Pope John XXIII Middle School

Health Services Department

Emergency Information

Students Name: (Last Name)	(First Name)) (Middle)
Address:		
		oil:
Date of Birth:/	Age:	Sex: Grade:
Parents/Guardian Information:		
Name:		Name:
Address:		Address:
Employer:		Employer:
Work#:		Work #:
Additional #:		Additional #:
Email:		Email:
Emergency Contact Information: (In	case of emergency, if the above number	ers cannot be reached, please call)
Name:		Name:
Address:	, a the state of the state of	Address:
Phone #		Phone #:
Additional #		Additional #
Medical Information:		
Physician/Medical Provider:		
,		spital Preference:
Phone #:		spital Freierche.
Allergies:		
Reaction:		
Epipen: Yes No	Epipen In Nurses Office:	Yes No Epipen on Student: Yes No
nhaler:YesNo	Inhaler in Nurses Office:	
Known conditions which may cause a	n Emergency:	
Please list <u>All</u> medications your child t	take at home and in school:	
or the safety of my Child I give pern	nission to share the above medical	information with faculty at Pope John Middle School.
Date:	Signature of I	Parent/Guardian:
Emergency Treatment Permission: In	n the event of an Emergency, It is re	equired for us to have your consent for your child to receive any medical ssion to have your child treated if we are unable to contact you.
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AUTHORIZATION FOR RELEASE OF INFORMATION ON NEED-TO-KNOW BASIS

Pope John XXIII Middle School strives to protect the well being of our students. This includes assisting teachers, students and administrators to adapt to a student's health needs.

Because of this commitment it is important that certain confidential information about the student's health be shared with different staff members. This information will be used to plan for the care and management of the student. It will be shared with those members of the professional staff who have direct responsibility for the student when in school or participating in school activities, and during field trips.

Please complete the release below:

I hereby authorize an exchange of information to occur between the school nurse, my child's physician/healthcare provider and those members of the professional staff that have direct responsibility for my child when in school or participating in school activities, and during field trips. Permission is effective for the school year in which it is granted and is renewed for each subsequent school year.

Student's Name:	
Parent/Guardian Signature:	
Date:	
Healthcare Provider:	
Phone:	Fax:

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

Medicines and Allergless Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritions) that you are currently taking	Name			Date of birth		
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PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

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Name				Date of birth	·	
Sex	Age	Grade	School	Sport(s)		

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2. Date of						
	cation (if available)					
		sase, accident/trauma, other)				
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New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

NOTE: The preparticiaption physical examination must be conducted by a health care provider who 1) is a keepsed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name PHYSICIAN REMINDERS 1. Consider additional questions on more sensitive tesses * Do you feel sireused out or under a lot of pressure? * Do you feel said, hopeless, depressed, or annous? * Do you feel said at your herne or residence? * Have you ever fried digeratios, chewing tobacco, snuff, or dip? * During the past 30 days, did you use chewing tobacco, snuff, or dip?	And the second s		race of birth
Do you crimit alcohol or use any other drugs? Have you error taken arrobells storoids or used any other performance supplement? Have you were taken any supplements to help you gain or hose weight or improve your. Do you wear a seal both, use a belosel, and use cendoms? Consider reviewing questions on cardiovascular symptoms (questions 5–14).	perismiance?		
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MUSCULESKELETAL			
Heck			
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Wrist/hand/fingare			
Hip/thigh			
Knee Leg/ankle			
Foot/foes			
Functional			
Duck-walk, single leg hop Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or assum.		<u> </u>	
Consider GU exam it is private setting. Having third purity present is recommended. Consider cognitive evaluation of baseline neuropsychiatale testing if a history of aignificant concussion. Cleared for all sports without restriction Cleared for all sports without restriction with recommendations for further evaluation or treatment	ni for	Mary Mary Mary Mary Mary Mary Mary Mary	
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PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

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I have examined the above-named student and completed the prepartic	ipation physical evaluation. The athlete does not present apparent
clinical contraindications to practice and participate in the sport(s) as of and can be made available to the school at the request of the parents.	utlined above. A copy of the physical exam is on record in my office
and can be made available to the school at the request of the parents; if the physician may rescind the clearance until the problem is resolved a	nd the potential consequences are completely explained to the athlete
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Name of physician, advanced practice nurse (APN), physician assistant (PA)	
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Completed Cardiac Assessment Professional Development Module	
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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)
- e 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-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

