Salem Tech Athletics Packet

2020-2021

Please review all athletic forms:

1. Preparticipation Physical Evaluation and Health History
2. Sports Related Eye Injuries in Youth
3. Sudden Cardiac Death Pamphlet (PARENT SIGNATURE REQUIRED)
4. Opioid Brochure and Sign Off
5. Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

Physicals for Sports must be completed and returned by THE SEASON DUE DATE (See Below). Completed physical forms should be returned to the Career and Technical High School main office.

<table>
<thead>
<tr>
<th>SEASON</th>
<th>DUE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2020</td>
<td>July 10, 2020</td>
</tr>
<tr>
<td>Cross Country/ Women’s Volleyball</td>
<td></td>
</tr>
<tr>
<td>Winter 2020-2021</td>
<td>October 23, 2020</td>
</tr>
<tr>
<td>Basketball/ Bowling</td>
<td></td>
</tr>
<tr>
<td>Spring 2021</td>
<td>January 29, 2021</td>
</tr>
<tr>
<td>Golf/ Men’s Volleyball</td>
<td></td>
</tr>
</tbody>
</table>

Physical forms can be completed by your family doctor or local Urgent Care facility.

My signature below indicates that I have reviewed and understand the enclosed information as part to the Salem Tech 2020-2021 Athletics Packet.

Student Name: __________________________________________________________

Student Signature: ______________________________________________________

Parent Name: ___________________________________________________________

Parent Signature: ________________________________________________________
Salem Tech Athletics

Fall Sports:
Men and Women’s Cross Country
Women’s Volleyball

Winter Sports:
Men and Women’s Basketball
Men and Women’s Bowling

Spring Sports:
Men’s Volleyball
Men and Women’s Golf

If you are interested in playing any of our school sports, please stop by the Salem County VoTech Main Office to pick up a sports physical packet.
Name: ____________________________________________

Grade: _______________________________________________________________________

What Sport(s) are you interested in? (circle)

Fall: Men/Women’s Cross Country       Women’s Volleyball

Winter: Men/Women’s Basketball        Men/Women’s Bowling

Spring: Men’s Volleyball              Men/Women’s Golf

Date You Picked Up a Physical Packet: ________________
This is an explanation of each of the forms in the packet:

1. A note to examining health care provider. Take this to the doctor.
2. A Pre-participation History Form. You fill this form out and take it to the doctor also.
3. A Supplemental History Form for athletes with special needs. You fill out and take to the doctor, if appropriate.
4. The Physical Evaluation Form. Your doctor will complete.
5. The Clearance Form. Your doctor will complete.
7. A Sudden-Cardiac Death in Young Athletes brochure. Both Parents and Athlete read this.
8. Sign-Off sheet for Sudden Cardiac Death. Sign-off after you read the brochure on that topic.
10. Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form. Both Parent and Athlete read and sign-off on the second page.

YOU NEED TO RETURN THE FOLLOWING FORMS:

1. The fully completed Pre-Participation History Form. All “YES” answers explained.
2. A Supplemental History Form for Athletes with special needs, if applicable.
3. The fully completed Physical Evaluation Form.
4. The Clearance Form. Be sure your Physician has completed the area regarding Cardiac Module training.
5. The Completed Sign-Off sheet for Sudden Cardiac Death, signed by both Parent/Guardian and Student Athlete.
6. The Completed Sign-Off sheet for Opioid Use & Misuse Form, signed by both Parent/Guardian and Student Athlete.
7. The Completed Sign-Off sheet for Sports-Related Concussion and Head Injury Form, signed by both Parent/Guardian and Student Athlete.
8. If needed, the Health History Update form/questionnaire. If, for example, you play soccer in the fall and track in the spring, you would complete this form prior to starting track. It is used to update your health information and must be submitted anytime you start a new sport if it has been 90 days since your annual sport physical.

