# **BUENA REGIONAL HIGH SCHOOL**

Phone (856) 697-2400

125 WEYMOUTH ROAD BUENA, NEW JERSEY 08310 Web site: www.buenaschools.org

Fax (856) 697-4107

Mark Prince Athletic Director/Vice Principal

# Dear Parent/Guardian:

In accordance with the requirements set forth in the New Jersey Administrative Code, Title 6A, Chapter 16, we ask that your student's medical and athletic physical be completed by your healthcare provider/medical home within 365 days of the start of the season. Each examination must be conducted by a physician (MD/MO), or nurse practitioner. This form must be filled out, dated and signed by your medical provider. It is in the best interest of your child's health that you use the services of your medical home/physician. Your health care provider has access to the complete history of your child, which most accurately completes a total assessment for the student and the student athlete. If you do not have a health care provider, a physical will be provided by the school physician until you secure a medical home for your child. The district will provide the exam at the time and location determined by the district.

Additionally, a Health History Questionnaire must be completed for each season of participation. This form, along with the Physical Examination Form completed by your healthcare provider, must be returned to the Nurse's office in your school. Students will not be permitted to participate in athletics until the school physician has reviewed and signed the endorsement area on the physical form. Upon completion of the physical exam, return forms at least two weeks prior to the start of the sports season to avoid delay in athletic participation. It is critical that you schedule appointments with your health care provider early to help avoid any delays in your child's participation in the athletic program.

If you have any questions or concerns, or if you need any district medical forms, please contact the office of the Athletic Director.

# Medical Information / Sports Physical Packet Buena Regional High School Athletic Medical Information Packet

# I. Medical Eligibility

- A. A complete physical is mandatory. The State of New Jersey Physical Examination Form is the ONLY acceptable form. Make sure all sections are fully completed by your physician. Including a complete vision examination.
- B. Physical examinations must be administered within 365 days of the beginning of the athletic season (Fall, Winter, & Spring).
- C. If you have a current sports physical in file in the Athletic Trainers office that does not expire before the first day of the athletic season of which you are participating, then a new physical examination is not required but all other paperwork in this packet is required to participate including an updated Health History Questionnaire.
- D. The Health History Questionnaire must be completed by the parents/guardians and must accompany the physical form for review by the school physician.
- E. The Athletic Medical Emergency Form must be completed by the parents/guardian.

# II. Academic Eligibility

# A. Fall and Winter

- 1. All 9th grade students are eligible.
- 2. 10th grade student athletes must have attained 30 credits from the previous school year.
- 3. 11th & 12th grade student athletes, must have attained 27.5 credits from the previous school year.

# B. Spring

- 1. 9th & 10th grade student athletes must have attained 15 credits from the first semester.
- 2. 11th & 12th grade student athletes, must have attained 13.75 credits from the first semester.

# III. Athletic Eligibility

- A. The student athlete must be in the NJSIAA acceptable age range. The student may not have turned 19 years old prior to September 1 of any year. For freshman competition, the maximum age is 16 prior to September 1 of that school year.
- B. The student athlete has 8 consecutive semesters of athletic eligibility as determined by his initial date of entry into high school.
- C. Transfer students i.e. any student who was not a BRHS student for the entire previous academic year may need a transfer waiver as determined by NJSIAA regulations.
- D. No athlete will be allowed to participate until ALL of their paperwork has been processed through the appropriate office. Physical Examinations must be reviewed and approved by the Buena Regional School District's Physician prior to an athlete being declared medically eligible to practice. This process could take 3-5 days. Athletes are encouraged to have all their paperwork turned into the School Nurse's office as soon as possible prior to the start of the season.

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 keeps 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. □ Pollens □ Food ☐ Stinging Insects Explain "Yes" answers below. Circle questions you don't know the answers to. **GENERAL QUESTIONS MEDICAL QUESTIONS** Yes No Yes No 1. Has a doctor ever denied or restricted your participation in sports for 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? 27. Have you ever used an inhaler or taken asthma medicine? 2. Do you have any ongoing medical conditions? If so, please identify below: □ Asthma □ Anemia □ Diabetes □ Infections 28. Is there anyone in your family who has asthma? 29. Were you born without or are you missing a kidney, an eye, a testicle 3. Have you ever spent the night in the hospital? (males), your spleen, or any other organ? 4. Have you ever had surgery? 30. Do you have groin pain or a painful bulge or hernia in the groin area? HEART HEALTH QUESTIONS ABOUT YOU Yes No 31. Have you had infectious mononucleosis (mono) within the last month? 5. Have you ever passed out or nearly passed out DURING or 32. Do you have any rashes, pressure sores, or other skin problems? AFTER exercise? 33. Have you had a herpes or MRSA skin infection? 6. Have you ever had discomfort, pain, tightness, or pressure in your 34. Have you ever had a head injury or concussion? chest during exercise? 35. Have you ever had a hit or blow to the head that caused confusion, 7. Does your heart ever race or skip beats (irregular beats) during exercise? prolonged headache, or memory problems? 8. Has a doctor ever told you that you have any heart problems? If so, 36. Do you have a history of seizure disorder? check all that apply: 37. Do you have headaches with exercise? A heart murmur ☐ High blood pressure □ A heart infection 38. Have you ever had numbness, tingling, or weakness in your arms or ☐ High cholesterol ☐ Kawasaki disease legs after being hit or falling? Other: 39. Have you ever been unable to move your arms or legs after being hit 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, or falling? echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected 40. Have you ever become ill while exercising in the heat? during exercise? 41. Do you get frequent muscle cramps when exercising? 11. Have you ever had an unexplained seizure? 42. Do you or someone in your family have sickle cell trait or disease? 12. Do you get more tired or short of breath more quickly than your friends 43. Have you had any problems with your eyes or vision? during exercise? 44. Have you had any eye injuries? **HEART HEALTH QUESTIONS ABOUT YOUR FAMILY** Yes No 45. Do you wear glasses or contact lenses? 13. Has any family member or relative died of heart problems or had an 46. Do you wear protective eyewear, such as goggles or a face shield? unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 47. Do you worry about your weight? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan 48. Are you trying to or has anyone recommended that you gain or syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT lose weight? syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic 49. Are you on a special diet or do you avoid certain types of foods? polymorphic ventricular tachycardia? 50. Have you ever had an eating disorder? 15. Does anyone in your family have a heart problem, pacemaker, or 51. Do you have any concerns that you would like to discuss with a doctor? implanted defibrillator? **FEMALES ONLY** 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? 52. Have you ever had a menstrual period? **BONE AND JOINT QUESTIONS** Yes No 53. How old were you when you had your first menstrual period? 17. Have you ever had an injury to a bone, muscle, ligament, or tendon 54. How many periods have you had in the last 12 months? that caused you to miss a practice or a game? Explain "yes" answers here 18. Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease?

