

Palmyra High/Middle School

2024 / 2025

Physical Exams

The Palmyra School District School Doctor will be performing *free physicals* on May 31st, June 3rd, 5th and in the PHS Nurse's Office.

The physical packets can be picked up in the Main office or the Nurse's Office and/or printed from our website. *BOTH* parent & student must complete the entire physical packet, then drop it off at the main office or the nurse's office.

Please return the completed packet by Friday, May 10th.

I would like to have the school doctor complete a physical for my child at PHS with the understanding of the above procedures.

Parent Signature: _____ Date: _____

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

Sex _____ 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

| GENERAL QUESTIONS | Yes | No |
|--|------------|-----------|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No |
| 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: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, 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 | Yes | No |
| 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 hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | |
| 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 | Yes | No |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a 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 atlantoaxial instability? (Down syndrome or dwarfism) | | |
| 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 | | Yes | No |
|---------------------|---|-----|----|
| 26. | Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. | Have you ever used an inhaler or taken asthma medicine? | | |
| 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 (males), your spleen, or any other organ? | | |
| 30. | Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. | Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. | Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. | Have you had a herpes or MRSA 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. | Do you have a 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. | Do 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 had any eye injuries? | | |
| 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 last 12 months? | | |

Blank lined paper.

9-2561:0410

■ 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 _____

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).

Place Physician's/Provider's Stamp Here

| 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)* | | | |
| Skin <ul style="list-style-type: none"> HSV, lesions suggestive of MRSA, tinea corporis | | | |
| Neurologic* | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| 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.

*Consider GU exam if in private setting. Having third party present is recommended.

*Consider 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 _____

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 _____



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

Six (6) day practice rule

A student shall not be permitted to participate in a scrimmage or a game (interschool) in any strenuous sport until they have completed six (6) days of practice in that sport and one day of rest. Practices are counted on a 24-hour basis not the number of sessions.

For all strenuous sports (which excludes bowling and golf), the “first scrimmage” date must include one day of rest within the first 7 days from the first practice (6 days on and 1 day off rule). The six (6) days of practice and one (1) day of rest do not have to be consecutive but must adhere to the seven (7) day time frame. This requirement applies to all three seasons.

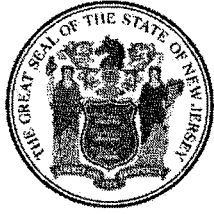
CL1: Any workouts prior to the first official day of practice for a particular sport cannot be counted to fulfill this requirement.

CL2: The six (6) day practice rule begins on the first official day of practice for each sport excluding bowling and golf.

CL3: The six (6) day practice rule will be waived for Student-Athletes who are members of a team participating in an NJSIAA competition after the start of the next season provided the athlete becomes a practicing member within three (3) practice days.

CL4: Any lapses consisting of four (4) or more days, a restart of the six (6) day rule must occur.

CL5: If a student was eligible to participate in a team practice after three (3) consecutive days off but missed the fourth day because of a situation beyond the student’s control (i.e., the school closed for a holiday, Sunday, weather, etc.) a restart is not needed if the student practices the next available day.



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

**Sudden Cardiac Death Pamphlet
Sign-Off Sheet**

Name of School District: Palmyra School District

Name of Local School: Palmyra High School

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: _____

Parent or Guardian Signature: _____

Date: _____

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

Lead Author: American Academy of Pediatrics,

New Jersey Chapter

Written by: Initial draft by Sushma Raman Hebbar, MD & Stephen G. Rice, MD PhD

Additional Reviewers: NJ Department of Education, NJ Department of Health and Senior Services, American Heart Association/New Jersey Chapter, NJ Academy of Family Practice, Pediatric Cardiologists, New Jersey State School Nurses

Revised 2014: Christene DeWitt-Parker, MSN, CSN, RN; Lakota Kruse, MD, MPH; Susan Martz, EdM; Stephen G. Rice, MD; Jeffrey Rosenberg, MD; Louis Teichholz, MD; Perry Weinstock, MD

SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION



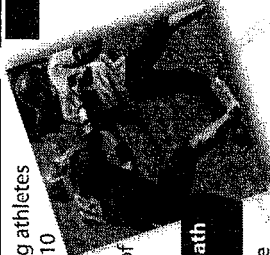
American Heart Association



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.

