March 2013

To the Parent(s)/Guardian(s) of Students new to the District:

**Welcome to Northern Highlands!** To complete our 2013 - 2014 registration process, we ask parents to please read this document in its entirety, and then do the following: 1) Register your child online, 2) Print and complete three important forms, and 3) Attend an individual parent-student-counselor conference.

1. **Student Registration:** We use an online registration process. Please refer to the following three pages for detailed instructions on how to register your child. **We ask that you complete the online registration as soon as possible, in order to schedule courses for next year.**

2. **Forms Required For Registration:** Please continue to scroll down to access the following forms:
   a. Student Contact Information Form
   b. Registration Checklist
   c. Records Release Form
   d. Confidential Medical Information Form
   e. Information Release Form
   f. SAFE Homes Pledge
   g. Athletic Eligibility Forms, if applicable (6 forms)

   Please complete all forms, and bring them with you to your registration conference. *(For your convenience, you can type into the forms, then print, or print the forms, then fill them in by hand.)*

3. **Parent/Student Conference:** Each incoming student and his/her parents will have an opportunity for a scheduled personal conference with a guidance counselor from the Guidance Department at Northern Highlands. In the conference, our counselor will discuss current course recommendations and plan a program of study for next year. *(Please refer to the Northern Highlands Curriculum Guide to review elective choice). Once registration is complete, please call to schedule this appointment.*

**PLEASE NOTE:**

- If you do not live in one of our sending districts, you must apply to Mr. John Keenan, Superintendent of Northern Highlands, for tuition approval (please click).

If you have any questions, please call the Northern Highlands Guidance Department at 201-327-8700, ext. 209.

Sincerely,

Northern Highlands Regional High School
Guidance Department
This registration process takes approximately 15 minutes. Information cannot be saved prior to submission, so please plan on completing the process in one sitting. Please be sure to enter student info, parent/guardian info, three emergency contacts, and your doctor info BEFORE finally submitting your data.

- To begin, click on the following link, or open your Internet browser and access the following site: http://genesis.northernhighlands.org/norhighlands/openReg
- Click the indicated picture on the opening screen to get started.

**STEP 1: ENTER AND SUBMIT ALL STUDENT INFORMATION**

- Complete all of the information requested in each field of the Register Students screen, which is the default screen. Type the information or select it from the dropdown list where applicable.
  - Birth Certificate / Record number is not required.
  - For Immigration Status, choose Y if the student is an immigrant; otherwise choose N.

- When finished inputting all student information, click Add Student.
- Repeat this process for any siblings you would like to register at this time.
- Once you have entered information for all students, click Advance to Next Screen.

**STEP 2: ENTER AND SUBMIT ALL OTHER CONTACT INFORMATION**

- Section 1: Add the Student’s Primary Address.
• Section 2: Add information for “Guardian at Primary Address”.
  
  NOTE: If Mother lives at primary address, please supply Mother’s information first. Otherwise, the primary guardian living with the student should be entered first.

  [Table: Guardian at Primary Address]

  - First Name
  - Last Name
  - Relationship to Student
  - Home Phone: Cell | Work
  - Primary Email

• Section 3: To add another guardian (for instance, to add Father), choose Click here to add another Guardian, and repeat sections 2 and 3.
• Once you have entered information for all parents/guardians, click Advance to Next Screen.

**STEP 3: ADD & SUBMIT EMERGENCY CONTACT(S), DOCTOR INFORMATION, AND ANY ADDITIONAL CONTACTS**

• Click Add Another Contact on the left side of your screen.
• Add THREE Emergency Contacts. Cell phone information is very important, because it is often difficult to reach a contact at home or work. Note that we will not allow a student to leave school with anyone other than a parent/guardian or an emergency contact.
• After entering each new emergency contact, click Save Contact Information.
• To add another individual, click Add Another Contact.

**Which of the options below best describe who this person is?**

- Emergency Contact (ie. friend, grandparent) you would like us to contact in an emergency
- Guardian for this student
- Other type of contact for informational purposes (ie. doctor, dentist)

**Edit Contact Information**

- First Name
- Last Name
- Relationship to Student
- Home Phone: Cell | Work
- Primary Email

**Do you need to add an address to this person?**

- Yes
- No

[Save Contact Information]
• When finished adding Emergency Contacts, please enter doctor information.
• Click **Add Another Contact** and choose “Other type of contact…”

![Add Contact Information form]

• Repeat for any other contacts you would like to register with us.
• After saving the last contact’s info, click **Advance to Next Screen**.

**STEP 4: REVIEW AND SUBMIT**

• Please review all information entered.
• If at any time you need to edit information, click on the **Edit Contact Information** button.
• If you would like a confirmation email, provide your email address.
• Once information has been reviewed, click **Submit Registration Information**.

**STEP 5: SAVE FINAL REPORT**

You will be presented with a report showing all registration information. Please save this on your computer for future reference by clicking the diskette icon on the toolbar.
After registering in Genesis, please fill in the form below. We need to have the following information in the event of an emergency or disaster, specifically employment information for both parents. If parent(s) work from home, that should be noted.

If you did not provide your emergency contacts in Genesis (i.e., relatives, neighbors, friends), please do so on this form. Parents are always called first so it is desirable to designate up to three other emergency contacts.

We appreciate your assistance in supplying this extra information so that we will have all necessary emergency contact information.

Please simply fill in and e-mail back to me to complete your registration. Thank you for your assistance.