Signature of athlete Signature of parent/guardian Date

© 2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine, Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

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

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

# ■ PREPARTICIPATION PHYSICAL EVALUATION

# THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Name Sex Age  1. Type of disability 2. Date of disability 3. Classification (if available)	Grade				
Type of disability     Date of disability	Grade				
Type of disability     Date of disability		School	Sport(s)		
2. Date of disability			Oport(0)		
3. Classification (if available)					
4. Cause of disability (birth, dis					
5. List the sports you are intere	sted in playing				
0.0				Yes	No
6. Do you regularly use a brace					
7. Do you use any special brace					
8. Do you have any rashes, pre-		problems?			
9. Do you have a hearing loss?					
10. Do you have a visual impairm					
11. Do you use any special device		00?			
12. Do you have burning or disco					
13. Have you had autonomic dys					
		hermia) or cold-related (hypothermia) illness	?		
15. Do you have muscle spasticit					
16. Do you have frequent seizure Explain "yes" answers here	s that cannot be controlled by	medication?	0		
			· · · · · · · · · · · · · · · · · · ·		
llage indicate if you have ever	and any of the following				
lease indicate if you have ever l	nad any of the following.			Voc	
	nad any of the following.			Yes	No
lease indicate if you have ever l Atlantoaxial instability X-ray evaluation for atlantoaxial in				Yes	No
Atlantoaxial instability				Yes	No
Atlantoaxial instability K-ray evaluation for atlantoaxial in Dislocated joints (more than one)				Yes	No
Atlantoaxial instability K-ray evaluation for atlantoaxial in Dislocated joints (more than one) Easy bleeding				Yes	No
Atlantoaxial instability X-ray evaluation for atlantoaxial in				Yes	No
Atlantoaxial instability K-ray evaluation for atlantoaxial in Dislocated joints (more than one) Easy bleeding Enlarged spleen				Yes	No
Atlantoaxial instability K-ray evaluation for atlantoaxial in Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis				Yes	No
Atlantoaxia! instability K-ray evaluation for atlantoaxia! in Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis				Yes	No
Atlantoaxial instability K-ray evaluation for atlantoaxial in Dislocated joints (more than one) Easy bleeding Enlarged spleen depatitis Disteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder	stability			Yes	No
Atlantoaxia! instability K-ray evaluation for atlantoaxia! in Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel	stability			Yes	No
Atlantoaxial instability  (4-ray evaluation for atlantoaxial in Dislocated joints (more than one) Easy bleeding Enlarged spleen depatitis Disteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder fumbness or tingling in arms or ha	stability			Yes	No
Attantoaxial instability  K-ray evaluation for atlantoaxial in Dislocated joints (more than one) Easy bleeding Enlarged spleen depatitis Disteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder dumbness or tingling in arms or ha dumbness or tingling in legs or fee	stability			Yes	No
Atlantoaxial instability  K-ray evaluation for atlantoaxial in Dislocated joints (more than one) Easy bleeding Enlarged spleen depatitis Disteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder Iumbness or tingling in arms or ha	stability			Yes	No
Attantoaxial instability  K-ray evaluation for atlantoaxial in Dislocated joints (more than one) Easy bleeding Enlarged spleen depatitis Disteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder dumbness or tingling in arms or ha dumbness or tingling in legs or fee Veakness in legs or feet lecent change in coordination	stability			Yes	No
Attantoaxial instability  (A-ray evaluation for attantoaxial in Dislocated joints (more than one) Easy bleeding Enlarged spleen Idepatitis Disteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder Itumbness or tingling in arms or ha Itumbness or tingling in legs or fee Veakness in arms or hands Veakness in legs or feet	stability			Yes	No

NOTE: The preparticiaption 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 Dirth
PHYSICIAN REMINDERS  1. 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?  Ouring 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 supplem Have you ever taken any supplements to help you gain or lose weight or impro  Do you wear a seat belt, use a helmet, and use condoms?  2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).	nent? Ne your performance?		
EXAMINATION			
Height Weight [	□ Male □ Female		
BP / ( / ) Pulse	Vision R 20/	L 20/	Corrected  Y N
MEDICAL	NORMAL		ABNORMAL FINDINGS
Appearance  • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodacty arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)  Eyes/ears/nose/throat  • Pupils equal	yly,		
Hearing			
Lymph nodes  Heart*  Murmurs (auscultation standing, supine, +/- Valsalva)  Location of point of maximal impulse (PMI)			
Pulses Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin  HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle Foot/toes			
Functional			
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 incommendations.	treatment for		
□ Not cleared			
☐ Pending further evaluation			
☐ For any sports			
☐ For certain sports			
Reason			
ecommendations			
nave examined the above-named student and completed the preparticipation physic articipate in the sport(s) as outlined above. A copy of the physical exam is on record ise after the athlete has been cleared for participation, a physician may rescind the c the athlete (and parents/guardians).	in my office and can be ma learance until the problem i	de available to the is resolved and the	school at the request of the parents. If conditions potential consequences are completely explained
lame of physician, advanced practice nurse (APN), physician assistant (PA) (print/ty			
ddressignature of physician, APN, PA			
2010 American Academy of Family Dhysicians American Academy of California	College of Court II !! !		to the Country Market
2010 American Academy of Family Physicians, American Academy of Pediatrics, American	conage of Sports Medicine, A	merican Medical Soc	iety for Sports Medicine, American Orthopaedic

