Prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, each Student-athlete in grades six through 12 must present a completed pre-participation physical evaluation (PPE) form to the designated school staff member. Important information regarding the PPE is provided Below, and you should feel free to share with your child’s medical home health care provider.

1. The PPE may ONLY completed by licensed physician, advanced practice nurse (APN) or physician assistant (PA) that 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 scheduling an appointment for a PPE.

2. The required PPE must be conducted within 365 days prior to the first official practice in an athletic season. PPE form is available in English and Spanish at: http://www.state.nj.us/education/students/safety/health/records/athleticphysicalsforms.pdf

3. The parent/guardian must complete the History Form (page one), and insert the date of the required physical examination at the top of the page.

4. The parent/guardian must complete The Athlete with Special Needs: Supplemental History Form (page two), if applicable, for a student with a disability that limits major life activities, and insert the date of the required physical examination on the top of the page.

5. The licensed physician, APN or PA who performs the physical examination must complete the remaining two pages of the PPE, and insert the date of the examination on the Physical Examination Form (page three) and Clearance Form/page four).

6. The school district must provide written notification to the parent/guardian, signed by the school physician, indicating approval of the student’s participation in a school-sponsored interscholastic or intramural athletic team or squad based upon review of the medical report, or must provide the reason(s) for the disapproval of the student’s participation.

7. For student-athletes that had a medical examination completed more than 90 days prior to the first official practice in an athletic season, the Health History Update Questionnaire (HHQ) form must be completed, and signed by the student’s parent/guardian. The HHQ must be reviewed by school nurse, and if applicable, the school’s athletic trainer. The HHQ is available at: http://www.state.nj.us/education/students/safety/health/records/HealthHistoryUpdate.pdf

For more information, please review the Frequently Asked Questions which are available at: http://www.state.nj.us/education/students/safety/health/services/athlete/faq.pdf. You may also direct questions to the nurse at Harrison High School at 973-482-5050, or Washington Middle School at 973-483-2285.
Parent Information

PRE-PARTICIPATION PHYSICAL EVALUATION (PPE)

Effective immediately, in accordance with the Scholastic Student-Athlete Safety Act, P.L. 2013, c.71, all students must use new PPE forms for all student examinations prior to participation in school-sponsored interscholastic and intramural sports.

The PPE forms include: a History Form to be completed by the parent or guardian; a Supplemental History Form for Students with Special Needs; a physical Examination Form and a Clearance Form to be completed but the examining physician, advanced practice nurse (APN) or physician.

An incomplete form shall be returned to the student’s medical home for completion unless the missing information is available from health screenings completed by the school nurse or physician within the prior 365 days.

In addition, the school district shall provide to the parent written notification signed by the school physician stating approval of the student’s participation in athletics based upon the PPE or the reasons for the school physician’s disapproval of the student’s participation. A student will not be permitted to participate in any sport unless the school physician permits it in advance.

NOTE: In accordance with N.J.A.C. 6A:16-2.3(a)3.'i, the school physician may conduct student physical examinations in the physician’s office or other comparably equipped facility for students who do not have a medical home or whose parent has identified the school physician as the medical home for the purpose of the sports physical examination.

HEALTH HISTORY UPDATE QUESTIONNAIRE (HHUQ)

The parent or guardian of each student-athlete must complete and sign an updated health history questionnaire if the pre-participation physical examination was conducted 90 or more days prior to the first practice session of the athletic season. The questionnaire must be completed and signed by the student’s parent or guardian and submitted to the school nurse. According to P.L. 2013, c.71, the school nurse must review the completed and signed health history update and, if applicable, the athletic trainer may review it as well. A student will not be permitted to participate in any sport unless the school nurse or athletic trainer approves the questionnaire in advance.

SUDDEN CARDIAC DEATH IN YOUNG ATHLETE’S PAMPHLET

Pursuant to N.J.S.A. 18A:40-41(d), school districts must distribute the Sudden Cardiac Death in Young Athletes pamphlet to each student-athlete and to the parents or guardians of the student-athletes, as part of the student’s pre-participation physical examination and completion of the athletic permission forms. A student-athlete and the parent or guardian of the student-athlete shall certify in writing that they received and reviewed the pamphlet.
HARRISON SCHOOL DISTRICT ATHLETIC DEPARTMENT
STUDENT AND PARENT CONSENT FORM

PLEASE PRINT

COMPLETE LEGAL NAME: ___________________________ (First)  ___________________________ (Middle)  ___________________________ (Last)
Address: ______________________________________ Telephone: ___________________________