**NAME OF STUDENT:**

<table>
<thead>
<tr>
<th>EMPLOYER NAME, ADDRESS, PHONE, CELL PHONE, E-MAIL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Employer Name:</td>
</tr>
<tr>
<td>Employer Street Address:</td>
</tr>
<tr>
<td>Employer City/State/Zip:</td>
</tr>
<tr>
<td>Mother Work Phone #:</td>
</tr>
<tr>
<td>Mother Work e-mail:</td>
</tr>
<tr>
<td>Mother Cell Phone:</td>
</tr>
<tr>
<td>Name of Cell Phone Provider:</td>
</tr>
<tr>
<td>(for emergency text messages, i.e. Verizon, ATT, T Mobil, etc.)</td>
</tr>
<tr>
<td>Father Employer Name:</td>
</tr>
<tr>
<td>Employer Street Address:</td>
</tr>
<tr>
<td>Employer City/State/Zip:</td>
</tr>
<tr>
<td>Father Work Phone #:</td>
</tr>
<tr>
<td>Father Work e-mail:</td>
</tr>
<tr>
<td>Father Cell Phone:</td>
</tr>
<tr>
<td>Name of Cell Phone Provider:</td>
</tr>
<tr>
<td>(for emergency text messages, i.e. Verizon, ATT, T Mobil, etc.)</td>
</tr>
<tr>
<td>Student Cell Phone:</td>
</tr>
<tr>
<td>Student e-mail:</td>
</tr>
</tbody>
</table>

**EMERGENCY CONTACT INFORMATION (IF NOT ALREADY PROVIDED)**
(Students will not be permitted to leave with any adult other than those identified as emergency contacts.)

<table>
<thead>
<tr>
<th>Contact 1:</th>
<th>Relationship:</th>
<th>Home phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cell phone:</td>
</tr>
<tr>
<td>Contact 2:</td>
<td>Relationship:</td>
<td>Home phone:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cell phone:</td>
</tr>
<tr>
<td>Contact 3:</td>
<td>Relationship:</td>
<td>Home phone:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cell phone:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor Name:</th>
<th>Doctor Phone Number:</th>
</tr>
</thead>
</table>

**NEW JERSEY FAMILY CARE**
(This section is mandatory for state reporting)

Please indicate whether or not your child has Health Insurance:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If your child does NOT have health insurance, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. If your child does NOT have health insurance, it is the responsibility of Northern Highlands to inform NJ Family Care of those students who are uninsured or who have unknown health insurance status.
**Northern Highlands Regional High School**

**Registration Checklist**

<table>
<thead>
<tr>
<th>Completed</th>
<th>Registration Forms</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>On-Line Registration Instructions</td>
</tr>
<tr>
<td></td>
<td>Student Contact Information</td>
</tr>
<tr>
<td></td>
<td>Registration Checklist</td>
</tr>
<tr>
<td></td>
<td>Record Release Form</td>
</tr>
<tr>
<td></td>
<td>Confidential Medical Information Form</td>
</tr>
<tr>
<td></td>
<td>Information Release Form</td>
</tr>
<tr>
<td></td>
<td>Safe Homes Form</td>
</tr>
<tr>
<td></td>
<td>Athletic Eligibility Form</td>
</tr>
<tr>
<td></td>
<td>Transfer Form</td>
</tr>
<tr>
<td></td>
<td>Medical Information - Form Y (Form X and Z only if planning to participate in a sport)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed</th>
<th>Registration Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current Report Card (Grade 9) or Transcript (Grades 10-12)</td>
</tr>
<tr>
<td></td>
<td>Health and Immunization Records, including hepatitis</td>
</tr>
<tr>
<td></td>
<td>Birth Certificate with raised seal</td>
</tr>
<tr>
<td></td>
<td>Proof of Residency:</td>
</tr>
<tr>
<td></td>
<td><strong>Allendale/Upper Saddle River</strong>: Deed/Lease and Utility Bill</td>
</tr>
<tr>
<td></td>
<td><strong>Saddle River/Ho-Ho-Kus</strong>: Residency Confirmation Form from resident town</td>
</tr>
<tr>
<td></td>
<td>Approved Admission for Application for Non-Residents form</td>
</tr>
</tbody>
</table>

In order to provide a registration meeting that focuses on our curriculum and the transition of your child to a new school, all forms and documents listed above are required by Northern Highlands Regional High School prior to setting a date for registration.

*If you have any questions or need further assistance, please do not hesitate to contact Mrs. Karpinecz in Guidance at 201-327-8700 x209 or karpinecza@northernhighlands.org.*

I certify that the information contained through my registration process is true, accurate and correct.

| Signature | Date |
**Guidance Department**

**PARENT/GUARDIAN/STUDENT CONSENT FOR RECORD RELEASE FORM**

*Kelly Peterfriend, Supervisor of Guidance*

*Jennifer Ferentz, Counselor*  
*Jennifer Saxton, Counselor*

*Jennifer Kuo, Counselor*  
*Micheal Stone, Counselor*

*Stephen Jochum, Counselor*  
*Denise Talotta, Counselor*

*Ann Karpinecz, Administrative Assistant*

**A. RECORDS REQUESTED FROM:**

<table>
<thead>
<tr>
<th>(Name of School Transferring From)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(School Address)</td>
</tr>
<tr>
<td>(City, State and Zip Code)</td>
</tr>
<tr>
<td>(Phone #)</td>
</tr>
</tbody>
</table>

**B. STUDENT DATA**

<table>
<thead>
<tr>
<th>(Student’s Name)</th>
<th>(Grade)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Present Address)</td>
<td></td>
</tr>
<tr>
<td>(New Address if applicable)</td>
<td>(effective date)</td>
</tr>
<tr>
<td>(Home phone# - present and new if available)</td>
<td>(parent work phone)</td>
</tr>
<tr>
<td>(Age)</td>
<td>(D.O.B.)</td>
</tr>
</tbody>
</table>

**C. SPECIFIC RECORDS/DATA TO BE RELEASED:**

- State Student ID#
- All grades as of day of withdrawal
- Psychological Report, if any
- Individualized Education Plan (I.E.P.)
- 504 Plan
- Discipline Records
- Health Records (PLEASE FORWARD REQUEST TO SCHOOL NURSE)

