



Pablo Muñoz  
Superintendent of Schools

Kimberly Kenny  
Director of Athletics

Dear Parent/Guardian,

Due to state regulations, students interested in participating in athletics, band, cheerleading, ROTC and the strength and conditioning program are instructed to obtain a New Jersey Department of Education Annual Athletic Pre-participation Examination. The exam is valid for 365 days and in order to maintain eligibility for participation a new form must be completed yearly within that time frame. The forms are available for pick up at Passaic High School and are also available via the school website: <http://passaicschools.org/division-of-athletics/sports-physical-packets/>

**Each Physical Packet Must Contain the Following:**

1. **History Form** - (to be completed by parent/guardian and student)
2. **Special Needs Form** - (to be completed by parent/guardian and student) – Must be filled & signed out even if every answer is NO.
3. **Physical Examination Form** - (to be completed by physician) - Physician must complete this page, check off level of participation permitted, sign and date the physical.
4. **Clearance Form** - (to be completed by physician) - Physician must check level of participation permitted, stamp and sign both the clearance form AND the line entitled "Cardiac Assessment Professional Development Module". Two signatures are required on this page. As per NJ Department of Education Scholastic Student-Athlete Safety Act,  
P.L. 2013 all examining physicians must have completed the Cardiac Assessment Professional Development Module to be eligible to sign off on your child's physical.
5. **Consent and Release** - (to be completed by parent/guardian and student)
  - Concussion Acknowledgement**
  - Steroid Testing Policy**
  - Sudden Cardiac Death Forms**
  - Opioid Drug Sign Off and Fact Sheet**
  - To watch Opioid Video**
6. **Impact Test Consent Form**- (to be completed by parent/guardian and student)
7. **Steroid Information Sheet** - This page is to be retained by parent/guardian.
8. **Sudden Cardiac Death Pamphlet** - This page is to be retained by parent/guardian.
9. **Eye Injury Information Sheet**- This page is to be retained by parent/guardian.
10. **Opioid Drug Information Sheet**- This page is to be retained by parent/guardian.

Please note if forms are not completed entirely, your child will be withheld from participation until the forms are completed. Return the signed completed physical packet to the Athletic Training Room or Passaic High School School Nurses Office. If you have any questions, please use the contact information provided below.

Please adhere to the physical submission deadline dates for each sport season. Failure to do so can result in disqualification from participation. Also be advised there is a review period for all submitted physicals that can be up to 7 days from submission date. Note: Faxed pages will not be accepted.

Thank you for your cooperation

Division of Athletics

Phone: 973.470.5228 | Fax: 973.860.0849 | 101 Passaic Avenue, Passaic, NJ 07055 | [kkenny@passaicschools.org](mailto:kkenny@passaicschools.org)



**ATTENTION PARENT/GUARDIAN:** The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

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

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 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

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

GENERAL QUESTIONS		Yes	No	MEDICAL QUESTIONS		Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?				26. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
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: _____				27. Have you ever used an inhaler or taken asthma medicine?			
3. Have you ever spent the night in the hospital?				28. Is there anyone in your family who has asthma?			
4. Have you ever had surgery?				29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?			
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>				30. Do you have groin pain or a painful bulge or hernia in the groin area?			
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?			
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?				32. Do you have any rashes, pressure sores, or other skin problems?			
7. Does your heart ever race or skip beats (irregular beats) during exercise?				33. Have you had a herpes or MRSA skin infection?			
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: _____				34. Have you ever had a head injury or concussion?			
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)				35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?			
10. Do you get lightheaded or feel more short of breath than expected during exercise?				36. Do you have a history of seizure disorder?			
11. Have you ever had an unexplained seizure?				37. Do you have headaches with exercise?			
12. Do you get more tired or short of breath more quickly than your friends during exercise?				38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?			
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>				39. Have you ever been unable to move your arms or legs after being hit or falling?			
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)?		Yes	No	40. Have you ever become ill while exercising in the heat?			
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?				41. Do you get frequent muscle cramps when exercising?			
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?				42. Do you or someone in your family have sickle cell trait or disease?			
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?				43. Have you had any problems with your eyes or vision?			
<b>BONE AND JOINT QUESTIONS</b>				44. Have you had any eye injuries?			
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		Yes	No	45. Do you wear glasses or contact lenses?			
18. Have you ever had any broken or fractured bones or dislocated joints?				46. Do you wear protective eyewear, such as goggles or a face shield?			
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?				47. Do you worry about your weight?			
20. Have you ever had a stress fracture?				48. Are you trying to or has anyone recommended that you gain or lose weight?			
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)				49. Are you on a special diet or do you avoid certain types of foods?			
22. Do you regularly use a brace, orthotics, or other assistive device?				50. Have you ever had an eating disorder?			
23. Do you have a bone, muscle, or joint injury that bothers you?				51. Do you have any concerns that you would like to discuss with a doctor?			
24. Do any of your joints become painful, swollen, feel warm, or look red?				<b>FEMALES ONLY</b>			
25. Do you have any history of juvenile arthritis or connective tissue disease?				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?			