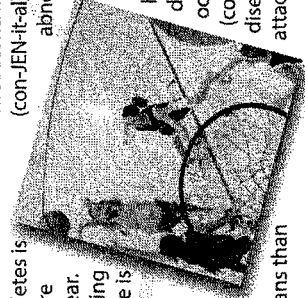
What are the most common causes?

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 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?

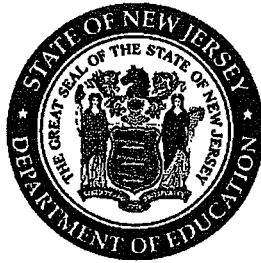
A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from 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.



Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

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

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

- All school districts, charter, and non-public schools that participate in interscholastic sports are required to distribute this educational fact to all student athletes and cheerleaders and obtain a signed acknowledgment from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes and cheerleaders.
- Any cheerleader or student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until they have written clearance from a physician trained in concussion treatment and have completed his/her district's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness.
- You can sustain a concussion even if you do not hit your head.
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion.
- Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury.

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

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g., unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention

- Answers questions slowly or inaccurately
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision - trouble reading
- Sensitivity to light/sound
- Feeling of sluggishness or foggy - fatigue
- Difficulty with concentration, short term memory, and/or confusion

Dangerous Signs & Symptoms of a Concussion

- New onset of symptoms
- One pupil is larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting, nausea, or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out); even a brief loss of consciousness should be taken seriously.

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

- Do not hide it. Tell your athletic trainer, coach, school nurse, or parent/guardian.
- Report it. Do not return to competition or practice with symptoms of a concussion or head injury.
- Take time to recover. If you have a concussion, your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion.

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

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

Should there be any temporary academic accommodation made for student-athletes who have suffered a concussion?

- Most students will only need help through informal, academic adjustments as they recover from a concussion.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations
- Contact the school nurse if symptoms persist to discuss whether additional accommodations are

necessary.

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

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

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

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

Step 2: Light aerobic activity

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

Step 3: Moderate activity

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

Step 4: Heavy, non-contact activity

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

Step 5: Practice & full contact

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

Step 6: Competition

Young athletes may return to competition.

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

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

| | | |
|--------------------------------|-----------------------------|------|
| Student athlete's name (print) | Student athlete's signature | Date |
|--------------------------------|-----------------------------|------|

| | | |
|--------------------------------|-----------------------------|------|
| Parent / Guardian name (print) | Parent / Guardian signature | Date |
|--------------------------------|-----------------------------|------|



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

Banned Substances 2023-2024

It is the student athlete's responsibility to check with the appropriate or designated athletic staff before using any substance.

The NJSIAA bans the following drug classes:

1. Stimulants
2. Anabolic agents
3. Beta-blockers
4. Diuretics and other masking agents
5. Narcotics
6. Cannabinoids
7. Peptide hormones, growth factors, related substances and mimetics
8. Hormone and metabolic modulators
9. Beta-2 agonists

Note: Any substance chemically/pharmacologically related to any of the classes listed above and with no current approval by any governmental regulatory health authority for human therapeutic use (e.g., drugs under pre-clinical or clinical development or discontinued, designer drugs, substances approved only for veterinary use) is also banned. All drugs within the banned-drug class shall be considered to be banned regardless of whether they have been specifically identified. There is no complete list of banned substances.

Substances and Methods Subject to Restrictions:

1. Blood and gene doping.
2. Local anesthetics (permitted under some conditions).
3. Manipulation of urine samples.
4. Beta-2 agonists (permitted only by inhalation with prescription).
5. Tampering of urine samples.

NJSIAA Nutritional/Dietary Supplements:

Before consuming any nutritional/dietary supplement product, review the product and its label with your school's athletics department staff.

1. Many nutritional/dietary supplements are contaminated with banned substances not listed on the label.
2. Nutritional/dietary supplements, including vitamins and minerals, are not well regulated and may cause a positive drug test.
3. Student-athletes have tested positive and lost their eligibility using nutritional/dietary supplements.
4. Any product containing a nutritional/dietary supplement ingredient is taken at your own risk.

Athletics department staff should consider providing information to student-athletes about supplement use and the importance of having nutritional/dietary products evaluated by qualified staff members before consumption. The NJSIAA has identified Drug Free Sport AXIS™ (AXIS) as the service designated to facilitate student-athletes and schools review of label ingredients in medications and nutritional/dietary supplements. Contact AXIS at 816-474-7321 or axis.drugfreesport.com (password: njsports).

There is no complete list of banned substances. The following are some examples of substances in each of the banned drug classes. Do not rely on this list to rule out any labeled ingredient. Any substance that is chemically/pharmacologically related to one of the below classes, even if it is not listed as an example, is also banned.

1. Stimulants

| | |
|--|---|
| Amphetamine (Adderall) Caffeine (Guarana) Cocaine Dimethylbutylamine (DMBA; AMP) Dimethylhexylamine (DMHA; Octodrine) Ephedrine Heptaminol Hordenine Methamphetamine | Methylhexanamine (DMAA; Forthane) Methylphenidate (Ritalin) Mephedrone (bath salts) Modafinil Octopamine Phenethylamines (PEAs) Phentermine Synephrine (bitter orange) |
|--|---|

Exceptions: Phenylephrine and Pseudoephedrine are not banned.

2. Anabolic Agents

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

3. Beta Blockers

| | |
|-----------------------------------|------------------------------------|
| Atenolol Metoprolol Nadolol | Pindolol Propranolol Timolol |
|-----------------------------------|------------------------------------|

4. Diuretics and Masking Agents

| | |
|---|---|
| Bumetanide Chlorothiazide Furosemide Hydrochlorothiazide | Probenecid Spironolactone (canrenone) Triamterene Trichlormethiazide |
|---|---|

Exceptions: Finasteride is not banned

5. Narcotics

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

6. Cannabinoids

| | |
|---|-------------------------------------|
| Marijuana Synthetic cannabinoids (Spice; K2; JWH-018; JWH-073) | Tetrahydrocannabinol (THC, Delta-8) |
|---|-------------------------------------|

7. Peptide Hormones, growth factors, related substances, and mimetics

| | |
|--|--|
| Growth hormone (hGH) Human Chorionic Gonadotropin (hCG) Erythropoietin (EPO) | IGF-1 (colostrum; deer antler velvet) Ibutamoren (MK-677) |
|--|--|

Exceptions: Insulin, Synthroid, and Forteo are not banned.

8. Hormone and Metabolic Modulators

| |
|---|
| Anti-Estrogen (Fulvestrant) Aromatase Inhibitors [Anastrozole (Arimidex); ATD (androstatrienedione); Formestane; Letrozole] PPAR-d [GW1516 (Cardarine); GW0742] SERMS [Clomiphene (Clomid); Raloxifene (Evista); Tamoxifen (Nolvadex)] |
|---|

9. Beta-2 Agonists

| | |
|--|---|
| Bambuterol Formoterol Higenamine | Norcoclaurine Salbutamol Salmeterol |
|--|---|



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.

Beginning in the Fall, 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition.

Athletes may submit supplements and medications to Drug Free Sport AXIS to receive information regarding banned substances or safety issues. Athletes or parents may login to the NJSIAA account at www.dfsaxis.com using the password "njsports".

The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

PALMYRA STUDENT ATHLETE CONTRACT

Athletes, parents and coaches working as a Team

PROCEDURES

- **All participants must have a signed Physical and Student Athlete Contract on file** in the Athletic office in order to participate in interscholastic sports programs.
- **Athletes must meet Palmyra and NJSIAA eligibility requirements** (found in Student-Athlete and NJSIAA Handbooks) and must have a good citizen status at Palmyra High School. Athletes must abide by all school policies, which are located in the PHS Student Handbook.
- **All injuries are to be reported immediately to your Coach and to our Athletic Trainer** for proper examination and if needed, a referral to appropriate medical personnel or services.
- **Students are to be in school by 10:30am if they wish to participate in a scheduled practice or game** on that day. Any exception **MUST** be approved by the Athletic Director or building Principal.