**D. SIGNATURE TO RELEASE RECORDS:**

Signature of Parent/Guardian (*Student may sign if 18 years of age or older)

Date Sent_______________________________________________ by_____________________________________________

Date Received___________________________________________ by_____________________________________________

cc: School Nurse
NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL  
CONFIDENTIAL MEDICAL INFORMATION

| Name:____________________________________________________________________ | Grade:________________________ |
|--------------------------------------------------------------------------------|
| Date registered: ____________________________________________________________ | Starting Date:___________________ |
|--------------------------------------------------------------------------------|
| Check any conditions below that are applicable: | IF YES, please provide more specific information, if necessary: |
| [ ] Life-Threatening Allergy | |
| [ ] Asthma | |
| [ ] Diabetes | |
| [ ] Food Allergy | |
| [ ] Food Restrictions | |
| [ ] Non-Life-Threatening Allergy | |
| [ ] Convulsive Disorder | |
| [ ] Heart Disease | |
| [ ] Headaches | |
| [ ] Hearing Problem | |
| [ ] Seasonal Allergies | |
| [ ] Lyme Disease | |
| [ ] Neuromuscular Disease | |
| [ ] Vision Problem | |
| Other: | |

Comments:

In case of accident or serious illness, I request the school nurse to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If it is impossible to contact my child’s physician, the school may contact any of the emergency contacts on record and make whatever medical arrangements are necessary. While the school attempts to contact the above persons, the school will provide immediate triage and contact emergency medical services/the rescue squad when deemed necessary. This permission applies to the entire period my child is enrolled at Northern Highlands.

Signature of parent or guardian______________________________  
Date______________________________________________  

cc: School Nurse
March 2013

Dear Parents/Guardians,

Pursuant to The National Defense Education Act, P.L.107-107, 115 Stat. 1012, the No Child Left Behind Act at 20 U.S.C. 7908 and New Jersey law N.J.S.A. 18A:36-19.1, school districts must provide military recruiters the same access to secondary school student names, addresses, and telephone listings as educational and/or occupational recruiters.

The school district’s responsibility is to inform parents of this legislation. In order to simplify the process, please fill out and sign the form below. Given the nature of the college application process, it is recommended that you give the school and your child’s counselor permission to send information to colleges.

If you have any questions, please contact the guidance office at 201 327-8700 ext. 209, 219, or 256.

Sincerely,

Kelly Peterfriend
Supervisor of Guidance

Date: ____________________________

Student Name: ____________________________  NH Class Of: ___________

I have checked below whether I give permission to release my child’s name, address, telephone number and transcript:

_____ Yes  _____ No  1. Representatives from post-secondary educational institutions, businesses, organizations, summer programs or enrichment opportunities

_____ Yes  _____ No  2. Various branches of the U.S. Military for recruitment purposes

Parent/Guardian Signature: ____________________________
Pledges have been automatically renewed for this school year! Families that have pledged support in the past do not need to submit this form!

2013-2014 Northern Highlands
SAFE HOMES Pledge

The Northern Highlands Home and School Association is pleased and proud to support the SAFE HOMES initiative. SAFE HOMES (Substance and Alcohol Free Environment) is a program in which parents pledge against knowingly serving alcohol to minors in their home. This is a program designed to support the NHRHS administration’s zero tolerance policy on drug and alcohol abuse. In addition, this initiative is supported by all four of our police departments, municipal alliances, and borough councils.

By joining SAFE HOMES, you and other like-minded parents send a clear message that parents:
- should not knowingly serve alcohol or make it available to minors
- should be aware of what takes place in their home
- will not consciously allow their home to be used for illegal underage drinking and/or drug use.

There are severe and far reaching legal consequences for parents who willingly allow underage drinking and drug use. Each of our communities has adopted strong ordinances to combat these problems. As a SAFE HOMES participant you benefit from the support of other parents when you join together and take a united stand against underage alcohol and drug use.

In an effort for Northern Highlands families to know that there are other families supporting a drug and alcohol free environment, participating families will be indicated in the 2013-2014 Home and School Association Directory. Remember, if you already pledged your support you do not have to fill out another form; your pledge is good for the duration of your child’s stay at Northern Highlands.

Please note that this pledge is NOT a legal contract NOR legally binding. Completing this form is a good faith effort to keep your home free of underage drinking and drug use.

Please return pledge form:
BY MAIL: NH Home and School Association, 298 Hillside Ave., Allendale, NJ 07401
BY FAX: (201)327-2161

SAFE HOMES Pledge

I understand it is illegal to provide alcohol to children (other than my own) under the age of 21.

When I am home, I will make an effort to reduce the risk of illegal drinking and/or drug use in my home or on my property.

When I am not home, I will make an effort to reduce the risk of my home being used for illegal underage drinking and/or drug use.

Family Name: ____________________________ Student Name(s)/Class: ______________________________
Address: ______________________________________________________________________________
City: ________________________________ Phone: ________________________________
E-Mail Address: __________________________________________________________
Pledges have been automatically renewed for this school year. Families that have pledged support in the past do not need to submit this form!

SAFE Homes Acknowledgements
A special thank you to the following groups and individuals for their continued support.

