

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 _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice 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).

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 of exam _____
 Address _____ Phone _____
 Signature of physician, APN, PA _____

PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

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

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)

Approved _____ Not Approved _____

Signature: _____

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

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

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT ATHLETE MEDICAL CARD

Section 1: CONTACT/PERSONAL INFORMATION

NAME: _____ SPORT(S): _____
AGE: _____ GRADE: _____ BIRTHDATE: _____ ADDRESS: _____
PARENT/GUARDIAN: _____
PHONE: (H) _____ (C) _____ (C) _____
EMERGENCY CONTACTS:
NAME: _____ RELATIONSHIP: _____ PHONE: _____
NAME: _____ RELATIONSHIP: _____ PHONE: _____
FAMILY PHYSICIAN:
NAME: _____ PHONE: _____ INSURANCE: _____

Section 2: MEDICAL INFORMATION

MEDICAL ILLNESSES: _____
DATE OF TETANUS (mo/yr): _____ ALLERGIES: _____
MEDICATIONS: _____
PREVIOUS HEAD/NECK/BACK INJURY: _____
HEAT DISORDER OR SICKLE CELL TRAIT: _____
PREVIOUS SIGNIFICANT INJURIES: _____
ANY OTHER IMPORTANT MEDICAL INFORMATION: _____

Section 3: PARENTS CONSENT TO PARTICIPATE AND MEDICAL TREATMENT

I HEREBY CONSENT to the participation of my child in after-school athletic events, contests, practice sessions, scrimmages and activities other than those conducted as a part of the required physical education class program for the entire school year (fall, winter, and spring). I further realize that the Board of Education is not responsible for any injury that may occur to my child. Even though in many cases protective equipment is used in competitive sports, injuries still occur (possibly disability, paralysis, or even death). I hereby empower the direct coach, staff and school authorities to authorize emergency medical or hospital treatment to my child in any case where such treatment is reasonably necessary in the judgments of the coach, staff or school authorities. I understand that during such athletic events, contests, practice sessions and activities, there are many occasions when a physician is NOT present. I hereby authorize the coach, staff, and school authorities to render first aid to my child if an accident or injury takes place under such circumstances. I hereby give my permission for copies of this report to be distributed to the school nurse, athletic trainer and coach of student's sport.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Section 4: STUDENT ACKNOWLEDGMENT

I wish to participate in the athletic programs at Lower Cape May Regional School District. I understand that physical hazards may be encountered by persons taking part in such activities and recognize the possibility of being injured. I pledge that I will abstain from the use of tobacco, drugs and/or alcohol, and will adhere to all training rules as set down by the coach, will return all athletic equipment issued to me and will make every effort to do satisfactory school work. I also agree to all team, school and NJSIAA rules.

STUDENT SIGNATURE: _____ DATE: _____

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.

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. 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

NJSIAA Banned-Drug Classes

The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U. S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. The use of supplements is at the student-athlete's own risk. Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

<p>(a) Stimulants amiphenazole amphetamine bemigrade benzphetamine bromantan caffeine¹ (guarana) chlorphentermine cocaine cropropamide crothetamide diethylpropion dimethylamphetamine doxapram ephedrine (ephedra, ma huang) ethamivan ethylamphetamine fencamfamine meclofenoxate methamphetamine methylenedioxymethamphetamine (MDMA, ecstasy) methylphenidate nikethamide pemoline pentetrazol phendimetrazine phenmetrazine phentermine phenylpropanolamine (ppa) picrotoxine pipradol prolintane strychnine synephrine (citrus aurantium, zhi shi, bitter orange) and related compounds</p>	<p>(b) Anabolic Agents <u>anabolic steroids</u> androstenediol androstenedione boldenone clostebol dehydrochloromethyl- testosterone dehydroepiandro- sterone (DHEA) dihydrotestosterone (DHT) dromostanolone epitrenbolone fluoxymesterone gestrinone mesterolone methandienone methenolone methyltestosterone nandrolone norandrostenediol norandrostenedione norethandrolone oxandrolone oxymesterone oxymetholone pregnelone stanazolol testosterone² tetrahydrogestrinone (THG) trenbolone and related compounds <u>other anabolic agents</u> clenbuterol</p>	<p>(c) Diuretics acetazolamide bendroflumethiazide benzhiazine bumetanide chlorothiazide chlorthalidone ethacrynic acid flumethiazide furosemide hydrochlorothiazide hydroflumethiazide methylclothiazide metolazone polythiazide quinethazone spironolactone triamterene trichlormethiazide and related compounds</p>	<p>(d) Peptide Hormones & Analogues: corticotrophin (ACTH) human chorionic gonadotrophin (hCG) leutenizing hormone (LH) growth hormone (HGH, somatotrophin) insulin like growth hormone (IGF-1) All the respective releasing factors of the above-mentioned substances also are banned: erythropoietin (EPO) darbypoetin sermorelin</p>
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(e) Definitions of positive depends on the following:

¹ for caffeine – if the concentration in urine exceeds 15 micrograms/ml

² for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.

Cardiac Testing now available at Lower Cape May Regional High School

Lower Cape May Regional High School is partnering with Wimbledon Athletics, the athletic testing division of Wimbledon Health Partners (WHP), to provide professionally administered EKG, echocardiography and vascular ultrasound testing on-site at Lower Cape May Regional High School to reduce the risk of sudden cardiac death and to identify underlying vascular conditions such as blood clots. WHP is the industry leader in on-site diagnostic testing and has tested thousands of high school students and athletes across the country.

Testing will be done at various times during the year on the Lower Cape May Regional HS Campus.

Registering and scheduling is a two part process and will be accessed online from the LCMR website home page once a testing date is set.

- The targeted age group is 13-25. Must be 13 at the time of testing.
- The tests are non-invasive. Your privacy will be protected, and leads are placed on your upper body only for the EKG.
- These tests are not traditionally done by your physician during a routine examination—yet, they are important in detecting not only abnormalities that can result in sudden cardiac arrest but can also alert you to conditions that may affect you later in life.
- Testing conducted by Wimbledon Athletics has identified the following abnormalities in many of the athletes:
 - **Hypertrophic Cardiomyopathy – the #1 medical cause of sudden cardiac death in young athletes**
 - **Congenital Coronary Artery Anomalies – the #2 medical cause of sudden cardiac death in young athletes**
 - **Wolff-Parkinson-White syndrome – can be cured by a simple ablation!**
 - **Aortic root enlargement and aneurysm formation, associated with Marfan syndrome**
 - **Significant heart valve problems**
 - **Large Atrial and Ventricular Septal Defects**
- Wimbledon Athletics will bill your insurance directly for this service. As required by law, you will be billed for any deductible and co-insurance owed. If you have an HSA, FSA, or HRA plan, your insurance carrier may automatically use this account to cover your deductible. If you have not met your deductible, you may contact Wimbledon Athletics to request a payment plan, discuss a settlement offer (which allows you to pay a negotiated flat amount if payment is received promptly), or have your balance eliminated entirely for those in genuine hardship situations. You may receive an Explanation of Benefits (EOB) from the insurance company, but please be aware that this is not a bill.
- Testing will take approximately 75 minutes

For more information on this program please contact LCMR Athletic Trainer Frank Zilinek at zilinekf@lcmrschools.com

Wimbledon Athletics, the newest division of Wimbledon Health Partners, is pioneering the way for high schools, colleges, universities, and sports facilities to test students for vascular conditions and for unsuspected cardiac abnormalities to help minimize sudden cardiac death among young athletes. If you would like more information about our Athletics Testing Program please visit www.WimbledonAthletics.com.

*****Program and registration information is available on LCMR School website.**

I understand the Lower Cape May Regional School District will be offering Cardiac Assessment testing at various times during the year. I also understand that my son's/daughter's participation in the testing is voluntary and payment for such will be the responsibility of our own insurance carrier.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

**LOWER CAPE MAY REGIONAL HIGH SCHOOL
ATHLETIC DEPARTMENT**



The Best Approach To Concussion Management

Dear Parent/Guardian,

Lower Cape May Regional High School utilizes an innovative concussion management program for our student-athletes. The program is called ImPACT (Immediate Post Concussion Assessment and Cognitive Testing) and involves an online, computerized exam that each athlete takes prior to the athletic season. We are asking our student-athletes to take the baseline test on our school computer.

If the athlete is believed to have suffered a concussion during 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. Post-concussion tests will be taken under our supervision at school.

Founded by the University of Pittsburgh Medical Center's Sports Concussion Program, This software system is utilized throughout professional sports and has been mandated in the NHL. Used by 18 NFL teams, US Soccer and countless colleges and high schools across the country, it is fast becoming the "Gold Standard" in recognizing and managing head injuries. Additional information can be found at www.impacttest.com.

The exam takes about 25-30 minutes and is non-invasive. The program is basically set-up as a "video-game" type format. It tracks neurocognitive information such as memory, reaction time, brain processing speed, and concentration. For example, in one part of the exam, a dozen common words appear one at a time on the screen for about one second each. The athlete is then later asked what words were displayed. It is a simple exam and most who take it enjoy the challenge of the 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 LCMR, we understand the competitive nature of sports, but we always hold the athlete's health and safety as our top priority.

