules and regulations established by Andover Regional School District (the "District").

On behalf of our student _____, I (We) hereby:

1. **GIVE CONSENT** for him/her to:

- a. Participate in the above named sport during the 2026-27 school year. Such participation, per New Jersey statute, shall be **subject to the approval of the school physician** prior to the student participating in tryouts and/or practice and further subject to the receipt by the school nurse of the *Medical History Form* and the *PreParticipation Physical Evaluation and Acknowledgment of Receipt regarding the Sudden Cardiac Arrest Pamphlet*. (The school physician's approval or non-approval will be documented in a letter sent to the student's parent/guardian a copy of which will be kept on file at the school).
- b. Accompany the team or sports club herein referenced on any of its local or out of town trips (excluding over-night trips). I understand that transportation may or may not be provided by the Andover Regional School District.

2. **RELEASE AND WAIVE**, and further agree to indemnify, hold harmless or reimburse the Andover Regional School District, the Board of Education, its successors and assigns, its members, agents, employees and representatives thereof, as well as any trip supervisors, from and against any and all claims which I, my child or my representatives may have or claim to have, known or unknown, directly or indirectly from any losses,

damages, or injuries arising out of or in connection with my student's participation in the above mentioned sport, any trip associated with that sport or the rendering of emergency medical procedures, treatment or interventions relative to that sport.

3. **VERIFY**, that all information contained on this document, the Medical History Form, and the PreParticipation Physical Evaluation as well as any additional information provided by me with regard to my child's participation in this sport is true and accurate.

4. **ACKNOWLEDGE**, that I understand that my child's participation on any level (try-outs, practice, games), per New Jersey law, is contingent upon receipt of the above detailed documentation as well as receipt of approval from the school physician, which approval shall be sought by the District only after submission of all necessary and required documentation.

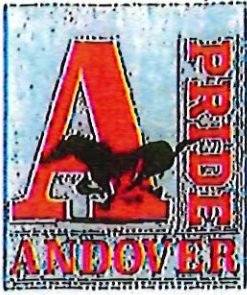
With my signature on this form below I hereby acknowledge that I have read and understand the risks of participation in the above referenced sport and agree to the terms contained herein. This acknowledgement of risk and consent to participation shall remain in effect until revoked in writing delivered to the Andover Regional School District. *(Parents or students who do not wish to accept the conditions and terms herein set forth should refuse to execute this document and thereafter their request to participate shall be considered withdrawn).*

SIGNATURE OF PARENT(S)/GUARDIAN(S)

DATE

SIGNATURE OF STUDENT-ATHLETE

DATE



Andover Regional School District
707 Limecrest Road
Newton, NJ 07860
P: 973-315-5256 x303
F: 973-579-2690

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: LPS FMB (circle one)

Name of School District: Andover Regional School District

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 (If student is under age 18): _____

Date: _____

¹Does not include athletic clubs or intramural events.



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: _____



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 foggy - 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



This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The Medical Eligibility Form is the only form that should be submitted to a school.

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

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

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module hosted by the New Jersey Department of Education.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, non-binary, or another gender): _____

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots
☐ Three shots ☐ Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional). _____

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects). _____

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥ 3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS

(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)

	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		

HEART HEALTH QUESTIONS ABOUT YOU

	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU

(CONTINUED)

	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module Hosted by the New Jersey Department of Education.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4-Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ (/)	Pulse: _____	Vision: R 20/____ L 20/____ Corrected: ☐ Y ☐ N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: ☐ Y ☐ N		
Administered COVID-19 vaccine at this visit: ☐ Y ☐ N If yes: ☐ First dose ☐ Second dose ☐ Third dose ☐ Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse (MVP), and aortic insufficiency)		
Eyes, ears, nose, and throat - Pupils equal - Hearing		
Lymph nodes		
Heart* Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or linea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional Double-leg squat test, single-leg squat test, and box drop or step drop test		

- * Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

Preparticipation Physical Evaluation Medical Eligibility Form



The Medical Eligibility Form is the only form that should be submitted to school. It should be kept on file with the student's school health record.