CONDUCT

- **Athletes are representatives of Palmyra High School and at all times must present themselves in a positive and sportsmanlike manner.** All athletes, spectators and coaches must show proper respect for opposing teams, their coaches and officials alike.
- **Bus behavior will be beyond reproach.** Appropriate demeanor and responsible volume must be maintained at all times. No abuse, distasteful or obscene language or unsafe actions will be permitted.
- **All athletes are expected to arrive and return to the school as part of the team.** The coach may allow a student to return home from an away event only after a parental release form is signed in front of the coach. At this point, the parent of that child will assume all responsibility. At no time are students allowed to drive themselves to or from athletic contests. Any other arrangement must be made prior to the beginning of the day through the office of the Athletic Director or the building Principal. That arrangement will include written permission, a detailed rationale for exemption, and the name(s) of the assigned driver(s) who will be responsible for the child's safety. **We encourage all team members, whenever possible, to use the assigned school bus. This promotes team unity, ensures proper supervision and allows for greater safety of our students.**
- **Hazing: PHS will not tolerate hazing of any kind to our student athletes.** Students who disregard this rule are subject to suspension and/or expulsion from their team, as well as appropriate school consequences set forth by the Assistant Principal.

RESPONSIBILITIES

- **It is the responsibility of the Head Coach to decide which student/athlete will participate and which level of play,** as well as the amount of playing time that the student will have. Questions regarding this area will be addressed directly to the Head Coach in a mutually acceptable timeframe and in an appropriate, professional manner (see Parent/Coach Communication pamphlet)
- **Athletes will be on time for practice and will be prepared for practice every day.** They should prioritize their affiliations with community teams, placing the needs of the PHS team first.
- **Athletes are responsible for all equipment issued and for the care of said equipment.** Equipment and uniforms are to be worn and used only at PHS events and not throughout the day. Athletes will be held accountable (financial obligations) for lost and /or damaged equipment and/or uniforms.
- **For ALL practices and games, participants are required to have prearranged transportation home from school.** Every effort should be made to have transportation waiting at the school for pick-up.
- **Failure to comply with the requirements stipulated** in the PHS Handbook or any of the rules stated in this contract or stipulated by the Coach regarding curfews, detentions, etc., will result in disciplinary action which may include suspension or dismissal for a designated time as determined by the Head Coach and/or the policy set forth in the Student Handbook.
- **In addition to the above-mentioned criteria, all athletes are required to be alcohol-free, tobacco-free, and drug-free twenty-four hours a day, seven days a week (24/7)** throughout their season. Student/athletes who use and/or are in possession of these items are subject to disciplinary action as outlined by the Palmyra Board of Education Policies and Procedures as stated in the Student Handbook. Attendance at parties or gatherings where alcohol, tobacco, or drugs are present is strictly prohibited and is also considered a violation of the 24/7 policy. The purpose of this rule is deter underage drinking and/or substance abuse.

PALMYRA ATHLETES MUST REMEMBER

Everything you say and do should be consistent with the six core ethical values comprising good character:



- Trustworthiness
- Respect
- Responsibility
- Fairness
- Caring
- Citizenship.

Eligibility Policy for Co-curricular Activities

To be eligible to participate in athletics, at any level, a student must pass 27.5 credits per year (13.75 per semester).

New requirements since 2014: Students must pass 30 credits year (15 per semester). This is an N.J.S.I.A.A. regulation.

1. Students who become ineligible because of semester grades may finish the season.
2. Students may attend summer school in order to become eligible for the Fall.
3. Students who accumulate 3 suspensions during the school year immediately become ineligible.
4. Students with obligations are ineligible to participate on any athletic teams.
5. A student who has a medical for Physical Education will not be eligible to practice or participate in a game during that day.
6. No student may participate in an athletic activity after school if he/she has been absent on the day of the scheduled event. Arriving to school after 10:30 without a valid excuse will be considered as absent. Those students with early dismissal for illness are also ineligible. Students may be granted administrative approval to participate for non-illness related absences.
7. Students on the suspended list may not participate in any school related activities until completion of the suspension is satisfied. No practice or participation may occur on the day(s) of the school suspension.

I HAVE READ AND UNDERSTAND THESE RULES AND AGREE TO ABIDE BY THEM

Student Athlete and parent/guardian must sign this document prior to issuing a uniform or adding the student's name to the team roster.

