

Age: Date of Birth: School: Sex:	Name:			Date:
Sport: Parents) Work Phone: Cell Phone: Parent's/Guardian's Permission To Participate To Obtain Emergency Care • I hereby give my consent for my son'daughter to participate in the district's Interscholastic Athletic Program at local or out-of-town games. I am also advised that students must return equipment/uniforms in good condition. Parents/Guardians will be expected to reimburse the district for equipment/uniforms that are damaged or lost. • I authorize school personnel to obtain emergency medical care that may become necessary for my son/daughter in the course of athletic activities or related travel. • I am also advised that Sports Insurance is provided under what is known as a Full Excess Plan. Parents/Guardians must provide payment from their own personal or group insurance policy for medical expenses or hospitalization. If charges are not covered by the parents/guardian's personal plan, district insurance will cover the player up to the limits of the district's policy for medical expenses or hospitalization. My child is covered by insurance for the school year under our family insurance policy. Name of Insurance Company Policy # School year under our family insurance policy. Name of Insurance Company Policy # Date: Parent/Guardian Signature: Date: Date: Date:	Age:			
Grade:Parents) Work Phone:Cell Phone:	Sport:		Home Phone:	
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Name of Insurance Company Policy #	I e i h	Parents/Guardians must pro expenses or hospitalization insurance will cover the planspitalization.	wide payment from their own personal. If charges are not covered by the palayer up to the limits of the district's	arent's/guardian's personal plan, district spolicy for medical expenses or
Date of last Tetanus Toxoid Booster:	My chil	d is covered by insurance	for the school	year under our family insurance policy.
Date of last Tetanus Toxoid Booster:	Name of	f Insurance Company	Policy #	
Parent/Guardian Signature:				
Parent/Guardian Signature:	Date of	last Tetanus Toxoid Boos	ter:	
New Jersey State Law requires that all students who participate in interscholastic sports receive a physical examorior to participating in any practice or game. This physical exam may be provided by your family physician the school physician. If a parent/guardian does not have a home physician, an examination by the school physician may be requested. Please check one of the following and return this from. I will use my family Doctor to provide this exam at my own expense. A copy of the equired district form will be completed by my Doctor and returned to the School Nurse with his/her findings, ecommendations, and any restrictions within 30 days of receipt of this notice. I request that the School Doctor provide the required physical examination. Parent/Guardian Signature: Date: Sa student candidate in the Interscholastic Athletic Program, I will conduct myself in a manner that is beyond exproach and exhibit good sportsmanship and return sports equipment and uniforms issued to me in good condition.	Date of certify	last Tetanus Toxoid Boos that the information prov	ided herein is accurate as of the dat	e of these signatures.
I request that the School Doctor provide the required physical examination. Parent/Guardian Signature: Date: Is a student candidate in the Interscholastic Athletic Program, I will conduct myself in a manner that is beyond eproach and exhibit good sportsmanship and return sports equipment and uniforms issued to me in good condition.	Date of Certify	last Tetanus Toxoid Boos that the information prov Guardian Signature:	ided herein is accurate as of the dat	e of these signatures. Date: interscholastic sports receive a physical example.
Parent/Guardian Signature: Date: Date: Sa a student candidate in the Interscholastic Athletic Program, I will conduct myself in a manner that is beyond eproach and exhibit good sportsmanship and return sports equipment and uniforms issued to me in good ondition.	Date of certify Parent/Convew Jerorior to he school physicial	last Tetanus Toxoid Boos that the information prov Guardian Signature: sey State Law requires the participating in any prace pool physician. If a paren on may be requested. heck one of the following	ided herein is accurate as of the date that all students who participate in ctice or game. This physical examinary guardian does not have a hore and return this from.	interscholastic sports receive a physical examination by the school ex
ign Here— Is a student candidate in the Interscholastic Athletic Program, I will conduct myself in a manner that is beyond eproach and exhibit good sportsmanship and return sports equipment and uniforms issued to me in good ondition.	Date of certify Parent/Convew Jeror to the school physician Please cleaned	last Tetanus Toxoid Boos that the information prov Guardian Signature: Sey State Law requires the participating in any prace of physician. If a paren in may be requested. Leading in the following I will use may district form will be completed endations, and any restrict	that all students who participate in ctice or game. This physical examination and return this from. The students who participate in ctice or game. This physical examination and return the from and return this from. The students who participate in the students are students and return the students are students. The students who participate in the students are students are students. The students who participate in the students are students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students are students. The students who participate in the students who parti	interscholastic sports receive a physical examination by the school number of the School Nurse with his/her findings, this notice.
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Revised 8/10

Middlesex County Vocational Technical High Schools Interscholastic Athletic Permission and Participation Form

Parent/Guardian Acknowledgement Form

NJSIAA Sports-Related Concussion and Head Injury Fact Sheet

t Printed Name /Guardian Printed Name Cardiac Death Pamphlet de Sudden Cardiac Death in Youn at Printed Name	Date Date g Athletes pamp Date
Cardiac Death Pamphlet ne Sudden Cardiac Death in Youn	g Athletes pamp
e Sudden Cardiac Death in Youn	
t Printed Name	Date
/Guardian Printed Name	Date
Steroid Testing Policy	
oid Testing Policy and Banned Dr	rugs List.
t Printed Name	 Date
	Steroid Testing Policy bid Testing Policy and Banned Di t Printed Name (Guardian Printed Name

Sign whole page

Administrative Offices

BOARD OF EDUCATION OF THE VOCATIONAL SCHOOLS IN THE COUNTY OF MIDDLESEX

112 Rues Lane P.O. Box 1070 East Brunswick, N.J. 08816-1070 Telephone (732) 257-3300 Fax: (732) 390-4252

Francis R. James, President

Dianne D. Veilleux, Superintendent

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 studentathlete's or cheerleader's first official practice of the school year.

Name of School:	
valle of School.	
lame of School District (if applicable):	
/We acknowledge that we received as	nd reviewed the Educational Fact Sheet on the Use and Misuse of
Opioid Drugs.	
udent Signature:	
	401
rent/Guardian Signature (also neede	ed if student is under age 181:

. Date:



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

Complete Page

	ım				Date of birth		
Name			Cabaal		Sport(s)		
Sex	Age	Grade	SCHOOL _			leine	
Medicine	s and Allergies:	: Please list all of the prescription and	over-the-c	ounter r	medicines and supplements (herbal and nutritional) that you are currently to		
Do you ha	ve any allergies?	Pollens	identify sp	ecific 8	allergy below. □ Food □ Stinging Insects		
xplain "Yes	answers belov	w. Circle questions you don't know th	e answers	to.		Yes	No
GENERAL Q			Yes	No	MEDICAL QUESTIONS	res .	THE
1. Has a do	ctor ever denied o	r restricted your participation in sports for			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		_
any reas	on/	nedical conditions? If so, please identify			27. Have you ever used an inhaler or taken asthma medicine?		-
below: [] Asthma 🔲 A	nemia Diabetes Infections			25. Is there anyone in your family who has asthma?		-
		Lt in the hearital?		+	29. Were you born without or are you missing a loidney, an eye, a testide (males), your spieen, or any other organ?		
		ht in the hospital?		+	30. Do you have groin pain or a painful bulge or hemia in the groin area?		
	ever had surgery? TH QUESTIONS A		Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		
		r nearly passed out DURING or		1	32. Do you have any rashes, pressure sores, or other skin problems?		_
AFTER ex	ercise?				33. Have you had a herpes or MRSA skin infection?		
6. Have you	ever had discomfo	ort, pain, tightness, or pressure in your		1	34. Have you ever had a head injury or concussion?		-
	ing exercise?	r skip beats (irregular beats) during exerci	se?	-	35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
		nat you have any heart problems? If so,			36. Do you have a history of seizure disorder?		
check all 1	that apply:			1	37. Do you have headaches with exercise?		
	olood pressure cholesterol	☐ A heart murmur ☐ A heart infection			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or failing?		
	saki disease	Other:	-	 	39. Have you ever been unable to move your arms or legs after being hit		T
. Has a doct echocardio		test for your heart? (For example, ECG/EK	t,	<u> </u>	or falling?	-	+
		el more short of breath than expected			40. Heve you ever become ill white exercising in the heat? 41. Do you get frequent muscle cramps when exercising?	\vdash	+
during exe		sined salaum?	_	+-	42. Do you or someone in your family have sicide cell trait or disease?	1	+
	ver had an unexpl	nt of breath more quickly than your friend	, —	+	43. Have you had any problems with your eyes or vision?	1	+
during exer		it of break more quicky size you make		<u> </u>	44. Have you had any eye injuries?	1	\top
ART HEALTI	QUESTIONS AB	OUT YOUR FAMILY	Yes	No	45. Do you wear glasses or contact lenses?		
Has any far	nily member or re	lative died of heart problems or had an	l	İ	46. Do you wear protective eyewear, such as googles or a face shield?		T
unexpected	or unexplained su	udden death before age 50 (including scident, or sudden infant death syndrome	17	1	47. Do you worry about your weight?	1	T
Does anvon	e in your family ha	ave hypertrophic cardiomyopathy, Marfar			48. Are you trying to or has anyone recommended that you gain or lose weight?	T	
syndrome, a	arrhythmogenic rig short OT syndromy	ont ventricular cardiomyopathy, long QT e, Brugada syndrome, or catecholaminers	ic		49. Are you on a special diet or do you avoid certain types of foods?	+-	+
	ventricular tachy				50. Have you ever had an eating disorder?	+	+
		ave a heart problem, pacemaker, or		1	51. Do you have any concerns that you would like to discuss with a doctor?	+	+
implanted d				├	FEMALES ONLY	1	\top
	in your ramity had near drowning?	I unexplained fainting, unexplained			52. Have you ever had a menstrual period?		
	NT QUESTIONS		Yes	No	53. How old were you when you had your first menstral period?		
	er had an injury to you to miss a pra	e a bone, muscle, ligament, or tendon ctice or a game?			54. How many periods have you had in the last 12 months?		
lave you ev	er had any broker	or fractured bones or dislocated joints?			Explain "yes" answers here		
		nat required x-rays, MRL, CT scan, cast, or crutches?		-			_
	er had a stress fra		+		1		
lave you eve	r been told that y	ou have or have you had an x-ray for nec	*		1		
		bility? (Down syndrome or dwarfism) orthotics, or other assistive device?	+-	-			
		r joint injury that bothers you?	+				
		painful, swollen, feel warm, or look red?	+				