Student Athlete's Name _____ Date of Birth _____

Date of Exam _____

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of
- ☐ Medically eligible for certain sports
- ☐ Not medically eligible pending further evaluation
- ☐ Not medically eligible for any sports

Recommendations: _____

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

Signature of physician, APN, PA _____

Office stamp (optional)

Address: _____

Name of healthcare professional (print) _____

I certify I have completed the Cardiac Assessment Professional Development Module developed by the New Jersey Department of Education.

Signature of healthcare provider _____

Shared Health Information

Allergies _____

Medications:

Other information: _____

Emergency Contacts: _____

© 2019 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

*This form has been modified to meet the statutes set forth by New Jersey.

This handout is reference material for the parent/guardian.

Website Resources

- Sudden Death in Athletes
<http://nyguy.com/mg/mmg>
- Hypertrophic Cardiomyopathy Association
www.hcma.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics
New Jersey Chapter
3816 Quakerbridge Road, Suite 100
Hamilton, NJ 08619
(p) 609-842-6014
(f) 609-842-0015
www.aapnj.org

American Heart Association
1 Union Street, Suite 301
Robbinsville, NJ 08691
(p) 609-208-6020
www.heart.org

New Jersey Department of Education
PO Box 500
Trenton, NJ 08646-0500
(p) 609-292-5935
www.state.nj.us/education/

New Jersey Department of Health
P.O. Box 360
Trenton, NJ 08646-0360
(p) 609-292-7837
www.state.nj.us/health

Lead Author: American Academy of Pediatrics,
New Jersey Chapter
Written by: Edited draft by: Suzanne Roman Hibbs,
MD & Stephen G. Kline, 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

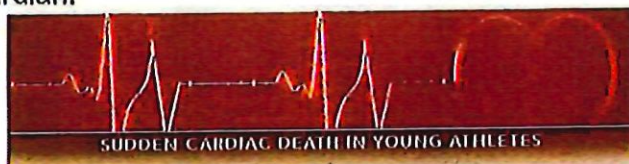
Revised 2014: Nancy Curry, EdD,
Children's Division, Parkland Children's Hospital,
Dallas, Texas; MD, MPH: Susan Kline, EdD;
Stephen G. Kline, MD; Jeffrey Rosenberg, MD;
Louis Teitelbaum, MD; Perry Weissbach, MD

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes



American Heart
Association
Learn and Live



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-TREEK-yoo-fib-
roo-LAY-shun). The problem is usually caused
by one of several cardiovascular abnormalities
and electrical diseases of the heart that go
undetected in healthy-appearing athletes.

The most common cause of sudden death in
an athlete is hypertrophic cardiomyopathy
(hi-per-TRO-fic CAR-dee-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-JEH-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.

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

- Myocarditis (my-oh-car-DEE-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;
- 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 health care 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
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).

NJSA 18A:40-41a through c, known as
"Janet's Law," requires that at any school-
sponsored athletic event of 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;
 - 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;
 - 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.

OPIOID USE AND MISUSE EDUCATIONAL FACT SHEET

Keeping Student-Athletes Safe

School athletes can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletes learn teamwork and camaraderie, promote sportsmanship and fair play, and model the value of competition. Unfortunately, sports-related injuries 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. It is important to understand that overuse of opioids 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.

This educational fact sheet created by the New Jersey Department of Education as required by state law (NJLSA, 18A:40-41.10), provides information concerning the use and misuse of opioid drugs. In the event there is a health care provider procedure a student-athlete or their parent or guardian, if the student is under age 18, must provide their school district with a 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 unfilled prescription used outside of a physician's supervision), and 83 percent of adolescents had unsupervised access to their prescription medications.¹ It is important for parents to understand the possible hazard of having unsupervised access to 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 the Signs of Opioid Use?

According to the National Council on Medication and Drug Dependence, 12 percent of male athletes and 9 percent of female athletes had used prescription opioids in the 12-month period studied.² In the early stages of abuse, the athlete may exhibit unexplained nausea and/or vomiting. However, as he or she develops tolerance to the drug, these signs will diminish. Consumption is not uncommon, but may not be reported. One of the most significant indicators 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 counseling,³ 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 Interdisciplinary Athletic Association (NJISAA) Sports Medical Advisory Committee chair, John P. Kijewski, 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 NJISAA 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), 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.
 - 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 like the DEA's or Mecklenburg.

Additional Notes:
According to the New Jersey State Interdisciplinary Athletic Association (NJISAA) Sports Medical Advisory Committee chair, John P. Kijewski, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."

This handout is reference material for the parent/guardian.

State of New Jersey
DEPARTMENT OF EDUCATION
in consultation with
NJSIAA Sports Medical Advisory Committee
NJSIAA
New Jersey State Board of Education
Xiaohu Chen
Executive Director
Remond Student Representative
New Jersey State Board of Education

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 exercise-preventative techniques.

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention education, and parents and young athletes are encouraged to become better educated about sports safety.



What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries to 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 in a school-sponsored interscholastic or intramural athletic team or sport.
- PLAN** Submit to a variety of sports and consider participating in one sport before the adolescent to help avoid overuse injuries.
- TRAINING** Increase weekly play time, mileage or repetitions no more than 10% per week. For example, if running 10 miles one week, keep it to 11 miles the following week. Athletes should also cross-train and perform specific skills in different ways such as swimming in a swimming pool instead of only running on the track.
- PROPER EQUIPMENT** Wear appropriate and properly fitted protective equipment such as pads, knee, shoulder, elbow, chest, knee, and shin, helmets, mouthpieces, knee guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.
- ACQUAINTANCE** Keep the body hydrated to help the heart pump body blood to muscles, which helps muscles work efficiently.
- REST** Up the rest one day of rest per week from regular activity to recover physically and mentally. Athletes should take a combined three months of rest from a specific sport (may be divided throughout the year in one-month increments). Athletes may resume physically active during rest periods through alternative low-impact 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 Medication and Drug Dependence - NJ promotes addiction treatment and recovery, recovery-oriented model of care.
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 Research Institute studies a parent's role in the effects of opioids.
Parental Training and Family Support is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and the community.
Parental Training and Family Support is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and the community.
Parental Training and Family Support is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and the community.
Parental Training and Family Support is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and the community.

- References:**
- ¹ National Institutes of Health and National Institutes of Health
 - ² National Institutes of Health and National Institutes of Health
 - ³ National Institutes of Health and National Institutes of Health
 - ⁴ National Institutes of Health and National Institutes of Health
 - ⁵ National Institutes of Health and National Institutes of Health
 - ⁶ National Institutes of Health and National Institutes of Health
 - ⁷ National Institutes of Health and National Institutes of Health
 - ⁸ National Institutes of Health and National Institutes of Health
 - ⁹ National Institutes of Health and National Institutes of Health
 - ¹⁰ National Institutes of Health and National Institutes of Health

An online version of this document is available on the New Jersey Department of Education's website, and other drug webpages.
Updated Jan. 2018.

SPORTS-RELATED EYE INJURIES:

AN EDUCATIONAL FACT SHEET FOR PARENTS



Participating in sports and recreational activities is an important part of a healthy, physically active lifestyle for children. Unfortunately, injuries can, and do, occur. Children are at particular risk for sustaining a sports-related eye injury and most of these injuries can be prevented. Every year, more than 30,000 children sustain serious sports-related eye injuries. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury.¹ According to the National Eye Institute, the sports with the highest rate of eye injuries are: baseball/softball, ice hockey, racquet sports, and basketball, followed by fencing, lacrosse, paintball and boxing.

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities.