SPORT

PRINT ATHLETE'S NAME

ATHLETE'S SIGNATURE

DATE

PRINT PARENT/GUARDIAN'S NAME

PARENT/GUARDIAN'S SIGNATURE

DATE

PALMYRA HIGH SCHOOL

Parent | Guardian | Guest **ADULT** CODE of CONDUCT

1. In order to uphold the goals of the Palmyra High School and ensure that all participants have the benefit of a safe and fun learning environment, all parents, guardians and other adults and attendees of Palmyra High School events, including, but not limited to practices, competitions, and banquets, must behave accordingly in a respectful, courteous and sportsmanlike manner AT ALL TIMES.
2. Any adult who is using alcohol, tobacco or non-prescription drugs and/or appears intoxicated at a Palmyra High School event, and who is flagrantly rude, attempts to intimidate, verbally abuse, heckles, taunts, ridicules, boos, throws objects and/or uses vulgarity or profane language/gestures with an **official, coach, volunteer, staff member, participant, or other event attendee**, must receive a verbal warning and/or be asked to leave a Palmyra High School event. The adult's children may also be removed from the event. Any adult who commits one of the above-stated offenses a second time, will be banned from any and all Palmyra High School events for a period of one year from the date of the second offense, and their children may also be removed from the program/s for that time period.
3. Any adult who physically assaults an official, coach, volunteer, staff member, and participant or threatens grave bodily harm may be banned from any & all Palmyra High School events for one year from the date of offense and their children may also be removed from any and all Palmyra High School programs for that same period of time. After the ban has expired, if the individual commits another offense of the Adult Code of Conduct, the individual WILL BE BANNED FROM ANY AND ALL PALMYRA HIGH SCHOOL EVENTS and that individual's children may also be permanently removed from any and all Palmyra High School programs.

RULES & REGULATIONS

I hereby understand and acknowledge that as a parent/guardian of a Palmyra High School Student Participant it is my responsibility to comply with ALL rules and regulations. Any non-compliance with any and all rules and regulation may be cause for discipline and/or dismissal of my child/the participants, myself, and/or any spectators or other persons affiliated with the undersigned and the above-named participant.

By my signature below, I hereby stipulate that I have read and fully understand and agree to all of the above. Full rules and regulations are outlined in the Palmyra High School Student Athlete Handbook, available on the [Athletics Webpage](#).

PALMYRA ATHLETES MUST REMEMBER

Everything you say and do should be consistent with the six core ethical values comprising good character:



1. Trustworthiness
2. Respect
3. Responsibility
4. Fairness
5. Caring
6. Citizenship

PALMYRA PARENTS MUST LEAD BY EXAMPLE

Signature of Parent/Guardian _____ Print Full Legal Name _____

Signature of Student _____ Print Full Legal Name _____

Date _____

SPORTS RELATED EYE INJURIES

Sign-Off Sheet

Name of School District: Palmyra

Name of Local School: Palmyra High School

I/WE acknowledge that we received and reviewed the Sports Related Eye Injuries pamphlet.

Student Signature:_____

Parent or Guardian Signature:_____

Date:_____

SPORTS-RELATED EYE INJURIES:

AN EDUCATIONAL FACT SHEET FOR PARENTS



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

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

Prevention of Sports-Related Eye Injuries

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

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

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

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

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

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

Most Common Types of Eye Injuries



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

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

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

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

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

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

Signs or Symptoms of an Eye Injury



- The eye has an unusual pupil size or shape.
- Blood in the clear part of the eye.
- Numbness of the upper eyelid and globe (eyeball).
- Severe redness around the white part of the eye.

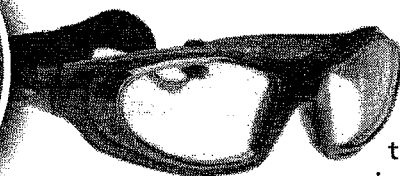
What to do if a Sports-Related Eye Injury Occurs



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

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

Return to Play and Sports



According to the American Family Physician Journal, there are several guidelines that should be followed when students return to play after sustaining an eye injury. For example, students who have sustained significant ocular injury should receive a full examination and clearance by an ophthalmologist or optometrist. In addition, students should not return to play until the period of time recommended by their HCP has elapsed. For more minor eye injuries, the athletic trainer may determine that

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

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

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

NEW JERSEY STATE INTERSCHOLASTIC ATHLETIC ASSOCIATION

1161 Route 130 North, Robbinsville, NJ 08691

Phone 609-259-2776 ~ Fax 609-259-3047

Memorandum

To: All Athletic Directors of Member Schools

From: Tony Maselli, Assistant Director

Date: June 2019

Re: Opioid Education Video Procedure

To All Athletic Directors:

Acting to address the increased risk of opioid abuse among high school athletes, the Office of the New Jersey Coordinator for Addiction Responses and Enforcement Strategies (NJCARES) and the New Jersey State Interscholastic Athletic Association (NJSIAA) announced on February 19, 2019, a new partnership to educate student athletes and their parents/guardians on addiction risks associated with sports injuries and opioid use.

