# Preparticipation Physical Evaluation History Form

**Date of Exam**

**Name**

**Sex**

**Age**

**Grade**

**School**

**Sport(s)**

**Date of birth**

### Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking.

- [ ] Yes
- [ ] No

If yes, please identify specific allergy below:

- [ ] Medicines
- [ ] Pollens
- [ ] Food
- [ ] Stinging Insects

### General Questions

<table>
<thead>
<tr>
<th>1. Has a doctor ever denied or restricted your participation in sports for any reason?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Have you ever suffered from sneezing, coughing, or difficulty breathing after exercise?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3. Have you ever been diagnosed with asthma or allergies?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. Have you ever had an asthma attack?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Heart Health Questions About You

| 5. Have you ever passed out or felt dizzy during exercise? | Yes | No |
| 6. Have you ever had a heart murmur? | Yes | No |
| 7. Does your family have a history of heart disease? | Yes | No |

### Heart Health Questions About Your Family

| 8. Has a heart problem been diagnosed in your family? | Yes | No |
| 9. Has anyone in your family died of a heart attack? | Yes | No |

### Bone and Joint Questions

| 10. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss practice or a game? | Yes | No |
| 11. Have you ever been involved in an automobile accident, falls, or other injuries? | Yes | No |

### Medical Questions

| 12. Do you cough, wheeze, or have difficulty breathing during or after exercise? | Yes | No |
| 13. Have you ever been diagnosed with a heart condition? | Yes | No |
| 14. Have you ever had a heart attack? | Yes | No |

### Females Only

| 15. Have you ever had a menstrual period? | Yes | No |

### Signature

**Signature of athlete**

**Signature of parent/guardian**

**Date**

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Preparticipation Physical Evaluation

The Athlete With Special Needs: Supplemental History Form

Date of Exam ____________________________  Date of birth ____________________________

Name ____________________________  Sex ________  Age ________  Grade ________  School ________  Sport(s) ________

1. Type of disability
2. Date of disability
3. Classification (if available)
4. Cause of disability (birth, disease, accident, trauma, other)

5. List the sports you are interested in playing

6. Do you regularly use a brace, assistive device, or orthotic?
7. Do you use any special brace or assistive device for sports?
8. Do you have any rashes, pressure sores, or any other skin problems?
9. Do you have hearing loss? Do you use a hearing aid?
10. Do you have a visual impairment?
11. Do you use any special devices for bowel or bladder function?
12. Do you have burning or discomfort when urinating?
13. Have you had autonomic dysreflexia?
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?
15. Do you have muscle spasticity?
16. Do you have frequent seizures that cannot be controlled by medication?

Explain "yes" answers here

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-ray evaluation for atlantoaxial instability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dislocated joints (more than one)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easy bleeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enlarged spine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteopenia or osteoporosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bowel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in arms or hands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in coordination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent change in ability to walk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spina bifida</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain "yes" answers here

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

Signature of athlete ____________________________  Signature of parent/guardian ____________________________  Date ____________________________

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New Jersey Department of Education 2014 Pursuant to P.L. 2013, c. 71
### PHYSICIAN REMINDERS

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you have a fear of being unloved or betrayed?
   - Do you feel valued or respected by others?
   - Do you feel safe at home or elsewhere?
   - Have you ever felt isolated or alone?
   - Have you ever felt depressed or anxious?
   - Have you ever felt worthless or unimportant?

2. Consider reviewing questions on cardiovascular symptoms (questions 5-14).

### EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Pulse</th>
<th>BP</th>
<th>Male</th>
<th>Female</th>
<th>Vaso R 20°</th>
<th>L 20°</th>
<th>Corrected</th>
<th>Y</th>
<th>N</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NORMAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### MEDICAL

- **Appearance**
  - **Markings** (e.g., scars, moles, lumps, birthmarks, tattoos)
  - **Posture** (alignment, posture, body language)
  - **Facial** (symmetry, expression, skin condition)