Prevention of Sports-Related Eye Injuries

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.² **Each sport has a certain type of recommended protective eyewear, as determined by the American Society for Testing and Materials (ASTM). Protective eyewear should sit comfortably on the face. Poorly fitted equipment may be uncomfortable, and may not offer the best eye protection. Protective eyewear for sports includes, among other things, safety goggles and eye guards, and it should be made of polycarbonate lenses, a strong, shatterproof plastic. Polycarbonate lenses are much stronger than regular lenses.³**

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child's sport, visit the National Eye Institute at <http://www.nei.nih.gov/sports/findingprotection.asp>. Prevent Blindness America also offers tips for choosing and buying protective eyewear at <http://www.preventblindness.org/tips-buying-sports-eye-protectors>, and <http://www.preventblindness.org/recommended-sports-eye-protectors>.

It is recommended that all children participating in school sports or recreational sports wear protective eyewear. Parents and coaches need to make sure young athletes protect their eyes, and properly gear up for the game. Protective eyewear should be part of any uniform to help reduce the occurrence of sports-related eye injuries. Since many youth teams do not require eye protection, parents may need to ensure that their children wear safety glasses or goggles whenever they play sports. Parents can set a good example by wearing protective eyewear when they play sports.

¹ National Eye Institute, National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf, December 26, 2013.

² Rodriguez, Jorge O., D.O., and Lavina, Adrian M., M.D., Prevention and Treatment of Common Eye Injuries in Sports, <http://www.aafp.org/afp/2003/0401/p1481.html>, September 4, 2014; National Eye Health Education Program, Sports-Related Eye Injuries: What You Need to Know and Tips for Prevention, www.nei.nih.gov/sports/pdf/sportsrelatedeyeinjuries.pdf, December 26, 2013.

³ Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm, December 27, 2013.

Most Common Types of Eye Injuries



The most common types of eye injuries that can result from sports injuries are blunt injuries, corneal abrasions and penetrating injuries.

♦ **Blunt injuries:** Blunt injuries occur when the eye is suddenly compressed by impact from an object. Blunt injuries, often caused by tennis balls, racquets, fists or elbows, sometimes cause a black eye or hyphema (bleeding in front of the eye). More serious blunt injuries often break bones near the eye, and may sometimes seriously damage important eye structures and/or lead to vision loss.

♦ **Corneal abrasions:** Corneal abrasions are painful scrapes on the outside of the eye, or the cornea. Most corneal abrasions eventually heal on their

own, but a doctor can best assess the extent of the abrasion, and may prescribe medication to help control the pain. The most common cause of a sports-related corneal abrasion is being poked in the eye by a finger.

♦ **Penetrating injuries:** Penetrating injuries are caused by a foreign object piercing the eye. Penetrating injuries are very serious, and often result in severe damage to the eye. These injuries often occur when eyeglasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.⁴

- Pain when looking up and/or down, or difficulty seeing;
- Tenderness;
- Sunken eye;
- Double vision;
- Severe eyelid and facial swelling;
- Difficulty tracking;

Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape;
- Blood in the clear part of the eye;
- Numbness of the upper cheek and gum; and/or
- Severe redness around the white part of the eye.

What to do if a Sports-Related Eye Injury Occurs



If a child sustains an eye injury, it is recommended that he/she receive immediate treatment from a licensed HCP (e.g., eye doctor) to reduce the risk of serious damage, including blindness. It is also recommended that the child, along with his/her parent or guardian, seek guidance from the HCP regarding the appropriate amount of time to wait before returning to sports competition or practice after sustaining an eye injury. The school nurse and the child's teachers should also be notified when a child sustains an eye injury. A parent or guardian should also provide the school nurse with a physician's note detailing the nature of the eye injury, any diagnosis, medical orders for

the return to school, as well as any prescription(s) and/or treatment(s) necessary to promote healing, and the safe resumption of normal activities, including sports and recreational activities.

Return to Play and Sports

According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For

example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that

It is safe for a student to resume play based on the nature of the injury, and how the student feels. No matter what degree of eye injury is sustained, it is recommended that students wear protective eyewear when returning to play and immediately report any concerns with their vision to their coach and/or the athletic trainer.



Additional information on eye safety can be found at <http://see.nel.nih.gov> and <http://www.nel.nih.gov/sports>.

⁴Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports_injuries.htm, December 27, 2013.