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

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

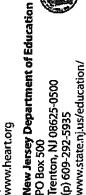
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www.ncaa.oru/health-safetv	www.biani.org	www.atsnj.org	
Signature of Student-Athlete	Print Student-A	thlete's Name	Date
Signature of Parent/Guardian	Print Parent/Gu	ardian's Name	Date

- http://tinyurl.com/m2gjmvq 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 I Union Street, Suite 301 Robbinsville, NJ, 08691 (p) 609-208-0020



New Jersey Department of Health

Frenton, NJ 08625-0360 www.state.nj.us/health (p) 609-292-7837 P. O. Box 360



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CARDAC SUDDEN

Sudden Cardiac Death The Basic Facts on in Young Athletes





American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN" American Heart

Learn and Live

Association



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

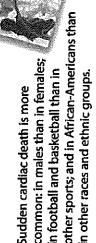
What is sudden cardiac death in the young athlete?

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

How common is sudden death in young athletes?

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 Sudden cardiac death is more



Sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;
- Palpitations awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

What are the current recommendations for screening young athletes?

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New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Preparticipation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

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

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

Are there options privately available to screen for cardiac conditions?

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

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

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

When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a

State of New Jersey DEPARTMENT OF EDUCATION

Sudden Cardiac Death Pamphlet Sign-Off Sheet

ame of School District:
ame of Local School:
We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.
udent Signature:
rent or Guardian
gnature:
ate:



POLICY FOR ADMINISTRATION OF PRESCRIPTION AND OVER-THE-COUNTER MEDICATION IN SCHOOL

PJMS policy as per state mandated requirements:

- A written order from your healthcare provider including diagnosis, name of medication, dosage, and time to be given. It must be signed, stamped, and dated by your healthcare provider. List any known allergies. Use the Order Form For Prescription Or Over-The-Counter Medication To Be Administered At School.
 - Use the Physician's Over-The-Counter Medication Order Form for the five listed medications in stock at PJMS, as per standing orders.
- 2. Use the separate order forms for Epinephrine (3 pages) or Inhaler (2 pages) and check off permission to self-administer, or not approved to self-administer.
- 3. Parent's signature and date on all forms confirming consent for nurse to administer the medication.
- 4. The medication must be in the original pharmacy labeled container, and transported to and from school by an authorized adult. Students are not permitted to transport medication.
- 5. Students are not permitted to self-medicate with any prescription medication except for pre-approved Epinephrine or Inhaler. Students are not permitted to take lozenges or self-medicate with any other over-the-counter remedies or medications.
- 6. All medication orders must be renewed at the beginning of each school year.



ORDER FORM FOR PRESCRIPTION OR OVER-THE-COUNTER MEDICATION TO BE ADMINISTERED AT SCHOOL

(Use separate order forms: 1. Allergy Action Plan for Epinephrine/Delegate Orders/Consent -3 pages 2. Asthma Treatment Plan for Inhaler -2 pages)

Student:	Gr	D.O.B
Allergies:	····	
Diagnosis:		
Medication:		
Dosage:		
Time:		
Healthcare Provider's Signature:		
Date:		
Healthcare Provider's Address Stamp:		
The School Nurse has my permission to administe	r the abo	ve medication to my child
Parent's Signature:		
Phone:		
Date:		



PHYSICIAN'S OVER-THE-COUNTER MEDICATION ORDER FORM

(student's name) GrD.O.B
may receive the following medications indicated by a check mark during school hours in the health office. THESE MEDICATIONS ARE CURRENTLY IN STOCK AS PER STANDING ORDERS.
() Acetaminophen 325 mg tablets or 160mg elixir or chewables as indicated on the label, as needed for minor aches, pain, headaches or a fever > 100.
() Ibuprofen 200mg tablets or 100mg elixir or chewables as indicated on the label, as needed for minor aches, pain, headaches or a fever > 100.
() Antacid 500mg chewable tablets. May take 1-2 chewables as indicated on the label, as needed for acid indigestion or heartburn.
() Benadryl 25 mg tablet. May take ½ , or 1, or 2 tablets as indicated on the label, as needed for allergic reaction. May take Benadryl Chewables or Elixir as indicated on the label in lieu of tablets.
() Zaditor Antihistamine Eye Drops as directed for allergy/irritation.
Healthcare Provider's Signature:
Date: Address Stamp:
I,(parent's signature) hereby give my permission for the nurse to dispense the medication indicated for my child when necessary. My child has no allergies to these medications.
Date: