



Athletic Department
Jason Morrell – Athletic Director
1600 Old Crown Pt. Road, West Deptford, NJ 08093
856-848-6110 ext. 2240 FAX: 856-848-1917

ATHLETIC PARTICIPATION SIGN OFF SHEET

Please sign at the bottom of this form after careful review. Your signature represents that you acknowledge and accept all language represented on the following forms. You can find these forms on our school website and additional copies may be obtained in the Athletic Office. *All other attached forms must be filled out, signed and handed in to the Nurse's Office.*

THIS FORM MUST BE RETURNED TO THE ATHLETIC DEPARTMENT PRIOR TO PARTICIPATION

- I, the parent/guardian of the named student, give my son/daughter permission to participate in all sports at West Deptford High School.
- Random Alcohol and Drug Testing Program Student Consent Form (I have read the form/s and agree to all rules)
- West Deptford District's Concussion Procedures & Guidelines for Return to Competition (I have read the form/s and agree to all rules)
- Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgment Form (I have read the form/s and agree to all rules)
- NJSIAA Steroid Form (I have read the form/s and agree to all rules)
- ImPACT Testing Instructions – For first time WDHS athletes. (I have read the form/s and agree to all rules)
- ImPACT Consent Form (I have read the form/s and agree to all rules)
- Sudden Cardiac Death Pamphlet (I have read the form/s and agree to all rules)
- Sport Physical Information: I understand that one complete physical is required each year (every 365 days) in order for my son/daughter to participate in a sport/s. All physicals must be reviewed by our school doctor prior to participation in practices or competitions.
- Sport Physical Information: I understand that prior to each season (within the 365 days) a Health History Update Interim Form must be completed and turned in to the Nurse's Office.
- Equipment: All issued equipment is expected to be returned. Students whose equipment is LOST or STOLEN will be expected to PAY FOR IT; failure to do so will result in the student not participating in athletics until the equipment is accounted for.
- Injury Warning: I realize that such activities involve the potential for injury. Even with the use of reasonable care in coaching, protective equipment and observance of rules, physical hazards and injuries are possible. On rare occasions these physical hazards and injuries could result in total disability, paralysis, or even death.
- Insurance: Parents should be aware that student insurance coverage is limited by the terms and conditions of the policy and by the principle that payments are made only up to Usual and Reasonable Expenses. The latter means that doctors' fee and prices are not to exceed those generally charged in the locality for particular types of injuries and/or procedures.
- Academic Eligibility: In order to be academically eligible to participate in athletics, a students must have earned the following during each academic year: 15 credits at the conclusion of the 1st semester to participate in spring sports, and 30 credits at the conclusion of the 2nd semester (including summer school) to participate in sports during the 1st semester of the following school year.

Print Student's Name: _____ Grade: _____ Sport(s): _____

Student Signature

Date

Parent/Guardian Signature

Date

Please return to the Athletic
Office with payment

WEST DEPTFORD HIGH SCHOOL STUDENT ACTIVITY FEE REMITTANCE FORM

1. All participants in athletics, band, and other eligible clubs will be assessed an annual fee due prior to the first practice or activity meeting. This fee covers sports, clubs, and co-curricular activities for the entire school year. There will be a fee of \$50.00 for the first student in a family. For families with two or more participating children in the high school, there will be a \$75.00 maximum family fee. Payment allows the students(s) to participate in all co-curricular activities offered that school year.
2. The user-fee for clubs, athletics and extra-curricular activities is non-refundable. Any participant who leaves a club, activity or team voluntarily or who is dropped for disciplinary reasons is not eligible for a refund.
3. If a student is not selected for a sport or activity, the activity fee will be refunded if it is the only activity in which the student plans to participate during the school year. The parent must request the refund in writing, and have the request signed by the principal. All refunds will be issued by the Business Office at the close of the school year.
4. All payments should be made by check or money order payable to the West Deptford Board of Education. Students who are eligible for free or reduced lunch may be approved for a fee waiver after petitioning through the principal's office.
5. Parents and students should understand that this fee entitles the participant to a place in an activity. It does not guarantee participation time in games, leads in performances, roles, positions, etc. These decisions will be made by the coaches and advisors. Fees collected are designed to help defray the cost of operating these activities. If a student is cut from (or chooses to leave) an activity before participation begins, the payment will be returned assuming that this is the only activity in which the student participated.

