

**DELAWARE TOWNSHIP SCHOOL
SPORTS PARTICIPATION PERMISSION FORM**

Student Name: _____ Grade: _____

Home Phone

Mom Cell

Dad Cell

A physical must have been completed within 365 days for participation in the sports program during the current school year. This includes tryouts, practices and games. If the physical examination was done but more than 90 days prior to the first tryout or practice session, a Health History must be completed.

I understand that my child desires to participate in the following sports program:

Name of Sport

I realize that such activity involves the potential for injury that is inherent in all sports and acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. I certify by my signature below that I have read and understand this warning and that I give permission for my child to participate in the above named sport.

Parent/Guardian Signature _____ Date: _____

Student's Participation Request

Having read the above, I request that I be accepted as a candidate for a place on the _____ team.

Name of Sport

Student Signature _____ Date: _____

The Athlete's Pledge

Individual and team success in sports result from commitment. The extent to which young athletes are able to make such a commitment reflects their maturity, as well as their dedication to family, friends, school and team.

I wish to be a member of the Delaware Township School interscholastic _____ team. I understand that I must meet all eligibility requirements to participate.

As an athlete at Delaware Township School, I will:

- Abiding by school and community expectations and reflecting my team's values of commitment to hard work and fair play.
- As a student/athlete who has committed to this team, I will attend every practice and games unless excused by the coach.
- Accept the responsibilities of team membership: cooperation, support of my teammates, shared responsibilities, positive interaction and mutual respect.
- Express my feelings and ideas respectfully and appropriately to all involved.
- Understand that I am not guaranteed playing time.
- Maintain good academic standing.

Student's Signature

Date

The Parent's Pledge

Cooperation among coaches, athletes, parents and school personnel is essential if students are to realize the values of athletic participation. Like athletes and coaches, parents must make commitments to assure such cooperation. We ask you to read, sign, and return the following Parent's Pledge. Thank you for your time, support and cooperation.

As a parent of a student athlete at the Delaware Township School I pledge to:

- Work cooperatively with other parents and school personnel to assure a wholesome and successful athletic program for our children.
- Assure that my child attends all scheduled practices, games and meets.
- Acknowledge the final authority rests with the coach to determine player selection, playing time and strategy.
- Promote appropriate, positive behavior from students and parents during all athletic events.
- Understand that there is no guaranteed playing time.

Name of Student Athlete (print)

Parent's Signature

Date

HEALTH HISTORY UPDATE QUESTIONNAIRE

Name of School _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student _____ Age _____ Grade _____

Date of Last Physical Examination _____ Sport _____

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport? Yes ___ No ___

If yes, describe in detail _____

2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ___ No ___

If yes, explain in detail _____

3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes ___ No ___

If yes, describe in detail _____

4. Fainted or "blacked out?" Yes ___ No ___

If yes, was this during or immediately after exercise? _____

5. Experienced chest pains, shortness of breath or "racing heart?" Yes ___ No ___

If yes, explain _____

6. Has there been a recent history of fatigue and unusual tiredness? Yes ___ No ___

7. Been hospitalized or had to go to the emergency room? Yes ___ No ___

If yes, explain in detail _____

8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes ___

9. Started or stopped taking any over-the-counter or prescribed medications? Yes ___ No ___

If yes, name of medication(s) _____

Date: _____ Signature of parent/guardian _____

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE'S OFFICE

State of New Jersey

Department of Education

Sudden Cardiac Death Pamphlet

Concussion Fact Sheet

Name of School District: Delaware Township

Name of Local School: Delaware Township School

We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet and the Heads Up Concussion in Youth Sports fact sheet.

Student Signature: _____ Date: _____

Parent or Guardian

Signature: _____ Date: _____

Please return this sign-off sheet to the coach along with the permission form. Keep the information sheets for your records.

State of New Jersey
DEPARTMENT OF EDUCATION

**Sudden Cardiac Death Pamphlet
Concussion Fact Sheet**

Name of School District: Delaware Township

Name of Local School: Delaware Township School

We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet and the Heads Up Concussion in Youth Sports fact sheet.

ImPACT baseline concussion testing will be administered to all DTS student athletes.

Student Signature: _____

Parent or Guardian Signature: _____

Date: _____

Please return this sign-off sheet to the coach along with the permission form.

Keep the information sheets for your records.

Website Resources

- Sudden Death in Athletes
<http://tinyurl.com/m2qjrmvq>
- Hypertrophic Cardiomyopathy Association
www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

American Academy of Pediatrics
New Jersey Chapter
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org

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

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

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



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SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

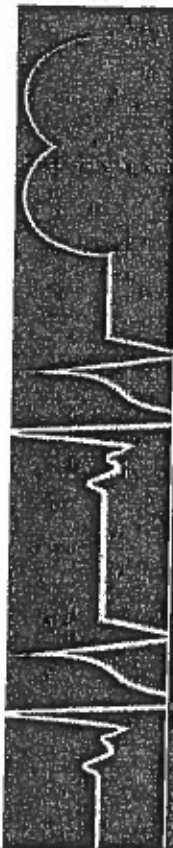
The Basic Facts on Sudden Cardiac Death in Young Athletes

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN



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 (ver-TICK-you-lar fib-ro-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-dio-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-lye, 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

What are the current recommendations for screening young athletes?

- Myocarditis (my-oh-car-DE-itis), 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 (labored breathing).

expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at <http://www.hhs.gov/familyhistory/index.html>.

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

infection of the heart muscle, known as myocarditis.

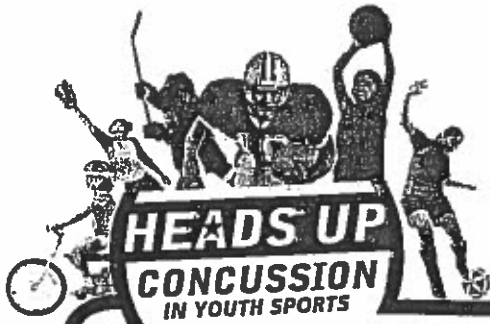
This type of screening, a valvuloplasty and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

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).

N.L.S.A. requires that all high schools and colleges have an AED on site through the National Law Enforcement Officers' and Firefighters' Athletic Events Safety Act. New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
 - A staff member, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED, or a State-certified emergency services provider who has been certified to respond to such emergencies at the school.
- The AED should be placed in a central location that is accessible and ideally no more than 300 feet from any location where a call is made to activate 911. The AED should be available while the AED is being checked.



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just "not feeling right" or "feeling down"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