- **Pupils**
  - Symmetry
  - Reactivity

- **Nose**
  - Shape
  - Symmetry

- **Lips**
  - Color
  - Mobility

- **Neck**
  - Mobility
  - Symmetry

- **Shoulders**
  - Symmetry
  - Mobility

- **Elbows**
  - Mobility
  - Symmetry

- **Hands**
  - Mobility
  - Symmetry

- **Knee**
  - Mobility
  - Symmetry

- **Legs**
  - Mobility
  - Symmetry

- **Functional**
  - Basic movements
  -Coordination

### ABNORMAL FINDINGS

*Consider ECG, other diagnostic tests, and referral to cardiologist for abnormal heart history or exam.*

*Consider referral to psychiatrist for abnormal behavior or exam.*

*Consider referral to other specialist for abnormal neurological findings or exam.*

### Clearances

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

- **Not cleared**
  - Pending further evaluation
  - For any sports
  - For certain sports

### Recommendations

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

Name of physician, advanced practice nurse (APN), physician assistant (PA) (check/type):  
Date:  
Address:  
Signature of physician, APN, PA:  
Phone:  

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

9-2031810
**Preparticipation Physical Evaluation Clearance Form**

Name ____________________________ Sex □ M □ F Age __________ Date of birth __________

☐ Cleared for all sports without restriction

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

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports ____________________________

Reason ____________________________

Recommendations ____________________________

________________________

________________________

________________________

EMERGENCY INFORMATION

Allergies ____________________________

Other Information ____________________________

________________________

________________________

________________________

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on __________ (Date)

Approved ______ Not Approved ______

Signature ____________________________

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

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

Address ____________________________ Phone ____________________________

Signature of physician, APN, PA ____________________________

Completed Cardiac Assessment Professional Development Module

Date __________ Signature ____________________________


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

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

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

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

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

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

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

Symptoms of Concussion (Reported by Student-Athlete)
- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion
What Should a Student-Athlete do if they think they have a concussion?

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

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

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

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

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

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

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

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

[www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)  [www.nfhs.com](http://www.nfhs.com)
[www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)  [www.biani.org](http://www.biani.org)
[www.atsni.org](http://www.atsni.org)

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**Signature of Student Athlete**

Print Student Athlete's Name

Date

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**Signature of Parent/Guardian**

Print Parent/Guardian's Name

Date
Collier High School

Athletic Participation Sign-off Sheet

After parent/guardian and student athlete have read and reviewed the enclosed documents please complete and sign the bottom portion of this form. By evidence of your signatures below, you are testifying that you have received the forms, understand, acknowledge and accept all language presented to you in enclosed documents. Only return this sign-off sheet. Do not return the documents/pamphlets intended for your information and records.

• **Health History Update:** I/we understand that the health history update form must be completed prior to each season if the pre-participation physical exam was greater than 90 days prior to the athletic season.

• **Athletic Physicals:** I/we understand that one physical completed on the state designated form is required every 365 days in order for my son/daughter to participate in athletics.

• **Concussion Acknowledgement:** I the parent/guardian along with my son/daughter whose signature appears below; have received, read and understand the NJ Department of Education Concussion and Head Injury fact sheet. I/we understand the risks associated with continuing to play with the signs & symptoms of a concussion. I/we understand that a student athlete that has sustained a concussion must complete the graduated return to play protocol before they may resume competition or practice. Head injuries that occur outside of interscholastic athletics must be reported to the school.

• **Athletic Permission:** I the parent/guardian hereby authorize and consent to my son/daughter’s participation in interscholastic athletics.

• **Sudden Cardiac Death Pamphlet:** I the parent/guardian along with my son/daughter whose signature appears below acknowledge that we received and reviewed the Sudden Death in Young Athletes Pamphlet.

• **Sports-Related Eye Injury Pamphlet:** I the parent/guardian along with my son/daughter whose signature appears below acknowledge that we received and reviewed the Sports-Related Eye Injury Pamphlet.

• **Participation in Physical Education:** I the parent/guardian along with my son/daughter whose signature appears below understand that all student athletes must be participating in physical education class in order to participate in athletics. If a student is not medically cleared for physical education he/she will NOT be allowed to participate in athletics.

This form must be returned to your coach prior to participation.

Print athletes name: __________________________ Gr ___ Sport ________

_________________________________________ Date ____________

Student’s signature                      Date                      Parent signature            Date
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

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).

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-ru-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-dee-oh-my-OP-uh-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.