Date of Birth ___/___/____  Place of Birth: ____________________  Grade: ______  Sport trying out for: ________________________________

STUDENT PARTICIPATION
This application to participate in athletics in the Harrison School District is voluntary on my part and is made with the understanding that I will abide by all the eligibility rules set up by the New Jersey State Interscholastic Athletic Association and Harrison School District, and receive prior to play a physical examination.
Signature of Student: ___________________________ Date: __________________

PARENT OR GUARDIAN CONSENT
I hereby give my consent for the above student to engage in interscholastic athletics in the Harrison School District for the above sport during the current school year and to accompany the team as a member on its out-of-district trips. I understand that my son/daughter will be expected to adhere firmly to all established athletic policies, and eligibility rules, and receive prior to play, a physical examination.
Signature of Parent or Guardian: ___________________________ Date: __________________

********************************************************************************************************

EMERGENCY INFORMATION AND MEDICAL TREATMENT CONSENT
(To be completed by parent)

In emergency, contact ____________________________________ Phone __________________________
or ____________________________________ Phone __________________________

I, ____________________________________, the parent or guardians of the above student recognize that as a result of interscholastic athletic participation, medical treatment on an emergency basis may be necessary, and further recognize that school personnel may be unable to contact me for consent for emergency medical care. Therefore, I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance. Please make the following notations on my son’s/daughter’s records.

Medication allergies: List ____________________________ Food/insect allergies: List ____________________________ If yes, does your child require emergency medication? NO YES (Name of Medication): ____________________________

Other relevant medical information (e.g., glasses, contact lenses; prior surgeries, epilepsy; heart murmur, diabetes, seizure disorder, ect.) __________________________________________________________________________

Medication for long-term or chronic illness (indicate physical or mental health condition and medications)

I give the school Nurse Permission to share pertinent medical information with necessary school/athletic staff.
Signature of Parent or Guardian: ___________________________ Date: __________________

********************************************************************************************************

For Office Staff Only

Health Office Approval: __________  Athletic Trainer Approval: __________  Restrictions: __________
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

Name

Sex __________ Age __________ Grade __________ School __________ Sport(s) __________ Date of birth __________

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  □ Pollen(s)  □ Food  □ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever stopped or restricted your participation in sports for any reason?

2. Do you have any ongoing medical condition? If so, please identify below.
   □ Asthma  □ Arthritis  □ Diabetes  □ Infections
   Other: __________

3. Have you ever spent the night in a hospital?

4. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out during or after exercise?

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

7. Does your heart ever race or skip beats (irregular beats) during exercise?

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  □ Heart infection
   □ Kawasaki disease  □ Other: __________

9. Has a doctor ever ordered a test for your heart? (For example, ECG/ECG, echocardiogram)

10. Do you get lightheaded or feel more short of breath than expected during exercise?

11. Have you ever had an unexplained seizure?

12. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative 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)?

14. Does anyone in your family have hypertrrophic cardiomyopathy, Marfan syndrome, anirhodismic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardias?

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game?

18. Have you ever had any broken or fractured bones or dislocated joints?

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

20. Have you ever had a stress fracture?

21. Have you ever been told that you have or have you had an x-ray for neck instability or cervical instability? (Down syndrome or other)

22. Do you regularly use a brace, orthotics, or other assistive device?

23. Do you have a bone, muscle, or joint injury that bothers you?

24. Do any of your joints become painful, swollen, feel warm, or look red?

25. Do you have any history of juvenile arthritis or connective tissue disease?

MEDICAL QUESTIONS

26. Do you cough, wheeze, or have difficulty breathing during or after exercise?

27. Have you ever used an inhaler or taken asthma medicines?

28. Is there anyone in your family who has asthma?

29. Were you born without or are you missing a kidney, an eye, a testicle (male), your spleen, or any other organ?

30. Do you have a spinal or a painful or numb left or right arm or leg?

31. Have you had infectious mononucleosis (monon) within the last month?

32. Do you have any rashes, pressure sores, or other skin problems?

33. Have you had a herpes or M RSA skin infection?

34. Have you ever had a head injury or concussion?

35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?

36. Have you had any history of seizure disorder?

37. Do you have headaches with exercise?

38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?