STUDENT ACTIVITY FEE REMITTANCE FORM

Please complete one form per family by **PRINTING** the information requested and returning the form and payment to the main office at the high school.

Student's Name	Grade	Fee
1.		\$50.00
2.		\$75.00
3.		\$15.00 Reduced
4.		No fee

Parent/Guardian signature indicates he/she has read and understands the above information.

Parent name: _____ Signature: _____

Parent phone #: _____ Parent email: _____



WDHS Nurse's Office
Nurse – Lynn Zoll, BSN, RN
Phone: 856-848-6110 ext 2240
Fax: 856-384-5825

Information on Completing Physicals

When obtaining and completing a physical form:

The main physical form has some areas of attention for the athlete and parent/guardian.

- a. The **History Form** page must be completed, and then reviewed by the examining provider. The parent/guardian signature is required along with the athlete's.
- b. The **Physical Examination Form**, must be filled out in its entirety. Anything missing from it will keep the athlete from participating in a sport. Please make certain that your examining physician has filled out the form properly and that **nothing is missing**, including the area where **vision**, blood pressure, height, pulse, etc. are listed. (Note that if you decline your child's visual exam by the examining provider, you must attach their visual acuity from their eye doctor.) ***Only a licensed provider with MD, DO, APN or PA can fill in this form. The physical must be completed and signed by a provider who has completed the Student-Athletic Cardiac Assessment Professional Development Module.*** Please note that the History Form must be filled out and attached to the Physical Examination Form when your provider does the medical exam.
- c. The **Clearance Form** must be filled out in its entirety by the examining provider, including the provider's stamp and date of exam.
- d. **Neither copies nor faxes will be accepted.** A physical form is not complete unless all pages are handed in together.

When utilizing a previous physical:

Athletes may use a physical obtained in a previous year (less than 364 days before start date), but you must do the following.

- a. Complete all pages in their entirety (see above directions.)
- b. The entire History Form, Physical Examination Form and Clearance Form must be filled out (**neither copies nor faxes will be accepted.**) Note that date of exam must be presented in all areas as a record that permits 364 day check.
- c. If the 365th day after the physical is after the NJSIAA start date (first practice for your sport), then the physical is acceptable for the entire season; if not, a whole new physical examination is required.
- d. A completed Physical Questionnaire/Permission and Drug Test Form (first sport of the year only)
- e. Parent must complete Health History Update Questionnaire.

■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

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		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any 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 with 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 if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
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 above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

■ PREPARTICIPATION PHYSICAL EVALUATION 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, 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?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

Note that if you decline your child's visual exam by the examining provider, you must attach their visual acuity from their eye doctor!

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	(/)	Pulse
Vision R 20/		L 20/	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) 			
Eyes/ears/nose/throat <ul style="list-style-type: none"> Pupils equal Hearing 			
Lymph nodes			
Heart* <ul style="list-style-type: none"> Murmurs (auscultation standing, supine, +/- Valsalva) Location of point of maximal impulse (PMI) 			
Pulses <ul style="list-style-type: none"> Simultaneous femoral and radial pulses 			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis 			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/high			
Knee			
Leg/ankle			
Foot/toes			
Functional <ul style="list-style-type: none"> Duck-walk, single leg hop 			

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

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a 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 _____

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 _____

For Your Records Only

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WEST DEPTFORD SCHOOL DISTRICT

RANDOM ALCOHOL AND DRUG TESTING PROGRAM STUDENT CONSENT TO TEST FORM

I acknowledge that I have reviewed a copy of Policy 5536 and the “Administrative Procedures for the Alcohol and Drug Testing and Random Alcohol and Drug Testing Policy for Students” online or have requested a hard copy from the High School Main office. I have read and understand the purposes, requirements, and consequences of the Testing Program as described in those documents.