Please sign and return the bottom portion of this form indicating permission for your son/daughter to take the test.

If you have any questions regarding this program, please feel free to contact me. Thank you.

Sincerely,

Frank Zilinek

PERMISSION SLIP

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

I have read and understood the above information and give permission for my son/daughter to participate in the ImPACT Concussion Management Program.

Printed Name of Athlete _____

Sport _____

Signature of Athlete _____

Date _____

Signature of Parent _____

Date _____

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 foginess
- 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

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

LOWER CAPE MAY REGIONAL SCHOOL DISTRICT **CODE OF CONDUCT AGREEMENT FOR ALL STUDENT** **ATHLETES & PARENTS**

FOR PLAYERS

As a LCMR student, I will:

Play for the good of the game. Learn and obey the laws & rules of the game.

Work hard at training and during games, matches or meets to improve my skill and knowledge of the game. I understand the amount of playing time will be based on my skills, determination in training, attendance in training, punctuality, and attitude. I understand I may receive more or less playing time than my teammates and playing time is not guaranteed.

Exemplify good sportsmanship at all times.

Conduct myself with dignity and be professional at all times.

Demonstrate respect at all times for teammates, coaches, parents, opponents, and officials.

Abide by my coach's decision regarding playing time and positioning.

Never use inappropriate language.

Check Powerschool daily for grades & required assignments in order to maintain my eligibility.

Approach the coach with any personal sport/team related problems.

Be the BEST that I can be at all times for myself, my team, my club, and my family.

FOR PARENTS/GUARDIANS

The parent's role is one of support to the players and coaches. Parent's behavior will directly influence whether a child plays for fun and embraces sportsmanship and teamwork, or whether the child's experience is less than positive.

As an LCMR student athlete's Parent/Guardian, I will:

Refrain from "coaching" from the sidelines.

Never criticize players, coaches, or game officials.

Recognize that my child is playing for their enjoyment, not my own.

Learn and understand the rules of the game.

Show respect and courtesy to game officials, coaches, and players from both teams at all times.

Cheer for my child's team in a positive manner, refraining at all times from negative or abusive remarks about the opposing team.

Teach my child responsibility and accountability.

Control my temper and resist both verbal and physical assaults, even when provoked by others.

Never use inappropriate language.

Accept success and failure, victory and defeat, equally.

Ensure that my child is at all games and practices at the required time or provide the coach with an appropriate excuse beforehand in a timely manner.

Personally demonstrate good sportsmanship.

Check Powerschool daily for grades & required assignments in order for my student athlete to maintain eligibility.

Be consistent, prompt, and respectful in your communication with coaches and trainers. Step up and do my part when asked to assist with fundraising and events for the team.

ACCOUNTABILITY FOR INFRACTIONS

All infractions & consequences are open to Administrative review and/or Police review & therefore any substantiated infraction will result in school discipline, suspension and/or Police charges.

ACKNOWLEDGEMENT

SPORT:

YEAR:

PLAYER: I understand that failure to follow the Player Code of Conduct will result in disciplinary actions: from decreased playing time up to and including removal from the club for more serious or repeated violations. Additionally, I will be held accountable by the "Accountability for Infractions" section of this document.

Player Signature

Print Name

Date

PARENT/GUARDIAN: I understand that failure to follow the Parent Code of Conduct can result in a removal from the sports team for more serious or repeated violations. My signature below attests that I understand and agree to abide by this Parent Code of Conduct, and will be held accountable by the "Accountability for Infractions" section of this document. I also have reviewed it with all family members who are LCMR sports spectators. My signature as one parent/guardian is considered binding on all family members.

Parent/Guardian Signature

Print Name

Date

LOWER CAPE MAY REGIONAL HIGH SCHOOL
LAWRENCE ZIEMBA, Principal
687 Route #9, Cape May, New Jersey 08204
Telephone: (609)884-3475 Fax: (609)884-0546

Assistant Principal
Peter Daly

Assistant Principal
Zachary Palombo

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: **Lower Cape May Regional High School**

Name of School District (if applicable): **Lower Cape May Regional School District**

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

Student Signature: _____

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

Date

¹Does not include athletic clubs or intramural events.