This educational initiative, spearheaded by Attorney General Gurbir Grewal and approved by the Executive Committee of the NJSIAA, is a collaborative effort to use video programming to raise awareness among high school athletes that they face a higher risk of becoming addicted to prescription pain medication than their fellow students who do not play sports.

Beginning with the 2019 fall season, we are making available to all student athletes and their parents/guardians, an educational video about the risks of opioid use as it relates to student athletes. The video will be available on August 1, 2019 and can be found on the NJSIAA website under "Athlete Wellness" which is located under the "Health & Safety" tab. We are strongly encouraging student athletes and parents/guardians to watch the video as soon as it becomes available. An acknowledgement that students and their parents/guardians have watched the video will be required starting with the 2019-2020 winter season.

All member schools are asked to add to their current athletic consent forms the sign-off listed below. The sign-off acknowledgment is an NJSIAA mandate; student athletes are required to view the video only once per school year prior to the first official practice of the season in their respective sport, but the signed acknowledgment is required for each sport a student participates in. Athletes that are 18 years or older do not need the parents/guardians to watch the video.

Opioid Video is located at: <https://youtu.be/3Rz6rkwpAx8>

NJSIAA OPIOID POLICY ACKNOWLEDGEMENT

We have viewed the NJ CARES educational video on the risks of opioid use for high school athletes. We understand the NJSIAA policy that requires students, and their parents(s)/guardian(s) if a student is under the age of 18, to view this video and sign this acknowledgment.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



PALMYRA HIGH SCHOOL

311 West Fifth Street
Palmyra, New Jersey 08065
856-786-9300 Fax 856-786-3014

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: *Palmyra High School*

Name of School District (if applicable): *Palmyra*

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

Student Signature: _____

Parent/Guardian Signature (also needed if student is under age 18): _____

Date: _____

Please print name

¹Does not include athletic clubs or intramural events.

"Excellence in Education"



OPIOID USE AND MISUSE EDUCATIONAL FACT SHEET

Keeping Student-Athletes Safe

School athletics can serve an integral role in students' development. In addition to providing healthy forms of exercise, school athletics foster friendships and camaraderie, promote sportsmanship and fair play, and instill the value of competition.

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller.¹ It is important to understand that overdoses from opioids are on the rise and are killing Americans of all ages and backgrounds. Families and communities across the country are coping with the health, emotional and economic effects of this epidemic.²

This educational fact sheet, created by the New Jersey Department of Education as required by state law (*N.J.S.A. 18A:40-41.10*), provides information concerning the use and misuse of opioid drugs in the event that a health care provider prescribes a student-athlete or cheerleader an opioid for a sports-related injury. Student-athletes and cheerleaders participating in an interscholastic sports program (and their parent or guardian, if the student is under age 18) must provide their school district written acknowledgment of their receipt of this fact sheet.

How Do Athletes Obtain Opioids?

In some cases, student-athletes are prescribed these medications. According to research, about a third of young people studied obtained pills from their own previous prescriptions (i.e., an unfinished prescription used outside of a physician's supervision), and 83 percent of adolescents had unsupervised access to their prescription medications.³ It is important for parents to understand the possible hazard of having unsecured prescription medications in their households. Parents should also understand the importance of proper storage and disposal of medications, even if they believe their child would not engage in non-medical use or diversion of prescription medications.

What Are Signs of Opioid Use?

According to the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes had used prescription opioids in the 12-month period studied.⁴ 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,⁵ 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 Medsaway.

According to NJSIAA Sports Medical Advisory Committee chair, John P. Kripsak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers."



STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

In consultation with



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH



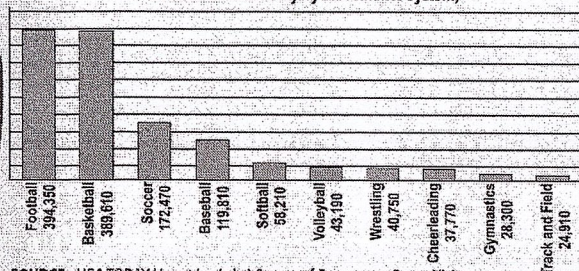
NJSIAA SPORTS MEDICAL
ADVISORY COMMITTEE



Karan Chauhan
Parsippany Hills High School,
Permanent Student Representative
New Jersey State Board of Education

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

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



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

Even With Proper Training and Prevention, Sports Injuries May Occur

There are two kinds of sports injuries. Acute injuries happen suddenly, such as a sprained ankle or strained back. Chronic injuries may happen after someone plays a sport or exercises over a long period of time, even when applying overuse-preventative techniques.⁵

Athletes should be encouraged to speak up about injuries, coaches should be supported in injury-prevention decisions, and parents and young athletes are encouraged to become better educated about sports safety.⁶

What Are Some Ways to Reduce the Risk of Injury?

Half of all sports medicine injuries in children and teens are from overuse. An overuse injury is damage to a bone, muscle, ligament, or tendon caused by repetitive stress without allowing time for the body to heal. Children and teens are at increased risk for overuse injuries because growing bones are less resilient to stress. Also, young athletes may not know that certain symptoms are signs of overuse.

The best way to deal with sports injuries is to keep them from happening in the first place. Here are some recommendations to consider:



PREPARE Obtain the preparticipation physical evaluation prior to participation on a school-sponsored interscholastic or intramural athletic team or squad.



CONDITIONING Maintain a good fitness level during the season and offseason. Also important are proper warm-up and cooldown exercises.



PLAY SMART Try a variety of sports and consider specializing in one sport before late adolescence to help avoid overuse injuries.



ADEQUATE HYDRATION Keep the body hydrated to help the heart more easily pump blood to muscles, which helps muscles work efficiently.



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.



REST UP Take at least one day off per week from organized activity to recover physically and mentally. Athletes should take a combined three months off per year from a specific sport (may be divided throughout the year in one-month increments). Athletes may remain physically active during rest periods through alternative low-stress activities such as stretching, yoga or walking.



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:

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

New Jersey Department of Health, Division of Mental Health and Addiction Services is committed to providing consumers and families with a wellness and recovery-oriented model of care.

New Jersey Prevention Network includes a parent's quiz on the effects of opioids.

Operation Prevention Parent Toolkit is designed to help parents learn more about the opioid epidemic, recognize warning signs, and open lines of communication with their children and those in the community.

Parent to Parent NJ is a grassroots coalition for families and children struggling with alcohol and drug addiction.

Partnership for a Drug Free New Jersey is New Jersey's anti-drug alliance created to localize and strengthen drug-prevention media efforts to prevent unlawful drug use, especially among young people.

The Science of Addiction: The Stories of Teens shares common misconceptions about opioids through the voices of teens.

Youth IMPACTing NJ is made up of youth representatives from coalitions across the state of New Jersey who have been impacting their communities and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

References

- ¹ Massachusetts Technical Assistance Partnership for Prevention
- ² Centers for Disease Control and Prevention
- ³ New Jersey State Interscholastic Athletic

Association (NJSIAA) Sports Medical Advisory Committee (SMAC)

- ⁴ Athletic Management, David Csillan, athletic trainer, Ewing High School, NJSIAA SMAC

⁵ National Institute of Arthritis and Musculoskeletal and Skin Diseases

⁶ USA TODAY

⁷ American Academy of Pediatrics

An online version of this fact sheet is available on the New Jersey Department of Education's Alcohol, Tobacco, and Other Drug Use webpage.
Updated Jan. 30, 2018.