I authorize the West Deptford School District to conduct testing which will be provided on-site to test for alcohol and/or drugs if my identification number is randomly selected from the testing pool. I authorize the release of the information concerning the results of such tests to designated District personnel.

I acknowledge that the Medical Review Officer will contact the student and the student’s parent(s)/guardian(s) if the test is positive. The purpose of this contact with the Medical Review Officer is to determine if there is an acceptable reason for the positive test result, in which case the test will be considered negative.

It is understood that by participating in a WDHS sport the student athlete will be immediately placed into the Random Drug Testing Pool.

I understand that this Form remains in effect until the submission of an Activity Drop Form, graduation, withdrawal from the School District or until the first day of the next school year.

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West Deptford School District's Concussion Procedures & Guidelines for Return to Competition

At the direction of our school physician, Dr. David Gehring, and adopted by the West Deptford Board of Education, West Deptford Schools will follow the concussion guidelines set forth by the Zurich Concussion Consensus Statement¹ and the NJSIAA² as follows:

Prevention

1. Annual distribution of the NJ Department of Education Concussion and Head Injury fact sheet to every student-athlete who participates in interscholastic sports. A signed acknowledgement from each parent/guardian and student-athlete will be obtained and kept on file.
2. All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program.
3. Review of educational information for student-athletes on prevention of concussions.

Treatment

1. Student-athletes who are exhibiting signs or symptoms of a sports-related concussion or head injury shall be immediately removed from competition or practice and may not return to play that day.
2. Emergency Medical Services (911) will be called if there is a deterioration of symptoms, loss of consciousness, or direct neck pain associated with the injury.
3. When available the student-athlete will be evaluated by the school's licensed healthcare provider who is trained in the evaluation and management of concussions.
4. School personnel will make contact with the student-athletes parent/guardian and inform him/her of the suspected sports-related concussion or head injury.
5. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in the evaluation and management of concussions and has completed the graduated return-to-play protocol.

Return to Play Guidelines

At any time during a practice or game that a student athlete experiences any sign(s)/symptom(s) of a head injury or a concussion, he/she will not be allowed to return to play/practice that day.

First time concussed athletes with no loss of consciousness and signs/symptoms lasting less than 7 days may return to play when he/she meets the following criteria:

1. Asymptomatic (with no use of medications to mask headache or other symptoms).
2. Completion of the Zurich Activity Progression (see below). This may begin once the athlete is asymptomatic for 24 hours and medically cleared to do so.

¹McCrary et al. Consensus Statement on Concussion in Sport: The 3rd International Conference on Concussion in Sport. *Journal of Athletic Training*, 2009; 44(4): 434-448.

²New Jersey State Interscholastic Athletic Association Medical Advisory Board. *NJSIAA Policy Statement*, April 2010.

Any loss of consciousness, signs/symptoms lasting 7 days or longer, or repeat concussions will require a minimum 7 day asymptomatic period and medical clearance before beginning the Zurich Activity Progression and will be managed on an individualized basis as approved by the school physician. The asymptomatic period for any concussion may be extended at the discretion of the West Deptford school physician and/or Athletic Trainer.

Physician clearance notes inconsistent with the concussion policy may not be accepted and such matters will be referred to our school physician.

****PLEASE NOTE:** According to NJ state law signed by Governor Christie in December 2010 (P.L. 2010, Chapter 94) (N.J.S.A 18A:40-41.3) and the NJ department of Education guidelines, physicians evaluating concussed athletes must be "trained in the evaluation and management of concussions."

Notes will not be accepted from the emergency room only. You must follow up with a physician trained in the evaluation and management of concussions.