- Northern Highlands Home and School Association
- Northern Highlands Board of Education & Administration
- Allendale Municipal Alliance
- Ho-Ho-Kus Municipal Alliance
- Upper Saddle River Youth Guidance Council
- Saddle River Municipal Alliance
- Mayor Vincent Barra, Borough of Allendale
- Chief George Scherb, Allendale Police Department
- Mayor Thomas Randall, Borough of Ho-Ho-Kus
- Chief John Wanamaker, Ho-Ho-Kus Police Department
- Mayor Joanne Minichetti, Borough of Upper Saddle River
- Chief Patrick Rotella, Upper Saddle River Police Department
- Mayor Samuel S. Raia, Borough of Saddle River
- Chief Timothy McWilliams, Saddle River Police Department
NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL
ATHLETIC ELIGIBILITY FORM

Name:______________________________Entering Grade:______Starting Date:______________

1. Did you move (have a change of residence) into the NHRHS school district (Allendale, Ho-Yes [ ] No [ ]
Ho-Kus, Upper Saddle River, or Saddle River)?
If yes, please provide the date of the move/change:________________________

2. List previous home address (if applicable):
Street:_______________________________________________________________
City_______________________________________________________________
State_______________________________________________________________
Zip Code:__________________________________________________________
NAME OF PREVIOUS HIGH SCHOOL:______________________________

3. Did you reside in a NHRHS school district town while attending your previous high school(s)? Yes [ ] No [ ]

4. Will you be a tuition student at NHRHS? Yes [ ] No [ ]
If yes, list city and state of residence:______________________________________________

5. Are you a foreign exchange student? Yes [ ] No [ ]
If yes, please complete the required NJSIAA packet (ask the guidance counselor for assistance).

6. Did you repeat 8th, 9th, 10th, 11th, or 12th grade? Yes [ ] No [ ]
If yes, please list grade level and year:________________________________________

7. Did you participate with a HIGH SCHOOL sports team when in 6th, 7th, or 8th grade for another HIGH SCHOOL? Yes [ ] No [ ]
If yes, please name the sport(s), grade level when you participated and level of competition.

8. Did you participate with a HIGH SCHOOL sports team at your previous HIGH SCHOOL? Yes [ ] No [ ]
If yes, please name the sport(s), grade level when you participated and level of competition.

9. Will you turn 19 years old prior to 9/1 of your senior year in high school? Yes [ ] No [ ]
Incoming 9th graders, will you turn 16 years old prior to 9/1? Yes [ ] No [ ]

We hereby attest that all of the information entered on this form is accurate.

Signature of Student:_____________________________________________Date:______________

Signature of Parent/Guardian:______________________________________Date:______________

Guidance Counselors must assist with the completion of this form and the NJSIAA transfer waiver forms for all transfer students.
Upon completion, please forward this form, the NJSIAA transfer waiver and the entire registration form to the Athletic Office.
TRANSFER FORM

The undersigned hereby certify that the student named herein has transferred to his/her present school of enrollment without inducement or recruitment or to seek an athletic advantage. The parents/guardians also agree to the submission to the NJSIAA of any pertinent records, including transcripts, maintained by the schools. Refusal to sign the Transfer Form may not be based upon nonpayment of fees, failure to return school property and the like. The Transfer Form is necessary for students who are residing with their parents who have moved to the United States or who have moved from one secondary school district to another secondary school district.

Step 1 – TO BE COMPLETED BY PRESENT SCHOOL AND FORWARDED TO PREVIOUS SCHOOL:

Student's Name ____________________________________________ D.O.B. ______________________
Name of Present School ______________________________________ City __________________________
Date of Enrollment at Present School (If enrollment occurs after the beginning of the school year, Month, Day, Year, Student first attended class) ______________________________________

Signature of Principal indicates above student has met all NJSIAA eligibility requirements as provided for in the Bylaws, Article V.

NO STAMPED SIGNATURES ACCEPTED!

Principal's Signature ______________________________________ Date ___________________________
Athletic Director's Signature _______________________________ Date ___________________________
Student's Signature ______________________________________ Date ___________________________
Parent/Guardian Signature _________________________________ Date ___________________________

Parent/Guardian Present Address __________________________ Date ___________________________

Step 2 – TO BE COMPLETED BY PREVIOUS SCHOOL IMMEDIATELY AND RETURNED TO PRESENT SCHOOL:

Name of Previous School __________________________________ City ___________________________
Date of Withdrawal ___________ Student First Entered Ninth Grade/School _____________ Date ______________________

Parent/Guardian Previous Address ___________________________________________________________

A. List all sports in which the student participated on a varsity level in a sports season during the calendar year prior to the transfer:

1. ______________________________ 2. ______________________________ 3. ______________________________

Student is ineligible for thirty (30) calendar days from the start of the Present School’s regular schedule for each sport listed above.

B. Has the student participated in a 9-12 program while in the 6, 7, 8th grade? Yes _____ No _____ (See Bylaws, Article V, Sec. 4.I)

ATTENTION: If the student is from a high school in a foreign country which does not sponsor interscholastic athletics, the adult(s) with whom the student is domiciled must attach a summary of the sports in which the student participated in a non-school community and/or national team/program for participants 14 years old or above. Said participation will be evaluated in “non-school” play to determine varsity status.

Check box if there is evidence that the student transferred for athletic advantage □

Check box if there is evidence that the student was recruited □

If either of the above boxes is checked, do not sign below and please state reason(s).

Principal's Signature ______________________________________ Date ___________________________
Athletic Director's Signature _______________________________ Date ___________________________
If unsigned, please state reason(s):

__________________________________________________________________________________________

(Attach additional information if necessary)

***PLEASE MAIL TRANSFER WAIVER FORM TO NJSIAA - DO NOT FAX***

Revised 7/2012
NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL
SEASONAL HEALTH UPDATE AND ATHLETIC PERMISSION/CONSENT
(To be completed by the parent and student)

NAME OF STUDENT ATHLETE (PLEASE PRINT) _____________________________________________

ATHLETIC SEASON (PLEASE CIRCLE ONE): SUMMER FALL WINTER SPRING

SCHOOL YEAR__________________GRADE_________SPORT(S)_________________________________

HEALTH UPDATE

A health update is required for each athletic season and must be completed and approved prior to any athletic participation. Please provide a health update of medical problems, issues and/or concerns experienced since the last medical examination by answering the following questions. Additionally, please explain “yes” answers at the bottom of this section. You MUST respond to all questions.

SINCE YOUR LAST MEDICAL EXAMINATION: (please circle and explain if YES)

1. Have you had any hospitalizations or operations? YES NO
2. Have you had any illnesses? YES NO
3. Have you had any injuries? YES NO
4. Have you received any care administered by a physician of medicine or osteopathy, advanced practical nurse or physician’s assistant? YES NO
5. Have you taken/or are you currently taking any medications? YES NO

If you answered YES to any of the above, please explain:

PERMISSION/CONSENT

I/we attest that the information provided within the athletic physical examination, health history questionnaire and health update is accurate. I/we give permission for medical information to be shared with the school nurse, athletic trainer, and applicable coaches. In case of accident or serious illness and the school is unable to reach me, I hereby authorize the school to call my child’s physician and to follow his/her instructions. If it is impossible to contact my child’s physician, the school may contact any of the emergency contacts on record and make whatever medical arrangements are necessary. While the school attempts to contact the above persons, the school will provide immediate triage and contact emergency medical services/the rescue squad when deemed necessary.

I/we give permission for my/our child to participate in athletics (sport listed above) during this school year. I/we recognize that these activities involve the potential for injury, which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment, and the strict observance of rules, injuries are possible. On rare occasions, these injuries can be severe as to result in total disability, paralysis, or even death.

I/we acknowledge that I/we have read and understand expectations and rules as detailed in our Expectations of Student Athletes and in our Athletic Code of Conduct. Both documents have been included in our athletic information packet and can be found in our Student/Parent Handbook and on the school website.

Parent/Guardian Signature:_________________________________________ Date: ________________

Student Signature: ____________________________________________ Date: ________________
Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: __________________________ Date of Last Sports Physical: __________________________

Student's Name: __________________________________ Sex: M F (circle one) Age: _____ Grade: ________

Date of Birth: ___/___/_______ School: __________________________ District: ______________________

Sport(s): ____________________________________________________________ Home Phone: (_____) _________

Provider Name (Medical Home): ______________________________ Phone: ___________________ Fax: __________

EMERGENCY CONTACT INFORMATION

Name of parent/guardian: ______________________________ Relationship to student: ______________________________

Phone (work): _____________________ Phone (home): _____________________ Phone (cell): ______________

Additional emergency contact: ___________________________ Relationship to student: ______________________________

Phone (work): _____________________ Phone (home): _____________________ Phone (cell): ______________

Directions: Please answer the following questions about the student’s medical history by CIRCLING the correct response. Explain all “yes” responses on the lines below the questions. Please respond to all questions.

1. Have you ever had, or do you currently have:
   a. Restriction from sports for a health related problem? Y / N / Don’t Know
   b. An injury or illness since your last exam? Y / N / Don’t Know
   c. A chronic or ongoing illness (such as diabetes or asthma)? Y / N / Don’t Know
      (1.) An inhaler or other prescription medicine to control asthma? Y / N / Don’t Know
   d. Any prescribed or over the counter medications that you take on a regular basis? Y / N / Don’t Know
   e. Surgery, hospitalization or any emergency room visit(s)? Y / N / Don’t Know
   f. Any allergies to medications? Y / N / Don’t Know
   g. Any allergies to bee stings, pollen, latex or foods? Y / N / Don’t Know
      (1.) If yes, check type of reaction:
         □ Rash □ Hives □ Breathing or other anaphylactic reaction
      (2.) Take any medication/Epipen taken for allergy symptoms? (List below.) Y / N / Don’t Know
   h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders? Y / N / Don’t Know
   i. A blood relative who died before age 50? Y / N / Don’t Know

Explain all “yes” answers here (include relevant dates):

List all medications here:

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. Have you ever had, or do you currently have, any of the following head-related conditions:
   a. Concussion or head injury (including “bell rung” or a “ding”)? Y / N / Don’t Know
   b. Memory loss? Y / N / Don’t Know
   c. Knocked out? Y / N / Don’t Know
   d. Frequent or severe headaches (With or without exercise)? Y / N / Don’t Know
   e. Fuzzy or blurry vision Y / N / Don’t Know
   f. Sensitivity to light/noise Y / N / Don’t Know

   Explain all “yes” answers here (include relevant dates):

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

3. Have you ever had, or do you currently have, any of the following heart-related conditions:
   a. Restriction from sports for heart problems? Y / N / Don’t Know
   b. Chest pain or discomfort? Y / N / Don’t Know
   c. Heart murmur? Y / N / Don’t Know
   d. High blood pressure? Y / N / Don’t Know
   e. Elevated cholesterol level? Y / N / Don’t Know
   f. Heart infection? Y / N / Don’t Know
   g. Dizziness or passing out during or after exercise without known cause? Y / N / Don’t Know
   h. Has a provider ever ordered a heart test (EKG, echocardiogram, stress test, Holter monitor)? Y / N / Don’t Know
   i. Racing or skipped heartbeats? Y / N / Don’t Know
   j. Unexplained difficulty breathing or fatigue during exercise? Y / N / Don’t Know
   k. Any family member (blood relative):
      (1.) Under age 50 with a heart condition? Y / N / Don’t Know
      (2.) With Marfan Syndrome? Y / N / Don’t Know
      (3.) Died of a heart problem before age 50? If yes, at what age? _____________________ Y / N / Don’t Know
      (4.) Died with no known reason? Y / N / Don’t Know
      (5.) Died while exercising? If yes, was it during or after? (Circle one.) Y / N / Don’t Know

   Explain all “yes” answers here (include relevant dates):

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

4. Have you ever had, or do you currently have, any of the following eye, ear, nose, mouth or throat conditions:
   a. Vision problems? Y / N / Don’t Know
      (1.) Wear contacts, eyeglasses or protective eye wear? (Circle which type.) Y / N / Don’t Know
   b. Hearing loss or problems? Y / N / Don’t Know
      (1.) Wear hearing aides or implants? Y / N / Don’t Know
   c. Nasal fractures or frequent nose bleeds? Y / N / Don’t Know
   d. Wear braces, retainer or protective mouth gear? Y / N / Don’t Know
   e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)? Y / N / Don’t Know