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.
Sudden cardiac death in young athletes includes:

- Myocarditis (my-ok-ar-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).

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) which has been validated and is one of the most widely used in the country. 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.


When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a pediatric heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a 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, which can be caused by an infection of the heart muscle from a virus.

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

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back to a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (conmoto cacos).

N.J.S.A. 18A:40-4 has been known as "Janet's Law" since 2003. It requires that at any school-sponsored 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 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 or other certified first responder.

The American Academy of Pediatrics recommends the AED be placed in a central location that is accessible and ideally no more than a 1 to 1.5 minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.
SPORTS-RELATED EYE INJURIES: AN EDUCATIONAL FACT SHEET FOR PARENTS

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

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

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

Health care providers (HCP), including family physicians, ophthalmologists, optometrists, and others, play a critical role in advising students, parents and guardians about the proper use of protective eyewear. To find out what kind of eye protection is recommended, and permitted for your child’s sport, visit the National Eye Institute at http://www.nei.nih.gov/sports/findingprotection.asp. Prevent Blindness America also offers tips for choosing and buying protective eyewear at http://www.preventblindness.org/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 are not required to wear 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.

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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 eyesasses break while they are being worn. Penetrating injuries must be treated quickly in order to preserve vision.

**Signs or Symptoms of an Eye Injury**

- Pain when looking up and down or difficulty seeing
- Redness
- Sudden eye
- Double vision
- Severe eyelid and facial swelling
- Difficulty talking

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 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://issee.nei.nih.gov](http://issee.nei.nih.gov) and [http://www.nei.nih.gov/sports](http://www.nei.nih.gov/sports).*

COLLIER YOUTH SERVICES

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

In accordance with N.J.S.A. 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this *Opioid Use and Misuse Educational Fact Sheet* to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel as determined by your district prior to the first official practice session of the spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete’s or cheerleader’s first official practice of the school year.

Name of School: COLLIER HIGH SCHOOL

Name of School District (if applicable): N/A

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

Student Signature: ____________________________

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

Date: ____________________________

1Does not include athletic clubs or intramural events.
OPIOID USE AND MISUSE 
EDUCATIONAL FACT SHEET

Keeping Student-Athletes Safe

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

Unfortunately, sports activities may also lead to injury and, in rare cases, result in pain that is severe or long-lasting enough to require a prescription opioid painkiller. 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.

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. It is important for parents to understand the possible hazards 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. 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, these 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, such as provided through an evidence-based practice to identify problematic use, abuse and dependence on illicit drugs (e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT)) offered through the New Jersey Department of Health.

What Are Some Ways Opioid Use and Misuse Can Be Prevented?

According to the New Jersey State Interscholastic Athletic Association (NJSIAA) Sports Medical Advisory Committee chair, John. P. Kripaak, D.O., "Studies indicate that about 80 percent of heroin users started out by abusing narcotic painkillers.” The Sports Medical Advisory Committee, which includes representatives of NJSIAA member schools as well as experts in the field of healthcare and medicine, recommends the following:

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

What Are Some Ways to Reduce the Risk of Injury?

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

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

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

- **CONDITIONING** Maintain a good fitness level during the season and off-season. Also important are proper warm-up and cool-down exercises.

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

- **AVERAGE 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 skills 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:

- New Jersey Department of Human Services, Division of Mental Health and Addiction Services has a mission to decrease the abuse of alcohol, tobacco and other drugs by supporting the development of a comprehensive network of prevention, intervention and treatment services in New Jersey.
- New Jersey Prevention Network includes a parents' quiz on the effects of opioids.
- Operation Prevention Parent Tool Kit 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.
- ReachNJ provides information for parents and families, including addiction and treatment resources.
- 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 impacted by the families and peers by spreading the word about the dangers of underage drinking, marijuana use, and other substance misuse.

References

1. Massachusetts Technical Assistance Partnership for Prevention
2. Centers for Disease Control and Prevention
3. New Jersey State Interscholastic Athletic Association (NJCAA) Sports Medical Advisory Committee (SMAC)
4. Athletic Management, David Galvin, athletic trainer, Ewing High School, NJCAA SMAC
5. National Institute of Arthritis and Musculoskeletal and Skin Diseases
6. USA TODAY
7. American Academy of Pediatrics

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