© 2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

HEGGOS

9-268-UP-10

# ■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Age	Date of birth
for	
SICIAN:	
on(Date)	
Not Approved _	
A copy of the physical exa se after the athlete has be	does not present apparent am is on record in my office een cleared for participation, detely explained to the athlete
	Date
	Phon

© 2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine. Permission is granted to reprint for noncommercial, educational purposes with acknowledgment.

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

# New Jersey Department of Education Health History Update Questionnaire

Name of School:			
examination was con	chool-sponsored interscholastic or inpleted more than 90 days prior to eted and signed by the student's pa	intramural athletic team or squad, each stud the first day of official practice shall provide rent or guardian.	dent whose physical de a health history update
Student:		Age:	_Grade:
Date of Last Physical	l Examination:	Sport:	
Since the last pre-pa	articipation physical examination	n, has your son/daughter:	
	vised not to participate in a sport?	Yes No	
If yes, describe in	detail:		Silver suggests and account agents
		nory from a blow to the head? Yes No	
If yes, explain in d	letail:		
	prained/strained/dislocated any mu	scle or joints? Yes No	
If yes, describe in	detail.		
4. Fainted or "blacked	l out?" Yes No		
If yes, was this dur	ring or immediately after exercise?		
5. Experienced chest p	pains, shortness of breath or "racing	g heart?" Yes No	
If yes, explain			
	cent history of fatigue and unusual		
	r had to go to the emergency room	? Yes No	
If yes, explain in de	etail		
	cal examination, has there been a suck or "heart trouble?" Yes No	udden death in the family or has any memb	er of the family under age
9. Started or stopped ta	aking any over-the-counter or preso	cribed medications? Yes No	
10. Been diagnosed wi	ith Coronavirus (COVID-19)? Yes	s No	
If diagnosed with	Coronavirus (COVID-19), was yo	our son/daughter symptomatic? Yes No	
If diagnosed with	Coronavirus (COVID-19), was yo	our son/daughter hospitalized? Yes No	
11. Has any member o	of the student-athlete's household be	een diagnosed with Coronavirus (COVID-1	9)? Yes No
Date:	Signature of parent/guardian	1:	
	Please Return Completed Fo	erm to the School Nurse's Office	

# **BUENA REGIONAL HIGH SCHOOL**

Phone (856) 697-2400

# 125 WEYMOUTH ROAD BUENA, NEW JERSEY 08310 Web site: www.buenaschools.org

Fax (856) 697-4107

Mark Prince
Athletic Director/Vice Principal

# Dear Parent/Guardian:

This letter contains important information about the procedures that must be followed if your child needs asthma medication during the school day. New asthma law in New Jersey requires that each student authorized to use asthma medications pursuant to NJSA 18A:40-12.3, or a nebulizer, have an asthma treatment plan prepared by the student's physician. Therefore, please bring the enclosed "Asthma Treatment Plan" form to your child's physician, and then return the completed form (or a copy of it) to the School Nurse.

Pursuant to the new law, Buena Regional School District shall permit students who are asthmatic to carry an inhaler at all times and self-administer prescribed asthma medication provided that the pupil does not endanger themselves or others through misuse. In order for your child to self-administer medication, the following conditions must be met:

- 1. The physician must certify that your child is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications indicated on the Pediatric/Adult Asthma Coalition of New Jersey (PACNJ) "Asthma Treatment Plan" and signing and stamping the plan with their signature your physician will have completed this certification.
- 2. The parent/guardian must sign the reverse side of the PACNJ "Asthma Treatment Plan" in order to provide the school nurse with your written authorization.

Please be advised that the Buena Regional School District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by your child and that you must agree, by completing the consent form found on the reverse side of the "Asthma Treatment Plan", to indemnify and hold harmless the school district and its employees and agents against any claims arising out of the self-administration of medication by your child.

The permission for self-medication is effective for the school year for which it is granted and must be renewed for each subsequent school year upon fulfillment of the requirements listed above.

You are encouraged to provide the school nurse with a nebulizer to be used only for your child. However, there is one nebulizer in each nurse's office for the care of students with asthma.

The District's Administration of Medication policy requires that the following procedures be followed:

- 1. All asthma medication shall be administered by the school nurse, except where permitted as noted above for self-administration by the student.
- 2. All medication shall be brought to the nurse's office by the parent or guardian. Students, regardless of age, are not to carry medicine to school, except for self-medication as noted above.
- 3. Prescription medication shall be in the original labeled bottle or container. Ask your pharmacist to divide the medication into two completely labeled containers—one for home and home for school.
- The district's medication policy applies to all students, including those students 18 years of age and older.

By sending you the information and form at this time, you will be able to plan for the coming year by obtaining the physician's "Asthma Treatment Plan" for your child.