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1-201-Anne

■ PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

116				Date of birth	1	
		Grade		Sport(#)		
**************************************	A THE RESIDENCE OF THE PARTY OF	thate we				
Type of disa	THE RESIDENCE OF THE PARTY OF T					
Date of disa	The second second and the second seco					
Classificatio	on (II available)					
Cause of dis	satulity (thirth, disease	, accident/trauma, other)				
List the spor	rts you are interested	In playing			" Yes	, No ,
		lather device or posethati	7			
. Do you repu	starty use a brace, ass	sistive device, or prosthetic assistive device for sports	?			
. Do you use	any special brace of	e sores, or any other skin	problems?			
. Do you have	e any rashes, pressur	you use a hearing aid?				
L Do you have	e a visual impairment	7				
Do you have	a zacivah latenga yan	for bowel or bladder functi	on?			
Do you use	e burning or discomfo	ort when urinating?				
Boyou nave	ad autonomic dysrefle	exia?				
L Have you in	ue: been disaposed w	vith a heat-related (hypert	hermia) or cold-related (hypothermia) iliness	7		<u> </u>
	e muscle spasticity?					ļ
6. Do you have	e frequent setzures th	nat cannot be controlled b	y medication?			1
plain "yes" ar			h			
	W	d and of the following				i.
ease indicate	if you have ever na	d any of the following.			Yes	No.
diantoaxial inst	tability					
	n for atlantoaxial inst	tability				
	ts (more than one)					
asy bleeding	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
nlarged spleer						
TOWNS OF THE PARTY OF	n					
	n					
lepatitis						
lepatitis Osteopenia or c	osteoporosis					
lepatitis Osteopenia or c Officulty contro	osteoporosis olling bowel					
lepatitis Esteopenia or c Difficulty contro	osteoporosis olling bowel olling bladder	nde				
lepatitis Isteopenia or c Hifficulty contro Hifficulty contro Iumbness or the	osteoporosis olling bowel olling bledder ingling in arms or ha					
lepatitis Isteopenia or control Ifficulty control Implication cont	osteoporosis otling bowel otling bladder tingling in arms or ha tingling in legs or feet					
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repatitis Insteopenia or continuity control Inficulty control Infic	osteoporosis odling bowel odling bladder ingling in arms or har dingling in legs or feet arms or hands ags or feet a in coordination a in ability to walk					
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New Jersey Department of Education 2014; Pursuent to P.L.2013, c.71

NOTE: The preparticlaption physical examination must be conducted by a beauth conductor who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