Zurich Return to Activity Progression

We follow a stepwise activity progression based on recommendations in the Zurich Consensus Statement from the 3rd International Congress on Concussion in Sport as follows:

Step 1: Light aerobic exercise (i.e. stationary bike, elliptical machine)

Step 2: Moderate aerobic exercise (begin running program)

Step 3: Functional exercises (increase running intensity, begin agilities, non-contact sport-specific drills)

Step 4: Non-contact practice activities

Step 5: Full contact practice activities

Step 6: Full game play

EACH STEP IS SEPERATED BY 24 HOURS. If any symptoms occur, the athlete will drop back to the previous level and try to progress again after the 24 hours of rest has past.

By signing the sign off sheet, you are agreeing to the following statement: *I have read the entirety of this informational sheet and have no questions regarding clarification of policies. Any questions I had regarding head injury policies were answered by the athletic trainer, school nurse, or school physician prior to my signing this document. I understand that head injuries are serious injuries and should not be taken lightly.*

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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 foggiess
- 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

www.nfhs.com

www.ncaa.org/health-safety

www.bianj.org

www.atsnj.org

For Your Records Only

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NJSIAA



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

NJSIAA STEROID TESTING POLICY CONSENT TO RANDOM TESTING

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

Any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing the sign off sheet, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances. To see a list of Banned Drugs, visit:
www.njsiaa.org



West Deptford Athletic Training Office
856.848.6110 ext 2212



For Your Records Only
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Dear Parent/Guardian,

West Deptford High School is currently implementing an innovative concussion program for our student-athletes. This program will assist our athletic trainer/team physicians in evaluating and treating head injuries (e.g., concussion). In order to better manage concussions sustained by our student-athletes, we have acquired a program called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing), which involves an online, computerized exam that each athlete takes **prior** to the athletic season. ImPACT is utilized in many professional, collegiate, and high school sports programs across the country to aid in the diagnosis and management of concussions. **All athletes are required to take the baseline test on a home computer or school computer.**

If the athlete is believed to have suffered a concussion during practice or competition, the exam is taken again and the data is compared to the baseline test. This information is then used as a tool to assist the athletic training staff and treating physicians in determining the extent of the injury, monitoring recovery, and in making safe return to play decisions. If an injury of this nature occurs, we will be in contact with you. **All post-concussion tests will be administered under the supervision of WDHS administration and/or athletic staff at the school.**

The non-invasive test is set up in "video-game" type format and takes about 25-30 minutes to complete. It is simple, and actually many athletes enjoy the challenge of taking the test. Essentially, the ImPACT test is a preseason physical of the brain. It tracks information such as memory, reaction time, speed, and concentration. It, however, is not an IQ test.

One of the reasons concussions are so dangerous is a condition called Second Impact Syndrome. If an athlete sustains a second concussion before completely recovering from the first, the results can be deadly. At West Deptford, we understand the competitive nature of sports, but we always hold the athlete's health and safety as our top priority.

On the back of this letter, you will find the ImPACT testing instructions. To ensure a valid test, please make certain that your son/daughter follows the instructions closely. It is very important that your child be able to fully concentrate during the entire test. Poor performance will result in an invalid test, and will require a mandatory re-take.

I wish to stress again that the ImPACT testing procedures are non-invasive, and they pose no risks to your student-athlete. We are excited to implement this program given that it provides us the best available information for managing concussions and preventing potential brain damage that can occur with multiple concussions. The West Deptford High School administration, coaching, and athletic training staffs are striving to keep your child's health and safety at the forefront of the student athletic experience.



West Deptford Athletic Training Office
856.848.6110 ext 2212



ImPACT Testing Instructions

To ensure a valid test, please follow these instructions. It is very important that you are able to fully concentrate during the entire test. Poor performance will result in an invalid test and will require a re-take! **The Customer ID code is: QF8MYTJFXW**