# Buena Regional School District Asthma Treatment Plan for School Year

These orders remain in effect duri sponsored overnight trips.	ng the school day, school spons	sored activities, and school
Name:	Date:	DOB:
Parent Re	quest for Administration of Medi	cation
I request that the medication indicated Asthma Treatment Plan form be admit employees or agents shall incur no lia give the school nurse permission to cothe medication.	nistered to my child. I acknowledge bility as a result of administration o	that the school district and its
I give my permission for relevant healt	h information to be shared with tea	chers/staff.
Parent/Guardian Printed Name		
Parent/Guardian Signature		
Date		Student's Grade
Parent Consent for	Self-Administration of Medication	on by Student
l am aware that legislation allows stud long as the physician certifies that the the prescribed medicine.	ents to self-administer medication i student has been instructed in and	n the treatment of asthma as is capable of self-administering
I acknowledge that the school district a any injury arising from the self-adminis harmless the school district and its em self-administration of medication by the	tration of medication by the pupil a ployees and agents against any cla	nd I agree to indemnify and hold
authorize the student to self-administe hat appear on PACNJ Asthma Treatme	er the medications certified by the pent form for the treatment of asthm	physician for self-administration a during th school year.
give my permission for relevant health	n information to be shared with tead	chers/staff.
Parent/Guardian Printed Name		
Parent/Guardian Signature		
Date		Phone

# Asthma Treatment Plan — Student (This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)









# (Please Print)

Name				Date of Birth		Effective Date	
Doctor			Parent/Guardian (if app	plicable)	Eme	gency Contact	
Phone			Phone		Phon	e	
HEALTH	f (Green Zone)	Take	daily control me offective with a	edicine(s).	Some inha	lers may be	Triggers
	You have all of these:						that trigger
1	Breathing is good	MEDIC		HOW MUCH t	o take and HOV	/ OFTEN to take it	patient's asthma
1	• No cough or wheeze	Aeros	r® HFA 🔲 45, 🔲 115, 🔲 2	30	2 putts twice a c	ay huina a day	☐ Colds/flu
The Contract of the Contract o	Sleep through	☐ Alveso	pan™ o® □ 80, □ 160		☐ 1, ☐ 2 puffs	twice a day	☐ Exercise
J. Tr	the night	II Dutera	(2)   TOU     DOU		2 nutte twice a d	21/	☐ Altergens ○ Dust Mites,
	<ul> <li>Can work, exercise,</li> </ul>	☐ Ovar€	t®   44,   110,   220_		2 putts twice a d	ay wice a day	dust, stuffed
D 60	and play	Symbi	cort® 🔲 80, 🔲 160		1. 2 puffs t	wice a day	animals, carpe
		☐ Advair	□ 40, □ 80 □ 220 □ 40, □ 80, □ 160 □ 160 □ 100, □ 250, □ ex® Twisthaler® □ 110, □ 110 □ 1	<b></b> 500	1 inhalation twic	e a day	o Polien - trees, grass, weeds
		Asmar	nex® Twisthaler® [] 110, []	220	☐ 1, ☐ 2 inhalati	ons 🗌 once or 🗀 twice a day	o Mold
		Pulmi	cort Flexhaler® 🗆 90 🗀 10	23V RN	_ I IIIInalianion twic □ 1 □ 2 inhalati	e a day ons □ onre or □ twice a day	o Pets - animal
		☐ Pulmic	cort Flexhaler® 🔲 90, 🔲 11 ort Respules® (Budesonide) 🔲 0	0.25, 0.5, 1.0	1 unit nebulized	once or twice a day	dander  o Pests - rodents
		│ 🔲 Singul	air® (Montelukast) 🗌 4, 🔲 5,	, 🗆 10 mg	1 tablet daily		cockroaches
A	Bollo Inc.	☐ Other ☐ None					□ Odors (frritants)
and/or Peak	flow above	I MOUG					Gigarette smok
	M assessed a distance and					king inhaled medicine	smoke
	If exercise triggers you	ir astnma	, take		puff(s)mi	nutes before exercise	or Gridilles,
AUTION	(Yellow Zone) IIII	Cont	nue daily control me	edicine(s) and	ADD quick-r	elief medicine(s).	cleaning products, scented
	You have <u>any</u> of these:  • Cough	MEDICII	VE.	HOW MUCH to	take and HOW	OFTEN to take it	products Smoke from
( A	Mild wheeze	☐ Albute	rol MDI (Pro-air® or Provei	ntil <sup>®</sup> or Ventolin <sup>®</sup> )	2 puffs every 4	hours as needed	burning wood,
X	• Tight chest	☐ Xopene	3X <sup>®</sup>		2 puffs every 4	hours as needed	inside or outsid
M @D	Coughing at night	☐ Albute	rol 🗆 1.25, 🗆 2.5 mg		1 unit nebulize	every 4 hours as needed	□ Weather ○ Sudden
~	Other:	☐ Duone	D@		1 unit nebulized	every 4 hours as needed	temperature
S		☐ Xopen	ex® (Levalbuterol) 🗆 0.31, 🖂	l 0.63, 🗌 1.25 mg	_1 unit nebulized	d every 4 hours as needed	change Extreme weath
quick-relief m	edicine does not help within		/ent Respimat®		1 inhalation 4 to	mes a day	- hot and cold
	or has been used more than		e the dose of, or add:				Ozone alert day
	nptoms persist, call your	☐ Other					☐ Foods:
-	the emergency room.	• II qu	ick-relief medici	ne is neede	ed more tha	an 2 times a	0
nd/or Peak fi	ow from to	weel	k, except before	exercise, t	nen can y	our doctor.	o
MERGE	ICY (Red Zone)	Tal	ce these med	dicines I	NOW and	ICALL 911.	☐ Other:
October 9	Your asthma is	Ast	hma can be a life	-threatenii	na illness.	No not wait!	0
3	getting worse fast:		CINE			HOW OFTEN to take it	o
4	<ul> <li>Quick-relief medicine did not help within 15-20 minute</li> </ul>	_	uterol MDI (Pro-air® or Pro	oventil® or Ventoli		very 20 minutes	0
	<ul> <li>Breathing is hard or fast</li> </ul>	☐ Xop	enex®		/	very 20 minutes	This asthma treatment
HH	· Nose opens wide · Ribs sho		uterol 🗆 1.25, 🗆 2.5 mg_		1 unit nei	oulized every 20 minutes	plan is meant to assist
$\sim$	Trouble walking and talking     tine blue a Fingerseile blue	Duc		E3 0 00 E3 4 0E	1 unit nel	oulized every 20 minutes	not replace, the clinica
nd/or eak flow	<ul> <li>Lips blue • Fingernails blue</li> <li>Other:</li> </ul>	□ Cot	enex® (Levalbuterol) 🔲 0.31, nbivent Respirat®	, 🔲 0.63, 📋 1.25		on 4 times a day	decision-making required to meet
elow	00001	Oth			I IIIIdidu	on 4 unics a day	individual patient need
información a minoritario de la comitación de la comitaci	Mini Terrent Maraccia Indicti so marante Most mo nos clar a fin Ministerio, Al Maria, m. Por un Auch Ann.	_	-				
tripulation section in the control of	Permiss  Training shally profess a process of the Permiss  Training shally profess or process or the Permiss	ion to Self-	administer Medication:	PHYSICIAN/APN/P/	A SIGNATURE		DATE
NUMBER OF STREET AS A STREET OF STREET AS A STREET	Thin o	tudent is cap	able and has been instructed			Physician's Orders	
Type tong an angle it to Apple the Trump days at decision in an apple an	Children v Brief by Switzed Skir and Chaude Six		od of self-administering of the ed medications named above	PARENT/GUARDIAI	N SIGNATURE		
recommitment of the property of the property of the first property of the prop		ordance with					
This student is not approved to self-medicate.  PHYSICIAN STAMP  This student is not approved to self-medicate.			TAMP				
EVISED MAY	indicate in the contract or traditional real relation to the real contract of the contract of			W			
	ank form - www.pacry.org Make a	copy for p	arent and for physician (i	le, send original	to school nurse	or child care provider.	