39. Have you ever been unable to move your arms or legs after being hit or falling?

40. Have you ever become ill while exercising in the heat?

41. Do you get frequent muscle cramps when exercising?

42. Have you or someone in your family have sickle cell trait or disease?

43. Have you had any problems with your eyes or vision?

44. Have you ever had an eye injury?

45. Do you wear glasses or contact lenses?

46. Do you wear protective eyewear, such as goggles or a face shield?

47. Do you worry about your weight?

48. Are you trying to or has anyone recommended that you gain or lose weight?

49. Are you on a special diet or do you avoid certain types of foods?

50. Have you ever had an eating disorder?

51. Do you have any concerns that you would like to discuss with a doctor?

FEMALES ONLY

52. Have you ever had a menstrual period?

53. How old were you when you had your first menstrual period?

54. How many periods have you had in the past 12 months?

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 __________________________ Date __________________________

Signature of parent/guardian __________________________ Date __________________________


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

9-2014-0410
Preparticipation Physical Evaluation

The Athlete with Special Needs: Supplemental History Form

Date of Exam ____________________________ Date of birth ____________________________

Name ____________________________ ____________________________ Sex ____________________________

Age ____________________________ Grade ____________________________ School ____________________________

1. Type of disability ____________________________ Yes No

2. Date of disability ____________________________ Yes No

3. Classification (if available) ____________________________ Yes No

4. Cause of disability (birth, disease, accident/trauma, other) ____________________________ Yes No

5. List the sports you are interested in playing __________________________________________________________________________ Yes No

6. Do you regularly use a brace, assistive device, or prosthesis? ____________________________ Yes No

7. Do you use any special brace or assistive device for sports? ____________________________ Yes No

8. Do you have any rashes, pressure sores, or any other skin problems? ____________________________ Yes No

9. Do you have a hearing loss? Do you use a hearing aid? ____________________________ Yes No

10. Do you have a visual impairment? ____________________________ Yes No

11. Do you use any special devices for bowel or bladder function? ____________________________ Yes No

12. Do you have burning or discomfort when urinating? ____________________________ Yes No

13. Have you had autonomic dysreflexia? ____________________________ Yes No

14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness? ____________________________ Yes No

15. Do you have muscle spasticity? ____________________________ Yes No

16. Do you have frequent seizures that cannot be controlled by medication? ____________________________ Yes No

Explain "yes" answers here ____________________________________________________________________________

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

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

Preparticipation Physical Evaluation 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 had a heart condition, chest pain, or dizziness?
   * During the past 30 days, did you have any chest pain, heartburn, or difficulty breathing?
   * Have you ever taken a performance supplement to help you gain or lose weight or improve your performance?
   * Have you ever taken a performance supplement 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>
<th>BP</th>
<th>/</th>
<th>( / )</th>
<th>Pulse</th>
<th>Vision R 20/</th>
<th>L 20/</th>
<th>Corrected</th>
<th>Y</th>
<th>N</th>
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MEDICAL

- Appearance
  * Marfan syndrome, high-arched palate, pectus excavatum, arachnodactyly
  * Arm span to height, hyperelastic, myopia, MVP, aortic insufficiency

- Eye/nose/ear:
  * Pupils equal
  * Hearing

- Lymph nodes

- Heart:
  * Murmurs, auscultation standing, supine
  * Location of point of maximal impulse (PMS)

- Pulses
  * Simultaneous femoral and radial pulses

- Lung

- Abdomen

-Genitourinary (males only)

- Skin
  * HSV lesions suggestive of MRSA, linea corporis

- Neurologic

MUSCULOSKELETAL

- Neck

- Shoulder/arm

- Elbow/forearm

- Wrist/hand/shoulder

- Hip/high

- Knee

- Leg/ankle

- Foot/foot

- Functional
  * Duck walk, single leg hop

- Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
- Consider 24-hr exam if in private setting. (Hospital staff present is recommended)
- Consider cognitive evaluation or baseline neuropsychological testing if a history of significant concussion.

☐ Cleared for all sports without restriction
☐ Cleared for all sports with restrictions to sports

☐ 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 examination. 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 form is on file 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

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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We acknowledge that the student athlete designated below will attend the required Hazing/HIB (Harassment/Intimidation/Bullying) Training for athletes. We further agree that the student athlete designated below will refrain from engaging in any hazing or HIB behaviors, as described in the definitions provided below. Additional information may be found on the district website www.harrisonschools.org

N.J.S.A. 2C:40-3. Hazing; Aggravated hazing
a. A person is guilty of hazing, a disorderly persons offense, if, in the connection with initiation of applicants to or members of a student or fraternal organization, he knowingly or recklessly organizes, promotes, facilitates or engages in any conduct, other than competitive athletic events, which places or may place another person in danger of bodily injury.

b. A person is guilty of aggravated hazing, a crime of the fourth degree, if he commits an act prohibited in subsection a. which results in serious bodily injury to another person.