- Set aside 30-45 minutes in a quiet room with no distractions to take the test.
- No headphones or cell phone use during the test. Turn off any televisions, radio, or anything else that can produce background noise.
- Tell siblings and family members about the importance of the test to avoid interruptions or distractions.
- Note: The test will begin by asking you background questions called the "demographic" section. There are 6 test sections called "modules." These include word memory, design memory, Xs and Os, symbol match, color word match, and three letters.
- Take your time to read each section's instructions very carefully. Each module is self explanatory. It is common to perform the color word match module incorrectly. Please read that section's instructions thoroughly.
- Other than the initial demographic section, do not ask anyone to help you with your performance during the test, such as assistance with memory questions, etc. Do not write anything down during the test to aid memory.
- You **MUST** use a standard external mouse. You may not use a finger mouse pad (i.e., laptop), a Track Mouse, or anything other than a standard mouse.
- Minimum computer requirements:
 - Make sure you are using Internet Explorer 6.0 and above, or Firefox 1.5 or above, and Safari for the MAC running OSX 10.2 and above.
 - You must have Macromedia FLASH PLAYER 8.0 or newer installed. You can download FLASH PLAYER at www.adobe.com.
 - If you have a pop up blocker installed, you must turn it off for the duration of the test.
 - Close all other programs on your computer before taking the test.
 - You need a broadband internet connection.
- To take the baseline test, go to: www.impacttestonline.com/testing, enter the **Customer ID Code** (located at the top of this page), then click on "Launch Baseline Test."
- Make certain to select "**West Deptford High School**" when asked for "school/organization" in the demographic section.
- Your test results are not displayed once you are finished (all results are password protected). See Ms. English if you are interested in your baseline results.
- Please note our test contract with ImPACT does NOT allow for unlimited baseline tests. Please do not allow others to take an additional test.
- If you do not have access to the internet or a home computer that meets the above requirements, contact Ms. English or the Athletic Department to arrange a testing time at school.
- Return your ImPACT test receipt to Mr. Panchella or to the Athletic Office once you have completed the test.
- Thank you for participating in our ImPACT Concussion Management Program.



West Deptford Athletic Training Office
856.848.6110 ext 2212



For Your Records Only
Read Only ~ Printable Version

ImPACT Consent Form

For use of the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT)

I have read the attached information. I understand its contents. I have been given an opportunity to ask questions, and all questions have been answered to my satisfaction. I agree to allow my son/daughter to participate in the ImPACT Concussion Management Program. I also agree to make certain my son/daughter follows all testing instructions to ensure a valid test. I the athlete agree, to participate in the ImPACT Concussion Management Program. I the athlete, also agree to follow all testing instructions to ensure a valid test.

Website Resources

- Sudden Death in Athletes
www.cardiachealth.org/sudden-death-in-athletes
- Hypertrophic Cardiomyopathy Association
www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

**American Academy of Pediatrics
New Jersey Chapter**

3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org

American Heart Association

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

New Jersey Department of Education

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

New Jersey Department of Health

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

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For Your Records Only

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on
Sudden Cardiac Death
in Young Athletes



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

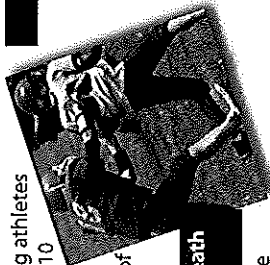


Learn and Live



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?



What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

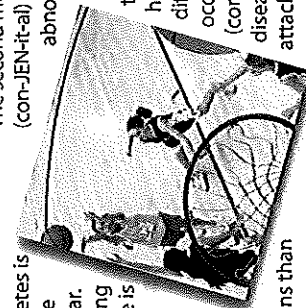
What are the most common causes?

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

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

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

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



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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

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

Are there warning signs to watch for?

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

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;

- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath.

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 Annual Athletic Pre-Participation Physical Examination Form.

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

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

The required physical exam includes a 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.

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).

Effective September 1, 2014, the New Jersey Department of Education requires that all public and nonpublic schools grades K through 12 shall:

- Have an AED available at every sports event (three minutes total time to reach and return with the AED);
- Have adequate personnel who are trained in AED use present at practices and games;
- Have coaches and athletic trainers trained in basic life support techniques (CPR); and
- Call 911 immediately while someone is retrieving the AED.