   Explain all “yes” answers here (include relevant dates):

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

5. Have you ever had, or do you currently have, any of the following neuromuscular/orthopedic conditions:
   a. Numbness, a “burner”, “stinger” or pinched nerve? Y / N / Don’t Know
   b. A sprain? Y / N / Don’t Know
   c. A strain? Y / N / Don’t Know
   d. Swelling or pain in muscles, tendons, bones or joints? Y / N / Don’t Know
   e. Dislocated joint(s)? Y / N / Don’t Know
   f. Upper or lower back pain? Y / N / Don’t Know
   g. Fracture(s), stress fracture(s), or broken bone(s)? Y / N / Don’t Know
   h. Do you wear any protective braces or equipment? Y / N / Don’t Know

   Explain all “yes” answers here (include relevant dates):

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
6. Have you ever had or do you currently have any of the following general or exercise related conditions:
   
a. Difficulty breathing?
      (1.) During exercise? Y / N / Don’t Know
      (2.) After running one mile? Y / N / Don’t Know
      (3.) Coughing, wheezing or shortness of breath in weather changes? Y / N / Don’t Know
      (4.) Exercise-induced asthma?
         i. Controlled with medication? (specify __________________________) Y / N / Don’t Know
         ii. Experience dizziness, passing out or fainting? Y / N / Don’t Know
   
b. Viral infections (e.g. mono, hepatitis, coxsackie virus)? Y / N / Don’t Know

c. Become tired more quickly than others? Y / N / Don’t Know

d. Any of the following skin conditions:
   (1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts? Y / N / Don’t Know
   (2.) Sun sensitivity? Y / N / Don’t Know
   
e. Weight gain/loss (of 10 pounds or more)? Y / N / Don’t Know
   (1.) Do you want to weigh more or less than you do now? Y / N / Don’t Know
   
f. Ever had feelings of depression? Y / N / Don’t Know

g. Heat-related problems (dehydration, dizziness, fatigue, headache)?
   (1.) Heat exhaustion (cool, clammy, damp skin)? Y / N / Don’t Know
   (2.) Heat stroke (hot, red, dry skin)? Y / N / Don’t Know
   (3.) Muscle cramps? Y / N / Don’t Know

h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)? Y / N / Don’t Know

   Explain all “yes” answers here (include relevant dates):
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________
   ______________________________________________________________________________________________________

7. Females only:
   Age of onset of menstruation:______ How many menstrual periods in the last twelve (12) months? ________
   How many periods missed in the last twelve (12) months? ________

8. Males only:
   Have you had any swelling or pain in your testicles or groin? Y / N / Don’t Know

PARENT/GUARDIAN SIGNATURE

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.

_______________________________________ ________________________________
Signature, Parent/Guardian or Student Age 18 Date of Signature:

THIS COMPLETED AND SIGNED HEALTH HISTORY MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE MEDICAL EXAM.
**ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM**

Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

- **STUDENT INFORMATION** -

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th></th>
<th>Sport(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex: M   F (circle one)</td>
<td>Age:</td>
<td>Grade:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td>Home Phone:</td>
<td></td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School:</td>
<td>District:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian’s Full Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION** -

If conducted by school physician check here □

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone:</th>
<th>Fax:</th>
<th>Address:</th>
<th>City/State/Zip:</th>
</tr>
</thead>
</table>

- **FINDINGS OF PHYSICAL EVALUATION** -

Height: _______ Weight: _______ Blood Pressure: _____/_____

Pulse: _____bpm.

Vision: R 20/____ L 20/____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>NORMAL?</th>
<th>ABNORMAL FINDINGS/COMMents</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Appearance</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Head/Neck</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Eyes/Sclera/Pupils</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Ears</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Gross Hearing</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Nose/Mouth/Throat</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Lymph Glands</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Heart Rate</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Rhythm</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Murmur</td>
<td>ABSENT</td>
<td></td>
</tr>
<tr>
<td>If murmur present</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standing makes it:</td>
<td>Louder</td>
<td>Softer</td>
</tr>
<tr>
<td>Squatting makes it:</td>
<td>Louder</td>
<td>Softer</td>
</tr>
<tr>
<td>Valsalva makes it:</td>
<td>Louder</td>
<td>Softer</td>
</tr>
<tr>
<td>Femoral Pulses</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Lungs: Auscultation/Percussion</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Chest Contour</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Skin</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Abdomen (liver, spleen, masses)</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Assessment of physical maturation or Tanner Scale</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Testicular Exam (Males Only)</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Neck/Back/Spine:</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Range of Motion</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Scoliosis</td>
<td>ABSENT</td>
<td></td>
</tr>
<tr>
<td>Upper Extremities: (ROM, Strength, Stability)</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Lower Extremities: (ROM, Strength, Stability)</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Neurological: Balance &amp; Coordination</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td>ABSENT</td>
<td></td>
</tr>
<tr>
<td>Evidence of Marfan Syndrome</td>
<td>ABSENT</td>
<td></td>
</tr>
</tbody>
</table>
Part B Page 2 of 4

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.
CLEARANCES: This section is completed by the examining healthcare provider.

After examining the student and reviewing the medical history the student is:

☐ A. Cleared for participation in all sports without restrictions.