Attention Parents/Guardians

Please make sure the physician writes the actual date of the physical exam and it is the same date on the History Form, Physical Evaluation Form, and the Clearance Form. The physical evaluation form and the clearance form must be signed by the physician and must be complete, including height, weight, vision, pulse, and blood pressure. All abnormal findings must be explained. Your physician must complete ad sign off on the Cardiac assessment Professional Development Module. The History Form must be signed by the parent and student athlete. * Please explain all “YES: answers; include dates, length of symptoms, and treatment.

REMEMBER: The Scholastic Student-Athlete Safety Act (N.J.S.A. 18A:40-41.7) mandates that sport physicals may only be completed by a licensed physician, advanced practice nurse, or physician’s assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module. It is recommended that you verify that your medical provider has completed this module before conducting a student’s sport physical.

You Keep:

1. A Sudden Cardiac Death in Young Athletes Brochure. You Read This.
2. A Opioid Use & Misuse Fact Sheet. You Read This.
3. Page 1 of A Sports-Related Concussion and Head Injury Form.
Preparticipation Physical Evaluation

History Form

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

Date of Exam: __________________________  Date of birth: __________________________

Name: __________________________  Age: __________  Grade: __________  School: __________________________  Sport(s): __________________________

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

________________________________________________________________________

Do you have any allergies?  □ Yes  □ No  If yes, please identify specific allergy below.
□ Medicines  □ Pollens  □ Food  □ Stinging Insects

Explain “Yes” answers below. Circle the answer to the questions.

GENERAL QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has a doctor ever denied or restricted your participation in sports for any reason?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Anemia □ Diabetes □ Infections Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Have you ever spent the night in the hospital?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Have you ever had surgery?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HEART HEALTH QUESTIONS ABOUT YOU

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Have you ever passed out or nearly passed out during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does your heart rate race or skip beats (irregular beats) during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: □ High blood pressure □ Heart murmur □ High cholesterol □ Asthma □ Diabetes □ Heart infection □ Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you get lightheaded or feel more short of breath than expected during exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Have you ever had an unexplained seizure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you get more tired or short of breath more quickly than your friends during exercise?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Has anyone in your family died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, amyloidotic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

BONE AND JOINT QUESTIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Have you ever had any broken or fractured bones or dislocated joints?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Have you ever had a stress fracture?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Have you ever been told that you have or you have had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Do you regularly use a brace, orthotics, or other assistive device?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Do you have a bone, muscle, or joint injury that bothers you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Do any of your joints become painful, swollen, feel warm, or look red?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Do you have any history of juvenile arthritis or connective tissue disease?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medical Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>26. Do you cough, wheeze, or have difficulty breathing during or after exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. Have you ever used an inhaler or taken asthma medicine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Are you anyone in your family who has asthma?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Were you born without or are you missing a kidney, an eye, a testicle, smalls, your spleen, or any other organ?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Have you had any cuts or have a painful budge or hemia in the groin area?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Have you had infectious mononucleosis (mono) within the last month?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Do you have any infections, pressure sores, or other skin problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Have you had a hernia or MRSA skin infection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Have you ever had a head injury or concussion?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Do you have a history of seizure disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Do you have headaches with exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Have you ever been unable to move your arms or legs after being hit or falling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. Have you ever become ill while exercising in the heat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Do you get frequent muscle cramps when exercising?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Do you or someone in your family have sickle cell trait or disease?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. Have you had any problems with your eyes or vision?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Have you had any eye injuries?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Do you wear glasses or contact lenses?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Do you wear protective eyewear, such as goggles or a face shield?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Do you worry about your weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. Are you trying to lose or anyone recommended that you gain or lose weight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. Are you on a special diet or do you avoid certain types of foods?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Have you ever had an eating disorder?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. Do you have any concerns that you would like to discuss with a doctor?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FEMALES ONLY

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>52. Have you ever had a menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. How old were you when you had your first menstrual period?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54. How many periods have you had in the last 12 months?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain "Yes" answers here:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

Signature of athlete: __________________________  Signature of parent/guardian: __________________________  Date: __________


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

9-26810410
# Preparticipation Physical Evaluation

**The Athlete with Special Needs: Supplemental History Form**

<table>
<thead>
<tr>
<th>Date of Exam</th>
<th>Date of birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Grade</th>
<th>School</th>
<th>Sport(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Type of disability
2. Date of disability
3. Classification (if available)
4. Cause of disability (birth, disease, accident/trauma, other)
5. List the sports you are interested in playing

<table>
<thead>
<tr>
<th>6. Do you regularly use a brace, assistive device, or prosthesis?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Do you use any special brace or assistive device for sports?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you have any rashes, pressure sores, or any other skin problems?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you have a hearing loss? Do you use a hearing aid?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you have a visual impairment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Do you use any special devices for bowel or bladder function?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you have burning or discomfort when urinating?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Have you had autonomic dysreflexia?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have muscle spasticity?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Do you have frequent seizures that cannot be controlled by medication?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain "yes" answers here

---

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

<table>
<thead>
<tr>
<th>Atlantoaxial instability</th>
<th>X-ray evaluation for atlantoaxial instability</th>
<th>Dislocated joints (more than one)</th>
<th>Easy bleeding</th>
<th>Enlarged spleen</th>
<th>Hepatitis</th>
<th>Osteopenia or osteoporosis</th>
<th>Difficulty controlling bowel</th>
<th>Difficulty controlling bladder</th>
<th>Nummness or tingling in arms or hands</th>
<th>Nummness or tingling in legs or feet</th>
<th>Weakness in arms or hands</th>
<th>Weakness in legs or feet</th>
<th>Recent change in coordination</th>
<th>Recent change in ability to walk</th>
<th>Spina bifida</th>
<th>Latex allergy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Explain "yes" answers here

---

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

Signature of athlete __________________________ Signature of parent/guardian __________________________ Date ____________


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

### PHYSICAL EXAMINATION FORM

**PHYSICIAN REMINDERS**

1. 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, 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 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?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

### EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BP</th>
<th>(</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>L 20/</th>
<th>Corrected</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

### MEDICAL

<table>
<thead>
<tr>
<th>Appearance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marfan anagmus (hypochondrosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyper laxity, myopia, MVP, aortic insufficiency)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/ears/nose/throat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils equal</td>
</tr>
<tr>
<td>Hearing</td>
</tr>
</tbody>
</table>

| Lymph nodes |

<table>
<thead>
<tr>
<th>Heart1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simultaneous femoral and radial pulses</td>
</tr>
</tbody>
</table>

| Lungs |

| Abdomen |

| Genitourinary (males only)2 |

<table>
<thead>
<tr>
<th>Skin</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSP, lesions suggestive of MRSA, tinea corporis</td>
</tr>
</tbody>
</table>

| Neurologic3 |

### MUSCULOSKELETAL

| Neck |

| Back |

| Shoulder/arm |

| Elbow/forearm |

| Wrist/hand/fingers |

| Hip/Thigh |

| Knee |

| Leg/ankle |

| Foot/toes |

| Functional |
| Duck walk, single leg hop |

---

*Consider ECG, echocardiogram, and referral to cardiologist for abnormal cardiac history or exam.

1Consider 64 exam if in private setting. Having third party present is recommended.

2Consider cognitive evaluation or baseline neuropsychiatric testing if history of significant concussion.

□ Cleared for all sports without restriction

□ Cleared for all sports without restriction with recommendations for further evaluation or treatment for

□ Not cleared

□ Pending further evaluation

□ For any sports

□ For certain sports

Reason

Recommendations

---

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

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

Address Phone

Signature of physician, APN, PA


New Jersey Department of Education 2014; Pursuant to P.L. 2013, c. 71
Preparticipation Physical Evaluation
Clearance Form

Name ___________________________ Sex □ M □ F Age __________ Date of birth ____________

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ____________________________

☐ Not cleared

☐ Pending further evaluation
☐ For any sports
☐ For certain sports

Reason ____________________________

Recommendations ____________________________

________________________________________

EMERGENCY INFORMATION

Allergies ____________________________

________________________________________

Other information ____________________________

________________________________________

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on ____________________________ (Date)

Approved ______ Not Approved ______

Signature: ____________________________

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

Name of physician, advanced practice nurse (APN), physician assistant (PA) ____________________________ Date ____________

Address ____________________________ Phone ____________________________

Signature of physician, APN, PA ____________________________

Completed Cardiac Assessment Professional Development Module

Date ____________ Signature ____________________________

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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. 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.

Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear. 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.

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.

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.

**Signs or Symptoms of an Eye Injury**

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

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.

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://isee.nei.nih.gov and http://www.nei.nih.gov/sports.*

Sudden Cardiac Death in Young Athletes

When should a young athlete see a health care provider?

History (including symptoms), physical examination, and electrocardiogram (ECG) may be helpful in identifying athletes at risk for sudden cardiac death. However, these tests are not routinely recommended for asymptomatic young athletes. The American Heart Association recommends that athletes who have a personal or family history of sudden cardiac death, or who have unusual symptoms consistent with cardiac disease, should be evaluated by a health care provider.

What are the current recommendations for screening young athletes?

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What is the current evidence for screening young athletes?

The evidence for screening young athletes is based on limited data from small studies. The American Heart Association recommends that athletes who have a personal or family history of sudden cardiac death, or who have unusual symptoms consistent with cardiac disease, should be evaluated by a health care provider. The American Heart Association also recommends that athletes who have a personal or family history of sudden cardiac death, or who have unusual symptoms consistent with cardiac disease, should be evaluated by a health care provider. The American Heart Association also recommends that athletes who have a personal or family history of sudden cardiac death, or who have unusual symptoms consistent with cardiac disease, should be evaluated by a health care provider.

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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: ____________________________

New Jersey Department of Education 2014: pursuant to the Scholastic Student-Athlete Safety Act, P.L. 2013, c.71
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. 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.

This educational fact sheet, created by the New Jersey Department of Education as required by state law (N.J.S.A. 18A:40-4.1.10), 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. 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. 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, 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.
- 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 Medsway.
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.

Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:


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 Prevent 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.

References

1 Massachusetts Technical Assistance Partnership for Prevention
2 Centers for Disease Control and Prevention
3 New Jersey State Interscholastic Athletic Association (NJSSAA) Sports Medical Advisory Committee (SMAC)
4 Athletic Management, David Ceilin, athletic trainer, Ewing High School, NJSSAA 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.

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 Fall/Spring/Winter athletic season (Fall: August 12, 2019, Winter: November 11, 2019, Spring: March 6, 2019), 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: SCVTS
Name of School District (if applicable): Salem County Vocational-Technical

I/We acknowledge that we received and reviewed the Educational Fact Sheet on the Use and Misuse of Opioid Drugs.

______________________________________________________                _______________
Student Signature                        Date

______________________________________________________                 _______________
Parent/Guardian Signature (also needed if student is under age 18)                  Date

1Does not include athletic clubs or intramural events.
Sports-Related Concussion and Head Injury Fact Sheet and
Parent/Guardian Acknowledgement Form

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district’s graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an “impulsive” force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion
What Should a Student-Athlete do if they think they have a concussion?

- **Don’t hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it.** Don’t return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing—even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

**Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:**

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non-contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student athlete’s physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

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

- [www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)
- [www.nfhs.com](http://www.nfhs.com)
- [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)
- [www.bianj.org](http://www.bianj.org)
- [www.atsnj.org](http://www.atsnj.org)

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Signature of Student-Athlete ___________________________ Print Student-Athlete’s Name ___________________________ Date ________________

Signature of Parent/Guardian ___________________________ Print Parent/Guardian’s Name ___________________________ Date ________________