# Asthma Treatment Plan – Student

# Parent Instructions

The **PACNJ Asthma Treatment Plan** is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.

- 1. Parents/Guardians: Before taking this form to your Health Care Provider, complete the top left section with:
  - · Child's name
- . Child's doctor's name & phone number
- · Parent/Guardian's name

- · Child's date of birth
- · An Emergency Contact person's name & phone number
- & phone number

- 2. Your Health Care Provider will complete the following areas:
  - . The effective date of this plan
  - The medicine information for the Healthy, Caution and Emergency sections
  - . Your Health Care Provider will check the box next to the medication and check how much and how often to take it
  - Your Health Care Provider may check "OTHER" and:
    - Write in asthma medications not listed on the form
    - ◆ Write in additional medications that will control your asthma
    - ◆ Write in generic medications in place of the name brand on the form
  - . Together you and your Health Care Provider will decide what asthma treatment is best for your child to follow
- 3. Parents/Guardians & Health Care Providers together will discuss and then complete the following areas:
  - . Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
  - . Child's asthma triggers on the right side of the form
  - Permission to Setf-administer Medication section at the bottom of the form: Discuss your child's ability to self-administer the
    inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form
- 4. Parents/Guardians: After completing the form with your Health Care Provider:
  - . Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
  - Keep a copy easily available at home to help manage your child's asthma
  - Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

PARENT AUTHORIZATION  I hereby give permission for my child to receive medication at so in its original prescription container properly labeled by a phainformation between the school nurse and my child's health understand that this information will be shared with school staff	rmacist or physician. I also give pe care provider concerning my child	rmission for the release and exchange of
Parent/Guardian Signature	Phone	Date
FILL OUT THE SECTION BELOW ONLY IF YOUR HEALTH CAR SELF-ADMINISTER ASTHMA MEDICATION ON THE FRONT O RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL	F THIS FORM.	
☐ I do request that my child be <b>ALLOWED</b> to carry the following in school pursuant to <b>N.J.A.C</b> :.6A:16-2.3. I give permission for Plan for the current school year as I consider him/her to be medication. Medication must be kept in its original prescrip shall incur no liability as a result of any condition or injury as on this form. I indemnify and hold harmless the School Distriction of lack of administration of this medication by the student.	r my child to self-administer medicati responsible and capable of transport tion container. I understand that the ising from the self-administration by	ing, storing and self-administration of the school district, agents and its employees the student of the medication prescribed
$\square$ I DO NOT request that my child self-administer his/her astr	ma medication.	
Parent/Guardian Signature	Phone	Date



Discolarimentes: The use of this Webbole-FRATAB Actinism Featment Plan and its content to at your tean rock. The content to provided on an "as of bases." In American Lung Acceptance of the Med-Market (ALAA-A), the Predictors Adatory or atherwise, encluding but not invested to this medical searchastes on instructionally, intra-interpolated than go provided on an "as of bases." An advantage or a searchaste of their gottes of search and a search teachers and than a search and a search

+ AMERICAN LUNG ASSOCIATION.