Date of birth _

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

	urse (APN), physician as	sistant (PA) (print/type)			Date of exam Phone
	(ADAN physials:	airdant (DA) (aird A ac)			Date of exam
parents/guardians).					
port(s) as outlined above to bas been cleared for	we. A copy of the physical participation, a physici-	al exam is on record in my an may rescind the clearar	office and can be m ice until the problem	rade available to the a is resolved and the	e scaoon ar me request or the parents. It co e potential consequences are completely e
he abo ve named stude :	nt and completed the pri	eparticipation physical evi	destion. The athlete	e does not present	apparent clinical contraindications to practical apparent of the parents of the p
łeason					
or certain sports					
for any sports					
Pending further evaluation	1				
sports without restriction	WILL LECOLUMN COURSE OF				
sports without restriction enorts without restriction		further evaluation or treatmo	ent for		
		en Toronto Company			
the animate eathing Hereing there	or nerty noncent is recommitted	OLL.			
single leg hop	entinions for abnormal cardiac h	nistory or exam.			
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LETAL			-	-	
			 		
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(males only) ^a			-		
			+	+	
			-		
ous femoral and radial puls	ses				
f point of maximal impulse	; (PMI)		 	-	
auscultation standing, supi	oine, +/- Valsalva)			=	
ici			-	+	
se/throat			1		
> height, hypertaxity, myor	pia, MVP, aortic insufficiency	0	 	+	
tiamete (konhoscoliosis hir	gh-arched palate, pectus exc	cavatum, arachnodactyly,		1	
			NUHMAL	+	
/ (/) Pulse	Vision		L 20/	ABNORMAL FINDINGS
ION	Weight	☐ Male	☐ Female		Corrected D Y D N
reviewing questions on c	cardiovascular symptoms ((questions 5–14).			
rou ever taken any supple	ements to large you gain of	naso margini an	performancer		
u drink alcohol or use any	y omer drugs:		wardarmance?		
in the next 20 days did voi	THE CHEMITH STREETS AND	uff, or dip?			
A I A at senser home o	or recidence?	r din?			
a tool etroceed out or und	der a lot of pressure /				
AN REMINDERS r additional questions on	more sensitive issues				
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PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

CLEARANCE FORM	□ M □ F Age Date of birth
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Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluation	100 ubauntik ibi
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	Olg. Intuit of
linical contraindications to practice and participate in the sport(s) as nd can be made available to the school at the request of the parents ne physician may rescind the clearance until the problem is resolved and parents/guardians).	ticipation physical evaluation. The athlete does not present apparent soutlined above. A copy of the physical exam is on record in my office. If conditions arise after the athlete has been cleared for participation and the potential consequences are completely explained to the athle
ame of physician, advanced practice nurse (APN), physician assistant (PA)	Date
idress	
gnature of physician, APN, PA	
ompleted Cardiac Assessment Professional Development Module	

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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 c oncussion is a brain injury that can becaused 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 a re 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

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. General prohibition against performance enhancing drugs:

- A. It shall be considered a violation of the Sportsmanship Rule for any student-athlete to possess, ingest, or otherwise use any substance on the list of banned substances, without written prescription by a fully licensed physician, as recognized by the American Medical Association, to treat a medical condition.
- B. Violations found as a result of NJSIAA's testing shall be penalized in accordance with this policy.
- C. Violations found as a result of member school testing shall be penalized in accordance with the school's policy.
- D. The NJSIAA policy shall consist of this general prohibition, the NJSIAA Steroid Testing Procedures, the NJSIAA Steroid Testing Protocol and the NJSIAA Banned Drug Classes.

2. List of banned substances:

A list of banned substances shall be prepared annually by the Medical Advisory Committee, and approved by the Executive Committee. (See list)

3. Consent form:

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.

4. Selection of athletes to be tested:

5. Tested athletes will be selected randomly from 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. Administration of tests:

Tests shall be administered by a certified laboratory, selected by the Executive Director and approved by the Executive Committee.

6. Testing methodology:

The methodology for taking and handling samples shall be in accordance with current legal standards.

7. Sufficiency of results:

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

2014-15 NJSIAA Banned Drugs

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

The NJSIAA bans the following classes of drugs:

- Stimulants
- Anabolic Agents
- Alcohol and Beta Blockers (banned for rifle only)
- Diuretics and Other Masking Agents
- Street Drugs
- Peptide Hormones and Analogues
- Anti-estrogens
- Beta-2 Agonists

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

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

Drugs and Procedures Subject to Restrictions

- Blood Doping
- Local Anesthetics (under some conditions)
- Manipulation of Urine Samples
- Beta-2 Agonists permitted only by prescription and inhalation
- Caffeine if concentrations in urine exceed 15 micrograms/ml

NJSIAA Nutritional/Dietary Supplements Warning

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

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

NOTE TO STUDENT-ATHLETES: THERE IS NO COMPLETE LIST OF BANNED SUBSTANCES. DO NOT RELY ON THIS LIST TO RULE OUT ANY SUPPLEMENT INGREDIENT. CHECK WITH YOUR ATHLETICS DEPARTMENT STAFF PRIOR TO USING A SUPPLEMENT.