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

## THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_  
 Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability			
2. Date of disability			
3. Classification (if available)			
4. Cause of disability (birth, disease, accident/trauma, other)			
5. List the sports you are interested in playing			
		Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?			
7. Do you use any special brace or assistive device for sports?			
8. Do you have any rashes, pressure sores, or any other skin problems?			
9. Do you have a hearing loss? Do you use a hearing aid?			
10. Do you have a visual impairment?			
11. Do you use any special devices for bowel or bladder function?			
12. Do you have burning or discomfort when urinating?			
13. Have you had autonomic dysreflexia?			
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?			
15. Do you have muscle spasticity?			
16. Do you have frequent seizures that cannot be controlled by medication?			

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature of athlete: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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



**NOTE:** The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced 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	Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL		Vision R 20/	L 20/
		<b>NORMAL</b>	<b>ABNORMAL FINDINGS</b>
Appearance			
<ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</li> </ul>			
Eyes/ears/nose/throat			
<ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>			
Lymph nodes			
Heart*			
<ul style="list-style-type: none"> <li>Murmurs (auscultation standing, supine, +/- Valsalva)</li> <li>Location of point of maximal impulse (PMI)</li> </ul>			
Pulses			
<ul style="list-style-type: none"> <li>Simultaneous femoral and radial pulses</li> </ul>			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin			
<ul style="list-style-type: none"> <li>HSV, lesions suggestive of MRSA, tinea corporis</li> </ul>			
Neurologic <sup>c</sup>			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional			
<ul style="list-style-type: none"> <li>Duck-walk, single leg hop</li> </ul>			

\*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>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 \_\_\_\_\_



**PASSAIC HIGH SCHOOL SPORTS MEDICINE  
ATHLETE'S UPDATED INFORMATION  
(ALL LINES NEED TO BE FILLED OUT COMPLETELY)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade (Please Circle): 6<sup>th</sup> 7th 8th 9th 10th 11th 12th

Home Address: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

**In Case of Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

2<sup>nd</sup> Contact Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

In case of emergency, Hospital of Choice: \_\_\_\_\_

**Insurance Information**

(PLEASE ATTACH A COPY OF YOUR INSURANCE CARD)  
OR

(IF YOU HAVE NO INSURANCE, YOU ARE STILL REQUIRED INDICATE NONE ON THE INSURANCE COMPANY LINE AND SIGN AT THE BOTTOM OF THE PAGE)

Insurance Company: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**School Accident Only Insurance Procedure**

- (1) The Passaic Board of Education has purchased an accident only insurance plan that provides benefits in excess of expenses not paid or are payable by other valid or collectible insurance.
- (2) Along with the itemized invoice, include a copy of the statement of explanation of benefits from your primary insurance company. If another insurance denies the whole or a part of the benefits, we will need a copy of denial that shows the reason why expenses were denied.
- (3) If the student is not covered by any other collectible insurance through employment of the student's parents or guardians, we require a letter from the employer to verify that no other coverage exists. The student can also provide a letter on the employers letterhead to verify that no coverage existed at the time in which the claim arose

I/we the parent's/legal guardian's of \_\_\_\_\_ (print athlete's name), are aware that trying out, practicing, or playing in any sport can be a dangerous activity involving many risks or injury. I/we acknowledge the fact that, to the best of our knowledge, our child has no physical condition that would prevent them from any athletic participation. I/we understand that the dangers and risks include, but are not limited to, death, serious head, neck, and spinal injuries, paralysis, injuries or impairment to the musculoskeletal system, or other aspects of the body, general health, and well-being.

Because of the dangers of participating in sports, I/we recognize and will discuss with our child the importance of following the instructions of the athletic department personnel regarding playing techniques, training, rules of the sport/team equipment, and to obey such rules. I/ we further realize and will discuss with our child that all injuries/illnesses that are sustained during periods of official, organized athletic participation (including all regularly scheduled practices and competitions) are to be reported to the athletic trainer, or coach.

I/we hereby grant permission, in the case of an emergency, for our child to be transported, examined and treated at the local medical center or hospital by a certified physician. I/we will be notified immediately of such circumstances.

I/we also hereby authorize the Passaic School District Athletic Trainer, who is under the direction and guidance of the Passaic Board of Education Team Physician, to render to our child any preventive measures for injuries, first aid, treatment, rehabilitation, emergency treatment and **telehealth and telemedicine** that they deem reasonable and necessary to the health and well-being of our child.

**\*\*\*\* PLEASE NOTE: IN ANY AND ALL INJURY SITUATIONS OCCURRED BY PASSAIC BOARD OF EDUCATION STUDENT ATHLETE, THE FINAL DECISION ON PLAYING STATUS WILL BE DETERMINED BY THE PASSAIC TEAM PHYSICIAN. \*\*\*\***

It is with my/our consent and approval that my/our child, \_\_\_\_\_, be allowed to participate in Passaic BOE Athletics, including team travel for the school year. By signing below I/ we are acknowledging the understanding the contents of the statement above and are attesting the information given by us is accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Pablo Muñoz  
Superintendent of Schools

Kimberly Kenny  
Director of Athletics

ImPACT Concussion Management Testing Permission Form

Dear Parent/Guardian,

Participation in competitive sports places the student-athlete in a situation in which a concussion may occur. We feel that our student-athletes have every right to expect that their health and safety be kept as the highest of priorities. For this reason, the Passaic Board of Education Athletic Department will be utilizing ImPACT, a computerized pre-season baseline and concussion management program for our athletes. We are one of 200 + secondary schools in New Jersey that will be using this software.

The ImPACT pre-season baseline testing software is currently being used by the NFL, NCAA and many NBA, MLB and MLS teams. Baseline testing takes the guesswork out of concussion management and return-to-play decisions. The protocol involves a 20 minute test covering: Verbal Memory Composite, Processing/Visual Motor Speed Composite, Visual Memory Composite, Reaction Time Composite and Impulse Control. Upon completion of the test, your son's/daughter's scores will be stored for 7 years. This web-based program is completely confidential and password protected. In the unfortunate event of a concussion, a post-test will be conducted. The results of both the pre and post tests will be given to you to take to the physician which your son's/daughter will have to see in the event of receiving a concussion. This data will permit your physician to make a more objective decision with regards to return-to- play.

By signing below, we understand the purpose of the ImPACT Concussion Management Program and give consent to have our son/daughter participate in the testing. (This signed form must be returned to your coach before you will be allowed to be tested and then begin practice.)

\_\_\_\_\_  
Student-Athlete Name (Please Print)

\_\_\_\_\_  
Date

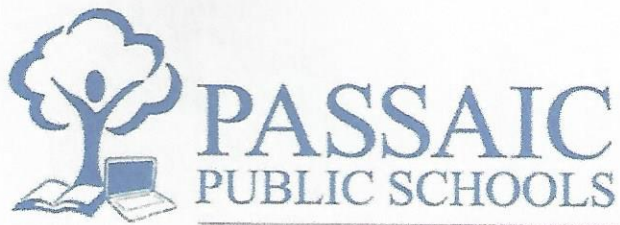
\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

Division of Athletics

Phone: 973.470.5228 | Fax: 973.860.0849 | 101 Passaic Avenue, Passaic, NJ 07055 | [kkenny@passaicschools.org](mailto:kkenny@passaicschools.org)





Pablo Muñoz  
Superintendent of Schools

Kimberly Kenny  
Director of Athletics

## Passaic Board of Education Athletic Department

By signing I acknowledge that I received and understand that it is my responsibility to read the following information packets on sports safety as per the New Jersey Department of Education, the New Jersey Interscholastic Athletic Association and the Passaic Board of Education:

- **Opioid Use and Misuse Educational Fact Sheet, Keeping Student-Athletes Safe**

**PLEASE KEEP ALL INFORMATIONAL SHEETS PROVIDED IN THIS PACKET AS EDUCATIONAL RESOURCES**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

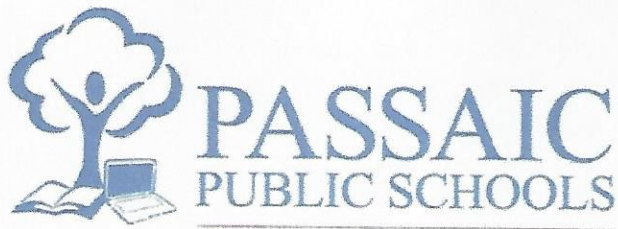
\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