Sponsored by

The Performant Audit Anthria Couldings of New Jercey, spectrums by the American Lung Association in Here Jercey. This publication was supported by a grant from the New Jercey Department of Health and Senior Services, with fundamental provided by the U.S. Contests for Disease Dentrici and Presention under Cooperative Agreement 5.55EH900591-5. So contest was oblight the responsibility of the all information of the Microscopility International Contests of the New Jercey Countries and the New Jercey Countries of the New Jercey Count

# BUENA REGIONAL HIGH SCHOOL ATHLETIC DEPARTMENT MEDICAL EMERGENCY FORM

Athletes Name:		
Sport:	Grade:	Age:
Sport:Athletes DOB:	Height:	Weight:
Home Address:		
Home Phone #:		
Parent/Guardian Name #1:		
Parent/Guardian Cell #1:	Parent/Guardian Work	#1.
Taroni Odardian Och #1.	Fareili/Guardiaii vvoik	#1
Parent/Guardian Name #2:		
Parent/Guardian Cell #2:	Parent/Guardian Work	 #2:
Emergency Phone Numbers of relatives or neig an emergency situation:	phbors to be contacted <b>if parent</b>	s can not be reached in
1st Choice:		
Name:	Phone	#:
Name:Address:	City:	State:
How is the person related to the athlete?		
2nd Choice:		
Name:	Phone	#:
Name:Address:	City:	State:
How is the person related to the athlete?		
Athlete Doctor's Name:	Doctor's Phone	#:
Any allergies or reactions to medications?		
Any current medical problems, chronic condition		
disabilities?		
	hool - Medical Permission/Rel	
hereby give permission to the attending Physic		
activities to carry our such emergency diagnostic	c and therapeutic procedures as	s may be necessary for m
child. I also permit such procedures to be carried	d out by the closest hospital em	
hat your child is sent or taken there for emerger	ncy medical treatment.	
Name of Parent/Guardian (Print):		
Signature of Parent/Guardian:		
Relationship to Athlete:	Date	

# Buena Regional School District - Buena Regional High School

# 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

# Buena Regional School District - Buena Regional High School

# 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 to 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.

# <u>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:</u>

- 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 studentathlete'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.

r further information on Sports-Related C www.cdc.gov/concussion/sports/ind		Injuries, please visit:	
www.ncaa.org/health-safety	www.bianj.org	www.atsnj.org	
Signature of Student-Athlete	Print Student-A	thlete's Name	Date
Signature of Parent/Guardian	Print Parent/Gu	ardian's Name	Date

# BUENA REGIONAL HIGH SCHOOL

Phone (856) 697-2400

# 125 WEYMOUTH ROAD BUENA, NEW JERSEY 08310 Web site: www.buenaschools.org

Fax (856) 697-4107

Mark Prince Athletic Director/Vice Principal

Dear Parent/Guardian.

Buena Regional High School offers an innovative program for student-athletes that assists our physicians and athletic trainers in evaluating and treating head injuries (e.g., concussion). The software tool is called ImPACT<sup>TM</sup> (Immediate Post Concussion Assessment and Cognitive Testing). The baseline test is good for a 2 year period of time. All athletes who participate in interscholastic sports are requested to take the baseline test on a computer at Buena Regional High School

ImPACT™ is a computerized exam utilized in many professional, collegiate and high school sports programs across the country to successfully diagnose and manage concussions. If a student-athlete is believed to have suffered a head injury during competition, ImPACT™ is used to help determine the severity of head injury and when the injury has fully healed. Additional information about ImPACT™ can be found at <a href="https://www.impacttest.com">www.impacttest.com</a>.

ImPACT™ recommends that student-athletes take the computerized exam before beginning sport practice or competition. Essentially, the ImPACT™ test is a preseason physical of the brain. It, however, is not an IQ test. This non-invasive test takes about 20 -25 minutes to complete. Many student-athletes enjoy the challenge of taking the test. It tracks information such as memory, reaction time, speed and concentration. Student-athlete's pre-season /baseline test data is maintained on a secure server maintained by ImPACT™.

If a concussion is suspected, the student-athlete should see a physician for evaluation. It is recommended he/she see an ImPACT™ trained provider who will request the student-athlete take a post-injury test for comparison to the student-athlete's baseline test. The clinical exam and test data will enable these health professionals to determine when return-to-play is appropriate and safe for the injured student-athlete.

Please sign and return the bottom portion of this form indicating permission for your child to take the baseline test and please reinforce its importance in taking this exam in a serious nature to ensure a valid test.

Consent Form	
For use of the Immediate Post-Concussion Ass	sessment and Cognitive Testing (ImPACT™) baseline testing.
	and its contents. I have been given an opportunity to ask questions atisfaction. I agree to participate in the ImPACT™ Concussion
Printed Name of Athlete Sport(s)	Grade:
Signature of Athlete	Date
Signature of Parent	 Date

# Website Resources

- http://tinyurl.com/m2gjmvq Sudden Death in Athletes
- Hypertrophic Cardiomyopathy Association www.4hcm.org
- American Heart Association www.heart.org

# Collaborating Agencies:

# American Academy of Pediatrics New Jersey Chapte

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



# American Heart Association

www.aapnj.org

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



# New Jersey Department of Education

/www.state.nj.us/education/ Frenton, NJ 08625-0500 (b) 609-292-5935

PO Box 500



# New Jersey Department of Health P.O. Box 360

Trenton, NJ 08625-0360 (p) 609-292-7837

www.state.nj.us/health



# Lead Author: American Academy of Pediatrics,

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

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

Revised 2014: Nancy Curry, EdM;

**New Jersey State School Nurses** 

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







DEDICATED TO THE HEALTH OF ALL CHILDREN'



Learn and Live



udden death in young athletes between the ages of 10 and 19 is very rare.

done to prevent this kind of What, if anything, can be tragedy?

# What is sudden cardiac death in the young athlete?

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

# How common is sudden death in young

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

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

attack).

# What are the most common causes?

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

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

blood vessels are connected to (commonly called "coronary artery disease," which may lead to a heart arteries. This means that these heart in an abnormal way. This differs from blockages that may The second most likely cause is congenital the main blood vessel of the occur when people get older abnormalities of the coronary (con-JEN-it-al) (i.e., present from birth)

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 (labored breathing).

# SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

# 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 Preparticipation Physical Examination Form (PPE).

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.

# Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

PPE. However, these procedures may be 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

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

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.J.S.A. 184:40-41a through c, known as "Janet's Law," requires that at any schoolsponsored athletic event or team practice in 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 team coach, 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 or other certified first responder.

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1½ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being patrioused.



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.<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/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.

<sup>&</sup>lt;sup>1</sup> 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.

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.

<sup>&</sup>lt;sup>3</sup> Bedinghaus, Troy, O.D., Sports Eye Injuries, http://vision.about.com/od/emergencyeyecare/a/Sports\_Injuries.htm, December 27, 2013.

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;

**Most Common** 

**Types of Eye** 

**Injuries** 

- 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.

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

Return to Play and Sports

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.

# 2020-21 NJSIAA Banned Substances

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

# The NJSIAA bans the following drug classes.

- a. Stimulants.
- b. Anabolic agents.
- c. Alcohol and beta blockers.
- d. Diuretics and masking agents.
- e. Narcotics.
- f. Cannabinoids.
- g. Peptide hormones, growth factors, related substances and mimetics.
- h. Hormone and metabolic modulators (anti-estrogens).
- i. Beta-2 agonists.

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

# Substances and Methods Subject to Restrictions:

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

# **NJSIAA Nutritional/Dietary Supplements:**

Warning: Before consuming any nutritional/dietary supplement product, review the product and its label with your athletics department staff!

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

Athletics department staff should provide guidance to student-athletes about supplement use, including a directive to have any product checked by qualified staff members before consuming. The NJSIAA subscribes only to Drug Free Sport AXIS<sup>TM</sup> for authoritative review of label ingredients in medications and nutritional/dietary supplements. Contact the Drug Free Sport AXIS at <a href="https://www.dfsaxis.com">www.dfsaxis.com</a> (password: njsports).

# Some Examples of Substances in Each NJSIAA Banned Drug Class.

# THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY LABEL INGREDIENT.

## Stimulants:

amphetamine (Adderall); caffeine (guarana); cocaine; ephedrine; methamphetamine; methylphenidate (Ritalin); synephrine (bitter orange); dimethylamylamine (DMAA, methylhexanamine); "bath salts" (mephedrone); Octopamine; hordenine; dimethylbutylamine (DMBA, AMP, 4-amino methylpentane citrate); phenethylamines (PEAs); dimethylhexylamine (DMHA, Octodrine); heptaminol 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; testosterone; etiocholanolone; methasterone; methandienone; nandrolone; norandrostenedione; stanozolol; stenbolone; trenbolone; SARMS (ostarine, ligandrol, LGD-4033, S-23, RAD140)); DHCMT (oral turanibol) etc.

## Alcohol and Beta Blockers:

alcohol; atenolol; metoprolol; nadolol; pindolol; propranolol; timolol; etc.

# Diuretics and Masking Agents:

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

exceptions: finasteride is not banned

## Narcotics:

Buprenorphine; dextromoramide; diamorphine (heroin); fentanyl, and its derivatives; hydrocodone; hydromorphone; methadone; morphine; nicomorphine; oxycodone; oxymorphone; pentazocine; pethidine

## Cannabinoids:

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

Peptide Hormones, growth factors, related substances and mimetics

growth hormone(hGH); human chorionic gonadotropin (hCG); erythropoietin (EPO); IGF-1 (colostrum, deer antler velvet); etc.

exceptions: insulin, Synthroid are not banned

# Hormone and metabolic modulators (anti-estrogens):

anastrozole; tamoxifen; formestane; ATD; SERMS (clomiphene, nolvadex); Arimidex; clomid; evista; fulvestrant; aromatase inhibitors (Androst-3,5-dien-7,17-dione), letrozole; etc.

# Beta-2 Agonists:

bambuterol; formoterol; salbutamol; salmeterol; higenamine; norcoclaurine; etc.

Any substance that is chemically related to one of the above classes, even if it is not listed as an example, is also banned!

Information about ingredients in medications and nutritional/dietary supplements can be obtained by contacting Drug Free Sport AXIS, <a href="www.dfsaxis.com">www.dfsaxis.com</a> password njsports.

It is your responsibility to check with the appropriate or designated athletics staff before using any substance,



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. 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 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.<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 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.<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.

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."

# 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, nonsteroidal anti-inflammatory medications like ibuprofen, naproxen or aspirin. Read the label carefully and always take the recommended dose, or follow your doctor's instructions. More is not necessarily better when taking an over-the-counter (OTC) pain medication, and it can lead to dangerous side effects.
- Ice therapy can be utilized appropriately as an anesthetic.
- Always discuss with your physician exactly what is being prescribed for pain and request to avoid narcotics.
- In extreme cases, such as severe trauma or post-surgical pain, opioid pain medication should not be prescribed for more than five days at a time;
- Parents or guardians should always control the dispensing of pain medications and keep them in a safe, non-accessible location; and
- Unused medications should be disposed of immediately upon cessation of use. Ask your pharmacist about drop-off locations or home disposal kits like Deterra or Medsaway.