PART C: ATHLETIC TRAINER - EMERGENCY CONTACT INFORMATION

The below information is needed to participate in Palmyra School District athletics. At the end of this information is a place for the parent or guardian's signature and the student's signature. By signing this line you will attest that you have read and understand all of the enclosed information below. If these signatures are not provided, then the Palmyra School District will not recognize these forms to be complete. **Please print all information except for signatures. This form is filed in the Athletic Trainer's Office in case of emergencies.**

Request for Permission: We, the undersigned student and student's parent guardian, apply for permission to participate in interscholastic athletics in the following sports: (Please check all that apply), ☐ Baseball, ☐ Basketball (boys and girls), ☐ Cheerleading, ☐ Cross Country (boys and girls), ☐ Field Hockey, ☐ Football, ☐ Indoor Track (boys and girls), ☐ Middle School Basketball (boys and girls), ☐ Softball, ☐ Soccer (boys and girls), ☐ Tennis (boys), ☐ Track and Field (boys and girls) and/or ☐ Wrestling

Medical Consent for Treatment: As the parent or legal guardian of this student-athlete, I grant permission to the athletic staff (athletic trainer, nurse, coaches, or other school personnel) for treatment deemed necessary for a condition arising during or affecting participation in athletics sanctioned by the Palmyra School District, including medical treatment recommended by a medical doctor in an emergency. I understand that every effort will be made to contact me prior to treatment. Also, permission is granted to release medical information to the school and athletic trainer or first responder. In case the parents cannot be reached, we give consent for the athletic staff to use their own judgment in securing medical aid, ambulance service, and if necessary, hospital admittance as a result of an injury during participation in sanctioned practices/games scheduled by the Palmyra School District.

Palmyra BOE Insurance Policy: The Palmyra School District furnishes an Interscholastic Insurance Policy that provides limited benefits for all students in the district who participate in district school sponsored and supervised interscholastic athletic activities. The policy provides excess coverage for students with no other insurance coverage, but it only pays when other benefits have been exhausted. In cases in which a student has no coverage with either a commercial insurance agency, Medicare or Medicaid, the Palmyra School District athletic insurance policy is the primary policy.

If your son or daughter should be injured while participating in a high school sponsored or supervised interscholastic athletic event, the following procedures must be followed to process a claim under the insurance provided by the Palmyra School District:

1. The injury **SHOULD** be reported to the athletic trainer, school nurse, or supervising coach **before** seeing the doctor.
2. The athletic trainer must complete an Injury Report Form on the injury.
3. The athletic trainer, school nurse, or supervising coach must complete a Student Incident Report. Claims cannot be processed without this form.
4. Complete and submit the Accident Claim Form. This form may be obtained from the school nurse or athletic trainer. The claim form, along with an itemized bill or Explanation of Benefits from your primary insurance carrier, must be filed with the insurance company within 90 days of the injury. The athletic trainer or school nurse must complete a section of this form by before the form can be submitted.

The athletic trainer, school nurse, or supervising coach must receive prior notice that an athlete is going to the doctor because of an athletic injury. This is not done to prevent an athlete from going to the doctor, but so that we can keep up with injuries accurately and fill out the claim forms properly. Any athlete who has an injury due to a Palmyra School District sports competition, practice or workout should report it to the athletic trainer, school nurse, or head coach immediately. The school will not be responsible for any visits to the doctor which the athletic trainer, school nurse, or supervising coach does not receive prior notice. If you have any questions about the insurance process, please call the Athletic Director, athletic trainer or school nurse.

STUDENT INFORMATION

Student's Name: _____ Age: _____
Student's Address: _____ Town: _____ Zip: _____
Date of Birth: ____/____/____ Sex: (circle one) M F Home Phone: ____ (____) _____
Grade: (circle one) 6 7 8 9 10 11 12 School Attending: _____
Father / Guardian Name: _____ Mother / Guardian Name: _____

EMERGENCY CONTACT INFORMATION

PRIMARY

Name: _____ Relationship to Student: _____
Phone (Day): ____ (____) _____ Phone (Evening): ____ (____) _____ Phone (Cell): ____ (____) _____

SECONDARY

Name: _____ Relationship to Student: _____
Phone (Day): ____ (____) _____ Phone (Evening): ____ (____) _____ Phone (Cell): ____ (____) _____

MEDICAL INFORMATION

Physician's Name: _____ Physician's Phone #: ____ (____) _____
Last Tetanus: _____ Known Allergies: _____
Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency: _____

Medications: _____
Inhaler or Epipen? _____ Wear Contacts or Glasses? _____ Glasses _____ Contacts _____
Parent Signature: _____ Date: _____

If student is over 18
Student Signature: _____ Date: _____