Website Resources

- www.cardiachealth.org/sudden-death-In-Sudden Death in Athletes
- Hypertrophic Cardiomyopathy Association www.4hcm.org
- American Heart Association www.heart.org

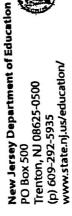
Collaborating Agencies:

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



www.aapnj.org

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



New Jersey Department of Health

Frenton, NJ 08625-0360 P. O. Box 360

www.state.nj.us/health (p) 609-292-7837

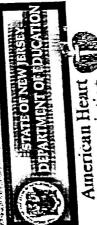
Written by: Initial draft by Sushma Raman Hebbar, Lead Author: American Academy of Pediatrics, WD & Stephen G. Rice, MD PhD New Jersey Chapter

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

Revised 2014: Christene DeWitt-Parker, MSN, CSN, RN; Stephen G. Rice, MD; Jeffrey Rosenberg, MD, Lakota Kruse, MD, MPH; Susan Martz, EdM; Louis Teichholz, MD; Perry Weinstock, MD

en Cardiac De





Learn and Live Association



udden death in young athletes between the ages of 10 done to prevent this kind of and 19 is very rare. What, If anything, can be tragedy?

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

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 cardlac death Is more

Research suggests that the main cause is a loss of proper heart rhythm, causing the

by one of several cardiovascular abnormalities roo-LAY-shun). The problem is usually caused ventricular fibrillation (ven-TRICK-you-lar fiband electrical diseases of the heart that go blood to the brain and body. This is called unnoticed in healthy-appearing athletes. neart to quiver instead of pumping

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

The second most likely cause is congenital abnormalities of the coronary (con-JEN-It-al) (i.e., present from birth)

(commonly called "coronary arter) disease," which may lead to a heart arteries. This means that these blood vessels are connected to heart in an abnormal way. This differs from blockages that may the main blood vessel of the occur when people get older

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 familles.
- 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 cardlac 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 health be still unusually (skipping, irregulation of the health be still unusually (skipping, irregulation of the health be still unusually still unusual

- Failgue or tiring more quickly thange
- Being unable to keep up with friends despendents of shortness of breath

What are the current recommendation for screening women at history.

New Jessey tequires all school athletes to texamined by their primary care physician ("medical home") or school physician once per year. The New Jersey form then of Education requires use of the spacific Annual Athletto Pre-Participal lon physical Examination Form.

This process begins with the parents and strusents and strusents and syngtoms during exercise (such as check pain, dizzinessa ininting painting out maker thess of preath); and all exercises of preaths are all exercises of preaths and all exercises of preaths are all exercises of preaths and all exercises of preaths are all exercises of preaths and all exercises of preaths are all exercises of preaths and all exercises of preaths are all exercis

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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 tecommended.

When showing simplifies with the transfer of t

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 ulitasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treachill exercise test and a monitor to enable a langer recording of the heart rhythm. Hone of the testing is invasive or uncomfortable.

Con success research of the factorial of

A proper evaluation should finchmost, but not all, conditions that would cluse sudden death in the athlete. This is because some diseases are difficult to uncoverand may only develop later in life. Other can develop following a normal screening evaluation, such as an infectior of the heart muscle from a virus.

This graft was the filting evaluations and a markey leave of the hapility feeling passes by the valuation most, athlete's primary healthcare provider. With proper screening and evaluation, most, cases can be identified and prevented.

Service and servic

The only effective treatment for ventricular fibrillation is inmediate use of an automated external defibrillator. (AED). An AED can restore the heart back into a commal rhythm. An AED is also life savings ventricular fibrillation caused by a blowing the chest overfibrillation caused by a blowing the chest overfibrillation.

Effective September 192014, the New Control of Education requires 1823 and public and noggublic schools 21 ades 1823 through 12 shall:

- Have an AED available at everysports of eventy-ghree-minutas-actal time to reach and return with the state.
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- Have the state of - Call to shipment in the while someone is