☐ B. Not cleared for participation in any sport until evaluation/treatment of:

___________________________________________________________________________________

☐ C. Cleared for limited participation in the following types of sports only. Please see below for sport classifications. CHECK ALL THAT APPLY

___ CONTACT/COLLISION  ___ NON-CONTACT/STRENUOUS
___ LIMITED CONTACT  ___ NON-CONTACT/NON-STRENUOUS

Limitations due to: ________________________________________________________________

NOTES TO THE EXAMINING PROVIDER

Conditions requiring clearance before sports participation include, but are not limited to the following:

Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; Seizure Disorder; Marfan’s Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT

<table>
<thead>
<tr>
<th>Contact/Collision</th>
<th>Limited Contact</th>
<th>Strenuous</th>
<th>Non-Contact</th>
<th>Non-strenuous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basketball</td>
<td>Baseball</td>
<td>Discus</td>
<td>Bowling</td>
<td></td>
</tr>
<tr>
<td>Diving</td>
<td>Cheerleading</td>
<td>Javelin</td>
<td>Golf</td>
<td></td>
</tr>
<tr>
<td>Field Hockey</td>
<td>Fencing</td>
<td>Shot put</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Football</td>
<td>High Jump</td>
<td>Rowing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ice Hockey</td>
<td>Pole vault</td>
<td>Running/Cross Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lacrosse</td>
<td>Gymnastics</td>
<td>Strength Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soccer</td>
<td>Skiing</td>
<td>Swimming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrestling</td>
<td>Softball</td>
<td>Tennis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Volleyball</td>
<td>Track</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Effects of physiologic maneuvers on heart sounds

Standing
- Increases murmur of HCM
- Decreases murmur of AS, MR
- MVP click occurs earlier in systole

Squatting
- Increases murmur of AS, MR, AI
- Decreases murmur of MCH
- MVP click delayed

Valsalva
- Increases murmur of HCM
- Decreases murmur of AS, MR
- MVP click occurs earlier in systole

HCM: Hypertrophic Cardio Myopathy
AS: Aortic Stenosis
AI: Aortic Insufficiency
MR: Mitral Regurgitation
MVP: Mitral Valve Prolapse

Physical Stigmata of Marfan’s Syndrome

- Kyphosis
- High arched palate
- Pectus excavatum
- Arachnodactyly
- Arm span > height 1.05:1 or greater
- Mitral Valve Prolapse
- Aortic Insufficiency
- Myopia
- Lenticular dislocation
HISTORY REVIEWED AND STUDENT EXAMINED BY:  

Physician’s/Provider’s Stamp: 

☐ Primary Care Provider  
☐ School Physician Provider  
☐ License Type:  
  ☐ MD/DO  
  ☐ APN  
  ☐ PA  

Physician’s/Provider’s Signature: 

Today’s Date: ______________  
Date of Exam: ______________  

RESERVED FOR SCHOOL DISTRICT USE

NOTE: N.J.A.C. 6A:16-2.2 requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student’s participation in athletics based on this physical evaluation. This evaluation and the notification letter become part of the student’s school health record.

History and Physical Reviewed By: ___________________________  
Date: ______________  

Title of Reviewer (please check one):  
☐ School Nurse  
☐ School Physician  

Medical Eligibility Notification Sent to Parent/Guardian by School Physician: ___________________________  
Date: ______________  

☐ Letter of notification is attached.  

OR

Parent notification indicates that:  

☐ Participation Approved without limitations.  

☐ Participation Approved with limitations pending evaluation.  

☐ Participation NOT Approved  

Reason(s) for Disapproval: ___________________________________  
___________________________________________________________  
___________________________________________________________
NORTHERN HIGHLANDS REGIONAL HIGH SCHOOL

FORM Z

NAME OF STUDENT ATHLETE: LAST: _____________________FIRST: _____________________ MI: ______________

SCHOOL YEAR ______________ GRADE _________

NJSIAA CONCUSSION ACKNOWLEDGMENT

What can happen if my child/player keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play/practice immediately. Continuing to play/practice with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

You should inform you child’s Coach, the Athletic Trainer (ATC), and the Athletic Director, if you think that your child/player may have a concussion. And when it doubt, the athlete sits out. For further information please see the attached “Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form”. I/we acknowledge reading the attached concussion information.

Signature of Student-Athlete   Print Student-Athlete’s Name   Date

Signature of Parent/Guardian   Print Parent/Guardian’s Name   Date

SUDDEN CARDIAC DEATH ACKNOWLEDGMENT

Pursuant to P.L. 2013, c.71 “Scholastic Student-Athlete Safety Act”, please read the attached American Heart Association pamphlet “Sudden Cardiac Death in Young Athletes”. Please indicate that you have read the “Sudden Cardiac Death in Young Athletes” by signing below.

Signature of Student-Athlete   Print Student-Athlete’s Name   Date

Signature of Parent/Guardian   Print Parent/Guardian’s Name   Date

MEDIA RELEASE

Northern Highlands relationship with groups such as, but not limited to Varsity America and MSG Varsity; which are a television and/or internet companies that record and airs video highlights, full contests/games, interviews and/or special programming that focuses on high school activities and sports. This notification is to inform you that throughout the school year there will be occasions for students to appear in televised games, video highlight footage, interviews and special programming that could appear on television, the internet and print media. Please indicate your approval of your child’s appearance on camera, television and/or the internet via your signature below.

Signature of Student-Athlete   Print Student-Athlete’s Name   Date

Signature of Parent/Guardian   Print Parent/Guardian’s Name   Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM
NJSIAA STEROID TESTING POLICY CONSENT TO RANDOM TESTING

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

Beginning in the Fall 2006 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the back of this page, without written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA’s sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition. The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competition unless the student and the student’s parent/guardian consent to random testing. Please see attached list on banned substances; this list can also be found on the njsiaa.org website.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student’s team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

Signature of Student-Athlete   Print Student-Athlete’s Name   Date

Signature of Parent/Guardian   Print Parent/Guardian’s Name   Date

PRE HIGH SCHOOL PARTICIPATION/ 8 SEMESTERS OF ELIGIBILITY AND AGE SIGN OFF

The NJSIAA rules state that no student shall be eligible for high school participation after the expiration of eight consecutive semesters following his/her entrance into 9th grade. Students that have participated in high school level competition prior to entry into 9th grade MOST LIKELY WILL be ineligible after eight consecutive semesters of athletic participation.