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## Passaic Board of Education Athletic Department

By signing I acknowledge that I received and understand that it is my responsibility to read the following information packets on sports safety as per the New Jersey Department of Education, the New Jersey Interscholastic Athletic Association and the Passaic Board of Education:

- **Sudden Cardiac Death in Young Athletes Educational Fact Sheet**

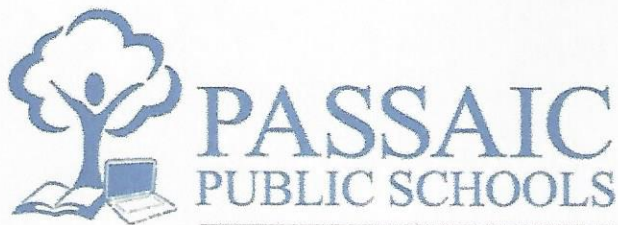
**PLEASE KEEP ALL INFORMATIONAL SHEETS PROVIDED IN THIS PACKET AS EDUCATIONAL RESOURCES**

_____ Signature of Student-Athlete	_____ Print Student-Athlete's Name	_____ Date
_____ Signature of Parent/Guardian	_____ Print Parent/Guardian's Name	_____ Date

Division of Athletics

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## Passaic Board of Education Athletic Department

By signing I acknowledge that I received and understand that it is my responsibility to read the following information packets on sports safety as per the New Jersey Department of Education, the New Jersey Interscholastic Athletic Association and the Passaic Board of Education:

- **Sports-Related Eye Injuries: An Educational Fact Sheet for Parents**

**PLEASE KEEP ALL INFORMATIONAL SHEETS PROVIDED IN THIS PACKET AS EDUCATIONAL RESOURCES**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

Division of Athletics

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**PASSAIC**  
**PUBLIC SCHOOLS**

Pablo Muñoz  
Superintendent of Schools

Kimberly Kenny  
Director of Athletics

## Passaic Board of Education Athletic Department

By signing I acknowledge that I received and understand that it is my responsibility to read the following information packets on sports safety as per the New Jersey Department of Education, the New Jersey Interscholastic Athletic Association and the Passaic Board of Education:

- **Sports -Related Concussion and Head Injury Fact Sheet**

**PLEASE KEEP ALL INFORMATIONAL SHEETS PROVIDED IN THIS PACKET AS EDUCATIONAL RESOURCES**

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date

Division of Athletics

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*NJSIAA*



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

## NJSIAA STEROID TESTING POLICY

### CONSENT TO RANDOM TESTING

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

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](http://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



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

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

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

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

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

### **Quick Facts**

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

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

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

### **Symptoms of Concussion (Reported by Student-Athlete)**

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



**What Should a Student-Athlete do if they think they have a concussion?**

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

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

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

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

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

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

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

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

[www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)

[www.nfhs.com](http://www.nfhs.com)

[www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)

[www.bianj.org](http://www.bianj.org)

[www.atsnj.org](http://www.atsnj.org)

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## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

**S**udden 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).

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
- 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.

**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).

The American Academy of Pediatrics/New Jersey Chapter recommends that schools:

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

**Designed by the American Academy of Pediatrics and the NJ American Heart Association Chapter.**

For further information on Sudden Cardiac Death please visit:

<http://www.state.nj.us/education/students/safety/health/services/cardiac.pdf>

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## Sports-Related Eye Injuries: An Educational Fact Sheet for Parents

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

Thankfully, there are steps that parents can take to ensure their children's safety on the field, the court, or wherever they play or participate in sports and recreational activities. Approximately 90% of sports-related eye injuries can be prevented with simple precautions, such as using protective eyewear.<sup>2</sup> 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.<sup>3</sup>

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/tipsbuying-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.

### 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.<sup>4</sup>

**Signs or Symptoms of an Eye Injury**

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

**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.

Passaic Board of Education Athletics: By signing I state I have read and understand the information that was taken directly from the Sports Related Eye Injury Fact Sheet designed by the NJ Department of Education's School Health Services.

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

**DO NOT RETURN – KEEP THIS INFORMATION FOR YOUR RECORDS**

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](http://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](http://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](http://vision.about.com/od/emergencyeyecare/a/Sports_Injuries.htm), December 27, 2013.

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





## STATE OF NEW JERSEY DEPARTMENT OF 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.<sup>1</sup> 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.<sup>2</sup>

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 acknowledgement 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.<sup>3</sup> 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 Abuse?