State of New Jersey
Department of Education

Sudden Cardiac Death Pamphlet
Concussion Pamphlet
Sign-Off Sheet

Lower Cape May Regional School District
687 Route 9 Cape May, NJ 08204

I/We acknowledge that we received the Sudden Cardiac Death in Young athletes and Concussion Identification Management and Return-To-Play pamphlet.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

***Please remove and keep the last 4 pages**

SPORTS-RELATED EYE INJURIES:

AN EDUCATIONAL FACT SHEET FOR PARENTS



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

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

Prevention of Sports-Related Eye Injuries

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

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

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

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

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

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

Most Common Types of Eye Injuries



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

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

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

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

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

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

Signs or Symptoms of an Eye Injury



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

What to do if a Sports-Related Eye Injury Occurs



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

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

Return to Play and Sports

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

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

Additional information on eye safety can be found at <http://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.

POSSIBLE SIGNS AND SYMPTOMS OF A CONCUSSION

Signs observed (by a member of the coaching staff, athletic trainer, and/or physician) include but are not limited to:

1. Appears dazed, stunned, or disoriented.
2. Forgets plays or demonstrates short-term memory difficulties (e.g. is unsure of the game, score, or opponent).
3. Exhibits difficulties with balance or coordination.
4. Answers questions slowly or inaccurately.
5. Loses consciousness.
6. Demonstrates behavior or personality changes.
7. Is unable to recall events prior to or after the hit.

Symptoms reported by the student-athlete to a member of the coaching staff, athletic trainer, and/or physician include but are not limited to:

1. Headache.
2. Nausea/vomiting.
3. Balance problems or dizziness.
4. Double vision or changes in vision.
5. Sensitivity to light or sound/noise.
6. Feeling of sluggishness or fogginess.
7. Difficulty with concentration, short-term memory, and/or confusion.
8. Irritability or agitation.
9. Depression or anxiety.
10. Sleep disturbance.

NJSIAA POLICY STATEMENT:

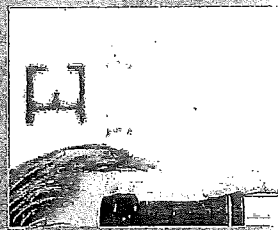
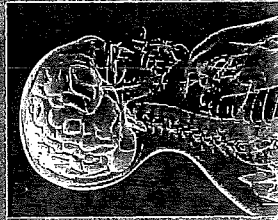
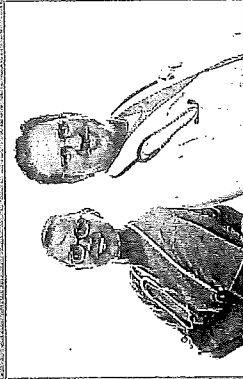
It is our recommendation that NJSIAA member high schools, in conjunction with the NJSIAA, develop a policy related to concussions including forms and guidelines in order to educate student-athletes, school personnel, and parents/guardians about concussions. These forms shall include risks associated with the student-athlete continuing to play after sustaining a concussion.

Parents/guardians of a student-athlete, who participates in interscholastic athletics, shall receive on an annual basis, per each year the student-athlete participates, a concussion informational sheet. The student-athlete and his/her parents/guardians shall sign one copy of the informational sheet along with all pre-participation examination forms, acknowledging the receipt of this information. These forms are to be given to the proper authorities in the school district prior to the student-athlete initiating involvement in athletics. Informational sheets and pre-participation examination forms shall be forwarded to the office of the Principal or their designate for the district. Failure to comply with the provision of this shall preclude the student-athlete from participating in athletics related to the desired sport.

The NJSIAA recognizes that a majority of member schools employ the services of an athletic trainer. As health care providers who work under the supervision of a licensed physician, athletic trainers serve as an extension of the physician, and play a key role in a concussion education and management program. Schools that employ athletic trainers should ensure they play a central role in the school's concussion education and management program.



CONCUSSIONS IDENTIFICATION MANAGEMENT AND RETURN-TO-PLAY



OFFICIAL NJSIAA POLICY STATEMENT

According to The Centers for Disease Control and Prevention, at least 3 million sports and recreation related concussions occur in the United States each year. Concussions are a serious and growing public health concern, especially for students participating in contact sports. The competitive athletic culture of playing through pain or "toughing it out" puts student-athletes at serious risk of brain injury, disability, and death.

Allowing a student-athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury that can result in severe disability and/or death.

Currently, many student-athletes, school personnel including coaches, parents/guardians, and others involved in interscholastic athletics lack awareness about prevention, identification, and treatment of concussions as well as when it is most appropriate for the student-athlete to return to play.

The effects of concussion, while not all preventable, can be mitigated by prompt recognition and appropriate response. Therefore, the New Jersey State Interscholastic Athletic Association concludes that a viable public education program focused on concussion education, prevention, and a uniform return-to-play policy is in the best interest of student-athletes throughout the State of New Jersey.

A concussion is a type of traumatic brain injury (TBI) caused by a direct or indirect blow to the head. The injury can range from mild to severe, and can disrupt the way the brain normally functions. A student-athlete does not need to lose consciousness to sustain a concussion. You might notice some of the symptoms right away. Other symptoms can show up within hours, days or weeks after the injury.

ANNUAL TRAINING RELATED TO CONCUSSION

NJSIAA member high schools shall ensure that student-athletes, coaches, athletic trainers, and physicians employed by the school district, including officials, receive annual training and proof of satisfactory completion of that training. Concussion training will be applicable towards certified continuing education requirements.

RETURN-TO-PLAY GUIDELINES

NJSIAA member high schools shall develop a written plan of policy to address incidents of suspected or actual concussion among participants that are involved in the district programs. A student-athlete who is suspected of sustaining or who has sustained a concussion and/or has become unconscious during an athletic event shall not return to play until (s)he meets all of the following criteria:

1. Immediate removal from play and no return to play that day.
2. Medical evaluation to determine the presence/absence of concussion.
3. It is recommended that the student-athlete diagnosed with a concussion complete a symptom-free week initiated on the first asymptomatic day before initiating a graduated return-to-play exercise protocol. The student-athlete must be monitored during this time period for any reoccurrence of concussion symptoms.

4. If the student-athlete exhibits a re-emergence of any post-concussion signs or symptoms once (s)he returns to play, (s)he will be removed from exertional maneuvers and return to his/her primary care physician or the team doctor for reevaluation.

5. If concussion symptoms reoccur during the graduated return-to-play exercise protocol, the student-athlete will return to the previous level of activity that caused no symptoms and then advance as tolerated.

6. Utilization of available tools such as symptom checklists, baseline and balance testing are suggested.

GRADUATED RETURN-TO-PLAY EXERCISE PROTOCOL

Step 1: No activity, complete physical and cognitive rest. The objective of this step is recovery.

Step 2: Light aerobic exercise, which includes walking, swimming or stationary cycling, keeping the intensity < 70% maximum percentage heart rate; no resistance training. The objective of this step is increased heart rate.

Step 3: Sport-specific exercise including skating, the and/or running drills; no head impact activities. The objective of this step is to add movement.

Step 4: Non-contact training drills involving progression to more complex training drills (e.g. passing drills). The student-athlete may initiate progressive resistance training.

Step 5: Following medical clearance, participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by the coaching staff.

Step 6: Return to play involving normal exertional or game activity.

Reference: Consensus Statement on Concussion in Sports, 3rd International Conference on Concussion in Sport held in Zurich, November 2008. Clinical Journal of Sport Medicine, Volume 19, No. 3 May 2009, pp. 185-200.

FINAL STATEMENTS

The NJSIAA recognizes that although outside of our purview, student-athletes must also return to the classroom post-concussion. NJSIAA member high schools shall recognize that the aforementioned signs and symptoms of concussion also impact the student-athlete in their academic pursuits which can cause a deleterious effect on their ability to function in the classroom, learn new material, complete homework and study for tests. Parents/guardians should also be aware that diving may be impaired during the post-concussion period.

This NJSIAA policy is a dynamic document which will be altered or amended as new clinical research becomes available.

Website Resources

- Sudden Death in Athletes
www.cardiacdeath.org/sudden-death-in-athletes
- Hypertrophic Cardiomyopathy Association
www.hcm.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) 609-292-5939
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

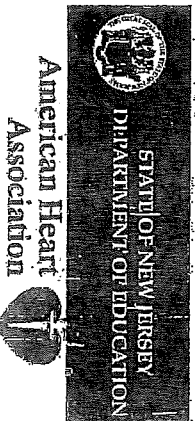
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SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes



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.

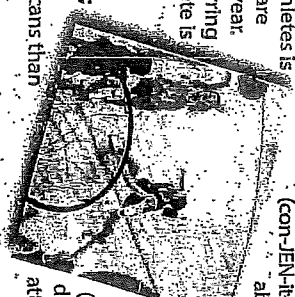
Sudden cardiac death is more common in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

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-TYO-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-ah) (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 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.

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.³ 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,⁴ 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."

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."

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.
- Tramadol, a non-opioid analgesic in the serotonin uptake inhibitor category, is a good choice should the previously listed options be insufficient to relieve pain.
- 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.