New Jersey’s Anti-Bullying Bill of Right’s defines HIB as follows:
Any gesture, any written, verbal or physical act, or any electronic communication, whether it be a single incident or a series of incidents, that is reasonably perceived as being motivated either by any actual or perceived characteristic, such as race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity and expression, or a mental, physical or sensory disability, or by any other distinguishing characteristic, that takes place on school property, on a school bus, or off school grounds as provided for in section 16 of P.L.2010, c.122 (C.18A:37-15.3), that substantially disrupts or interferes with the orderly operation of the school or the rights of other students and that:

1. a reasonable person should know, under the circumstances, will have the effect of physically or emotionally harming a student or damaging the student's property, or placing a student in reasonable fear of physical or emotional harm to his person or damage to his property;
2. has the effect of insulting or demeaning any student or group of students; or
3. creates a hostile educational environment for the student by interfering with a student’s education or by severely or pervasively causing physical or emotional harm to the student.

_________________________________________  ________________________________  __________________________
Student’s Name (Print)                      Student’s Signature                     Date

_________________________________________  ________________________________  __________________________
Parent’s Names (Print)                      Parent’s Signature                     Date
Academic Eligibility for Athletes
- To be eligible for athletic competition during the first semester of the 10th grade, student must have attained 30 academic credits during the immediately preceding academic year.
  - 9th grade students from 1st semester have no credit requirements
- To be eligible for athletic competition during the second semester of the 9th grade or higher, a pupil must have passed the equivalent of 15 credits at the close of the preceding semester.
  - Full-year courses shall be equated as one-half of the total credits to be gained for the full year to determine credits passed for eligibility purposes

Academic Credit Recovery to Restore Eligibility
- For Final Grades, students in grades 9-11 can attend summer school to recover the credit lost due to failure.
  - These courses must be complete and recorded by September 1
  - Summer school is at the expense of the student
- To recover Spring eligibility, a student in grades 9-11 must be passing all his/her assigned coursework in the 3rd quarter and accumulate 22.50 when grades averaged for Q1, Q2, and Q3.
- 12th graders who are ineligible at the beginning of the Spring Season can recover eligibility by obtaining passing grades in all coursework at the end of Q3

NCAA
Any student-athlete who has an interest in playing collegiate sports should familiarize themselves with the NCAA Clearinghouse for eligibility information.
NCAA Clearinghouse website: www.eligibilitycenter.org/

Parent's Name (Print) ____________________________________________________________

Parent's Signature ____________________________ Date ______________

Student's Name (Print) ____________________________________________________________

Student's Signature ____________________________ Date ______________
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
We acknowledge that we have received the: “Sports Related Concussion and Head Injury Fact Sheet” and will keep this information.

<table>
<thead>
<tr>
<th>Student’s Name (Print)</th>
<th>Student’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent’s Name (Print)</th>
<th>Parent’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

This form must be signed and **GIVEN** to the **SCHOOL NURSE** or the **ATHLETIC TRAINER** before the first practice session.
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: Harrison High School

Name of School District: Harrison Board of Education

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: ______________________________________

Date: __________________
OPIOID USE AND MISUSE
EDUCATIONAL FACT SHEET

Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition. Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller. 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:40-41.10), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

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.

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, 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 Medsaway.
Sudden cardiac death in young athletes

Athletes Young in Death and In Sudden Death

The second most likely cause is congenital.

Dehydration is common, and many athletes
develop dehydration without intending to. This
occurs during intense training or.rush.

The most common cause of sudden death in
young athletes is a heart rhythm disorder.

COVID-19: Heart Disease in Young Athletes

The American Heart Association
National Headquarters
2700 Meridian Avenue, N.W.
Washington, D.C. 20037

1-800-AHA-USA1 (1-800-242-8721)

National Heart, Lung, and Blood Institute
National Institutes of Health
Bethesda, MD 20892

1-800-USA-HEART (1-800-872-4327)

Sudden Death in Young Athletes

Cardiac Death in Young Athletes

American Heart Association
1-800-342-2438

Sudden Death in Young Athletes

Website Resources
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 shorts 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 change:
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Report by Student-Athlete)
- Headache
- Balance problems or dizziness
- Nausea/vomiting
- Double vision or changes in vision
- Difficulty with concentration, short term memory, and/or confusion
- Sensitivity to light/sound
- Feeling of sluggishness or fuzziness