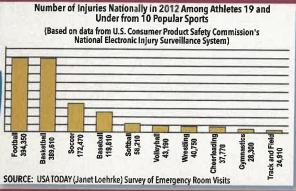
In consultation with



STATE OF NEW JERSEY DEPARTMENT OF HEALTH

NISIAA SPORTS MEDICAL **ADVISORY COMMITTEE** 





# **Even With Proper Training and Prevention, Sports Injuries May Occur**

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

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

# What Are Some Ways to Reduce the Risk of Injury? $^{7}$

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

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



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



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



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



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



TRAINING Increase weekly training time, mileage or repetitions no more than 10 percent per week. For example, if running 10 miles one week, increase to 11 miles the following week. Athletes should also cross-train and perform sport-specific drills in different ways, such as running in a swimming pool instead of only running on the road.



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



PROPER EQUIPMENT Wear appropriate and properly fitted protective equipment such as pads (neck, shoulder, elbow, chest, knee, and shin), helmets, mouthpieces, face guards, protective cups, and eyewear. Do not assume that protective gear will prevent all injuries while performing more dangerous or risky activities.

# Resources for Parents and Students on Preventing Substance Misuse and Abuse

The following list provides some examples of resources:

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

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

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

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

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

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

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

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

- References 1 Massachusetts Technical Assistance Partnership for Prevention
  - <sup>2</sup> Centers for Disease Control and Prevention
  - <sup>3</sup> New Jersey State Interscholastic Athletic
- Association (NJSIAA) Sports Medical Advisory Committee (SMAC)
- <sup>4</sup> Athletic Management, David Csillan, athletic trainer, Ewing High School, NJSIAA SMAC
- <sup>5</sup> National Institute of Arthritis and Musculoskeletal and Skin Diseases
- 6 USATODAY
- 7 American Academy of Pediatrics

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

# **BUENA REGIONAL HIGH SCHOOL**

Phone (856) 697-2400

125 WEYMOUTH ROAD BUENA, NEW JERSEY 08310 Web site: www.buenaschools.org

Fax (856) 697-4107

Mark Prince Athletic Director/Vice Principal

# Use and Misuse of Opioid Drugs Fact Sheet Student-Athlete and Parent Guardian Sign Off

# Dear Parent/Guardian:

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and non-public schools participating in an interscholastic sports program must distribute the **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 the age of 18, the parent/guardian must also sign.

This sign off sheet is due to the Athletic Director's office annually prior to the student-athlete's or cheerleader's first official practice of the school year.

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

Student's Signature:	Date:
Parent/Guardian Signature:	Date:

# BUENA REGIONAL HIGH SCHOOL

Phone (856) 697-2400

125 WEYMOUTH ROAD BUENA, NEW JERSEY 08310 Web site: www.buenaschools.org

Fax (856) 697-4107

Mark Prince Athletic Director/Vice Principal

# Dear Parent/Guardian:

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

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

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

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

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

# NJSIAA OPIOID POLICY ACKNOWLEDGEMENT

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

Student's Signature:	Date:
Parent/Guardian Signature:	Date:



1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691

609-259-2776 609-259-3047-Fax

# **NJSIAA'S STEROID TESTING POLICY**

In accordance with Executive Order 72, issued by the Governor of the State of New Jersey, Richard J. Codey, on December 20, 2005, the NJSIAA will test a random selection of student athletes, who have qualified, as individuals or as members of a team, for state championship competition.

- 1. <u>List of banned substances</u>: A list of banned substances shall be prepared annually by the Medical Advisory Committee, and approved by the Executive Committee.
- 2. <u>Consent form:</u> Before participating in interscholastic sports, the student-athlete and the student-athlete's parent or guardian shall consent, in writing, to random testing in accordance with this policy. Failure to sign the consent form renders the student-athlete ineligible.
- 3. Selection of athletes to be tested: Tested athletes will be selected randomly from all of those athletes participating in championship competition. Testing may occur at any state championship site or at the school whose athletes have qualified for championship competition
- **4.** Administration of tests: Tests shall be administered by a certified laboratory, selected by the Executive Director and approved by the Executive Committee.
- 5. <u>Testing methodology</u>: The methodology for taking and handling samples shall be in accordance with current legal standards.
- 6. <u>Sufficiency of results:</u> No test shall be considered a positive result unless the approved laboratory reports a positive result, and the NJSIAA's medical review officer confirms that there was no medical reason for the positive result. A "B" sample shall be available in the event of an appeal.
- 7. Appeal process: If the certified laboratory reports that a student-athlete's sample has tested positive, and the medical review officer confirms that there is no medical reason for a positive result, a penalty shall be imposed unless the student-athlete proves, by a preponderance of the evidence, that he or she bears no fault or negligence for the violation. Appeals shall be heard by a NJSIAA committee consisting of two members of the Executive Committee, the Executive Director/designee, a trainer and a physician. Appeal of a decision of the Committee shall be to the Commissioner of Education, for public school athletes, and to the superior court, for non-public athletes. Hearings shall be held in accordance with NJSIAA By-Laws, Article XIII, "Hearing Procedure."

- 8. Penalties. Any person who tests positively in an NJSIAA administered test, or any person who refuses to provide a testing sample, or any person who reports his or her own violation, shall immediately forfeit his or her eligibility to participate in NJSIAA competition for a period of one year from the date of the test. Any such person shall also forfeit any individual honor earned while in violation. No person who tests positive, refuses to provide a test sample, or who reports his or her own violation shall resume eligibility until he or she has undergone counseling and produced a negative test result.
- 9. <u>Confidentiality:</u> Results of all tests shall be considered confidential and shall only be disclosed to the individual, his or her parents and his or her school.
- 10. <u>Compilation of results:</u> The Executive Committee shall annually compile and report the results of the testing program.
- 11. Yearly renewal of the steroid policy: The Executive Committee shall annually determine whether this policy shall be renewed or discontinued.

June	1.	2007

-2-

Student Printed Name	
Student Signature	
Parent/Guardian Printed Name	
Parent/Guardian Signature	