Did you participate in a high school level sport for a school district while in 6th, 7th or 8th grade?  Yes [ ] No [ ] If yes, please name sport(s), level (varsity, junior varsity, freshmen) and name the school(s):

Have you lettered in a high school sport?  Yes [ ] No [ ] If yes, please name sport(s) and school year/grade and name the school(s):

Did you transfer to Northern Highlands HS?  Yes [ ] No [ ] If yes, please indicate the month and year of transfer and the name of the previous school:

When did you enroll at Northern Highlands HS?  Please provide month and year and grade level when entered NHRHS:

10th – 12th graders – Will you turn 19 years old prior to 9/1?  Yes [ ] No [ ] If yes, please provide your date of birth m/d/yr:

9th graders – Will you turn 16 years old prior to 9/1?  Yes [ ] No [ ] If yes, please provide your date of birth m/d/yr:

We herby attest that all of the information completed on this form is accurate.

Signature of student-athlete   Date   Signature of parent/guardian   Date

THIS FORM MUST BE RETURNED DIRECTLY TO THE ATHLETIC OFFICE PRIOR TO THE FIRST SCRIMMAGE.
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 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-athlete’s 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.htm](http://www.cdc.gov/concussion/sports/index.htm)
- [www.nfhs.com](http://www.nfhs.com)
- [www.ncaap.org/health-safety](http://www.ncaap.org/health-safety)
- [www.bianj.org](http://www.bianj.org)
- [www.atsnj.org](http://www.atsnj.org)
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Sudden death in young athletes is very rare. What, if anything, can be done to prevent this kind of tragedy?

What is sudden death in young athletes?

Sudden death in young athletes is caused by an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

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

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 (ventricle-TRICK-you-lar fib-ROO-lay-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

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

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

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DYE-tis), an acute inflammation of the heart muscle (usually due to a virus).
Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation

Fatigue or tiring more quickly than peers

Being unable to keep up with friends due to shortness of breath

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician (“medical home”) or school physician at least once per year. The New Jersey Department of Education requires use of the specific Annual Athletic Pre-Participation Physical Examination Form. This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

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.

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

- 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.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a normal screening evaluation, such as an infection of the heart muscle from a virus.

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

Why have an AED on site during sporting events?

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

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

- Have an AED available at every sports event (three minutes total time to reach and return with the AED)
- Have personnel available who are trained in AED use present at practices and games.
- Have coaches and athletic trainers trained in basic life support techniques (CPR)
- Call 911 immediately while someone is retrieving the AED.
NJSIAA Banned-Drug Classes 2013-2014

The term "related compounds" comprises substances that are included in the class by their pharmacological action and/or chemical structure. No substance belonging to the prohibited class may be used, regardless of whether it is specifically listed as an example.

Many nutritional/dietary supplements contain NJSIAA banned substances. In addition, the U.S. Food and Drug Administration (FDA) does not strictly regulate the supplement industry; therefore purity and safety of nutritional/dietary supplements cannot be guaranteed. Impure supplements may lead to a positive NJSIAA drug test. The use of supplements is at the student-athlete’s own risk. Student-athletes should contact their physician or athletic trainer for further information.

The following is a list of banned-drug classes, with examples of banned substances under each class:

(a) Stimulants
- amphetamine
- amphetaminol
- bennigrice
- benzphetamine
- bromtan
- caffeine (guarana)
- chlorphenamine
- cocaine
cropromapide
drosetamide
dintyphroplon
dimethylamphetamine
doxapram
ephedrine (ephedra, ma huang)
elavetan
ethylamphetamine
fencamfamine
meclofenoxate
methamphetamine
methylenedioxymethamphetamine (MDMA, ecstasy)
methylphenidate
nimethamide
pemoline
pentrazol
phenidimazine
phenmetrazine
phenetermine
phenypropazolamine
picrotoxine
pipradol
pyrilamine
strychnine
synephrine (Citrus aurantium, zhi shi, bitter orange)

(b) Anabolic Agents
- anabolic steroids
- androstenediol
- androstenedione
- boldenone
dephecal
dehydrochloromethy-
testosterone
dehydroepiandro-
sterone (DHEA)
dihydrotestosterone (DHT)
dromostanolone
epitrenbolone
fluoxymesterone
gestrinone
mesterolone
methandienone
methenolone
methyliestosterone
nandrolone
norandrostenediol
norandrostenedione
nortestosterone
oxandrolone
oxymesterone
oxymetholone
stanozolol
testosterone2
tetrahydrogestrinone (THG)
trenbolone
and related compounds

(c) Diuretics
- acetazolamide
- bendroflumethiazide
- benozaide
- bumetanide
- chlorothiazide
- chlorothalidone
- ethacrynic acid
- flumethiazide
- furosemide
- hydrochlorothiazide
- hydroflumethiazide
- melodyclorhiazide
- metolazone
- polythiazide
- quinethazone
- spironolactone
- trimetramine
trichloromethiazide
and related compounds

(d) Peptide Hormones & Analogues:
corticotrophin (ACTH)
human chorionic gonadotrophin (hCG)
leutestin hormone (LH)
growth hormone (GH, somatolothin)
insulin like growth hormone (IGF-I)

All the respective releasing factors of the above-mentioned substances also are banned:
- arthryepoetin (EPO)
darbypowel
semorelin

(e) Definitions of positive depends on the following:

1 for caffeine – if the concentration in urine exceeds 15 micrograms/ml

2 for testosterone – if administration of testosterone or use of any other manipulation has the result of increasing the ratio of the total concentration of testosterone to that of epitestosterone in the urine of greater than 6:1, unless there is evidence that this ratio is due to a physiological or pathological condition.