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.<sup>3</sup> 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,<sup>4</sup> 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.<sup>10</sup>
- 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.

*Table 1: 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)

Sport	Number of Injuries
Football	394,350
Basketball	389,610
Soccer	172,470
Baseball	119,810
Softball	58,210
Volleyball	43,190
Wrestling	40,750

Sport	Number of Injuries
Cheerleading	37,770
Gymnastics	28,300
Track and Field	24,910

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.<sup>5</sup>

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.<sup>6</sup>

What Are Some Ways to Reduce the Risk of Injury?<sup>7</sup>

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:

NCADD-NJ promotes addiction treatment and recovery.

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

New Jersey Department of Human Services, Division of Mental Health and Addiction Services has a mission to decrease the abuse of alcohol, tobacco and other drugs by supporting the development of a comprehensive network of prevention, intervention and treatment services in New Jersey.

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 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.

ReachNJ provides information for parents and families, including addiction and treatment stories.

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) Athletic Management, David Csiffan, 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

This fact sheet was developed in January 2018 by the New Jersey Department of Education, in consultation with the New Jersey Department of Health, the New Jersey State Interscholastic Athletic Association, and Karan Chauhan, a student at Parsippany Hills High School who serves as the student representative to the State Board of Education.

An online version of this fact sheet is available on the New Jersey Department of Education's Alcohol, Tobacco, and Other Drug Use webpage. <http://www.nj.gov/education/students/safety/behavior/atd/>

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# 2019-2020 NJSIAA Banned Drugs

**IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE**

The NJSIAA bans the following classes of drugs:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

**Note: Any substance chemically related to these classes is also banned.**

**THE INSTITUTION AND THE STUDENT-ATHLETE SHALL BE HELD ACCOUNTABLE FOR ALL DRUGS WITHIN THE BANNED DRUG CLASS REGARDLESS OF WHETHER THEY HAVE BEEN SPECIFICALLY IDENTIFIED.**

## Drugs and Procedures Subject to Restrictions

- Blood Doping
- Gene Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation

## NJSIAA Nutritional/Dietary Supplements Warning

Before consuming any nutritional/dietary supplement product, review the product with the appropriate or designated athletics department staff!

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

**NOTE TO STUDENT-ATHLETES: THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY SUPPLEMENT INGREDIENT. CHECK WITH YOUR ATHLETICS DEPARTMENT STAFF PRIOR TO USING A SUPPLEMENT. REMINDER: ANY DIETARY SUPPLEMENT INGREDIENT IS TAKEN AT THE STUDENT'S OWN RISK.**



Some Examples of NJSIAA Banned Substances in Each Drug Class  
Do NOT RELY ON THIS LIST TO RULE OUT ANY LABEL INGREDIENT.

**Stimulants**

Amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; fenfluramine (Fen); methamphetamine; methylphenidate (Ritalin); phentermine (Phen); synephrine (bitter orange); methylhexanamine, "bath salts" (mephedrone); Octopamine; DMBA; etc.

*exceptions:* phenylephrine and pseudoephedrine are not banned.

**Anabolic Agents** (sometimes listed as a chemical formula, such as 3,6,17-androstenetrione)  
Androstenedione; boldenone; clenbuterol; DHEA (7-Keto); epi-trenbolone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; ostarine, stanozolol; stenbolone; testosterone; trenbolone; SARMS (ostarine); etc.

**Alcohol and Beta Blockers**

Alcohol; atenolol; metoprolol; nadolo; pindolol; propranolol; timolol; etc.

**Diuretics (water pills) and Other Masking Agents**

Bumetanide; chlorothiazide; furosemide; hydrochlorothiazide; probenecid; spironolactone (canrenone); triameterene; trichlormethiazide; etc.

**Street Drugs**

Heroin; marijuana; tetrahydrocannabinol (THC); synthetic cannabinoids (eg. spice, K2, JWH-018, JWH-073)

**Peptide Hormones and Analogues**

Growth hormone (hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); etc.

**Anti-Estrogens**

Anastrozole; tamoxifen; formestane; ATD, clomiphene; SERMS (nolvadex); etc.

**Beta-2 Agonists**

Bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcuclaurine; etc.

**ANY SUBSTANCE THAT IS CHEMICALLY RELATED TO THE CLASS, EVEN IF IT IS NOT LISTED AS AN EXAMPLE, IS ALSO BANNED! IT IS YOUR RESPONSIBILITY TO CHECK WITH THE APPROPRIATE OR DESIGNATED ATHLETICS STAFF BEFORE USING ANY SUBSTANCE.**