



**SUSSEX CHRISTIAN SCHOOL**

*Challenging the Mind, Strengthening the Spirit*

## SUSSEX CHRISTIAN SCHOOL BASKETBALL PROGRAM

Welcome to Sussex Christian School Basketball. The basketball program has four teams: 2 Varsity teams – one for the boys and one for the girls – which is open to students in grades 7 and 8, and 2 JV teams – one for the boys and one for the girls – which is open to students in grades 5 and 6. The Varsity team will, in most cases play first with JV immediately following. Please be courteous and respectful to our coaches, and they are volunteering their time to the program.

Students are asked to be prepared for practices and games having the appropriate footwear and dress. Drinks and snacks are requested for students participating immediately after school. At the conclusion of practices or games, please make every effort to be on time to pick up your child as the coaches need to leave. Should your child require an inhaler or other medication, please have available at games and practices. Please make arrangements with the coach if you are unable to attend.

**Athletic Review Program:** This program would be to encourage those participating in athletics to maintain a "C" or better average and be responsible for their grades. Students with extenuating circumstances will be considered on a case-by-case basis as advised by the teacher and administration. A detailed description of this policy will be distributed to players at the first practice.

In addition, should a student receive a demerit, Mrs. Mitchell will advise the coach. The student will automatically be benched at the next game because of the behavior. They will be expected to attend the game and sit on the bench with the team. Three demerits within a sport season will result in dismissal from the team.

Participation in athletics is a privilege with the student being held responsible for their actions. This program should not be considered a punishment, but as encouragement to students to always strive to do their best with Christ-like actions, realizing the consequences should the make unfavorable choices.

The uniforms distributed to the players were recently purchased. **It is very important when washing uniforms to air dry the jersey. Please do not put in the dryer as it will affect the printing.**

In the event of unsafe weather conditions, practice and/or games may be cancelled. You will be notified via the SCS Parent Reach System. An announcement will also be made to the students near the conclusion of the day. Coaches will make every effort to make a decision by 1 pm. Should school be cancelled due to weather conditions, any events scheduled for that day are automatically cancelled. Every effort will be made to reschedule a game, with notification being made as soon as possible.

Regarding games, the Varsity team will play first followed by JV. Please understand that it is the coach's discretion to start the game earlier than the scheduled time if players are ready

and the referee has arrived. Should this occur the second game time will be moved ahead also. Players traveling to an away game are asked to depart from SCS upon dismissal and drive directly to the host school.

A player who intends on traveling to a game with another person other than their own parent/guardian is **REQUIRED** to provide a written note the day of said game indicating who the child is authorized to be released to. This note is to be sent to the office. NO STUDENT will be released to anyone other than their own parent/guardian without written consent. Any student who does not follow this procedure will be detained at school until a parent is reached to pick them up.

Should your child be unable to attend a game or practice, please notify the coach as soon as possible. If your child is absent from school, they will not be permitted to participate in practice or a game.

Any athlete suspected of suffering a concussion will be removed from the game or practice immediately. No athlete may return to the activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear. Close observation of the athlete should continue for several hours. An athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time. They may not return to play until the athlete is evaluated by a medical doctor or doctor of Osteopathy, trained in the evaluation and management of concussion, and receive written clearance to the return to play from that health care provider. For current information on concussions, please visit <http://www.cdc.gov/ConcussionInYouthSports/www.nfhslearn.com>.

In addition, parents and players will be given a copy regarding the basic facts on sudden cardiac death in young athletes. This information is required to be distributed by the State of New Jersey for your review. More information can be found at [www.state.nj.us/education/students/safety/health/services](http://www.state.nj.us/education/students/safety/health/services).

If your child wishes to join our basketball program, please complete and return the following forms. No one will be permitted to participate in any practices or games until all completed forms and fees have been received by the school.

- Current Sports Physical (unless a current, approved physical is already on file)
- Health History Update Questionnaire (Unless submitting new Sports Physical)
- Basketball Registration Form
- Uniform Request Form
- Parent Code of Conduct Form
- Student Code of Conduct Form
- Athletic Program Transportation Form
- Sudden Cardiac Death Pamphlet Sign Off Sheet
- Parent/Athlete Concussion Information Sign Off Sheet
- Opioid Use and Misuse Facts Sheet Sign Off Form



# SUSSEX CHRISTIAN SCHOOL

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## 2024-2025 BASKETBALL REGISTRATION FORM

**Please complete and return by October 31, 2024**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate contact if parents unreachable: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

List any medical problems, chronic disease, and/or allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Does child have a prescription inhaler for asthma?  Yes  No

If yes, name of asthma medication: \_\_\_\_\_

EpiPen (Adrenaline) for diagnosed bee sting allergy?  Yes  No

List any special needs the coaches should be aware of: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy number: \_\_\_\_\_

Hospital to be treated in case of emergency: \_\_\_\_\_

**Enclosed is my registration fee: \$125 - Please make checks payable to Sussex Christian School.**

*"I have read and completed this document in its entirety. I give permission for my child to participate in the basketball program at Sussex Christian School and give permission for my child to be treated should he/she sustain an injury, asthmatic episode, or bee sting in the event that I am unable to be reached. I understand that I must provide paperwork from my physician, as well as inhalers and/or EpiPen if needed, and authorize the coach to administer medication in my absence. I understand that Sussex Christian School will not be held liable for injuries sustained in practice, during games, or while being transported to and from sports events and/or practices."*

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### BASKETBALL UNIFORM DEPOSIT FORM

I understand that an SCS basketball uniform will only be issued after receipt of a \$50 Uniform Security Deposit. I acknowledge that upon return of the uniform in reasonable condition (ordinary wear expected), the uniform security deposit will be returned to me. All or a portion of the \$50 uniform security deposit that will be held by Sussex Christian School may be retained by Sussex Christian School if I fail to properly care for and return the uniform.

- **Uniforms will be** distributed in the gym at practice, with the date to be announced by the Athletic Coordinator.
- The security deposit will be accepted in the form of a check made payable to "Sussex Christian School", which will be held and not cashed until the end of the season when the uniform is returned.
- The uniforms are numbered, with each number recorded at time of issuance to each player.
- The **date** for the return of uniforms will be announced at the end of the season.

**Enclosed is my uniform deposit fee of \$50. Please make checks payable to Sussex Christian School.**

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**\*\*\*School Use Only\*\*\***

Check number: \_\_\_\_\_

Date received: \_\_\_\_\_

Shirt: \_\_\_\_\_ Shorts: \_\_\_\_\_



# SUSSEX CHRISTIAN SCHOOL

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## ATHLETIC TRANSPORTATION PERMISSION FORM

*Valid from September 1, 2024, to June 30, 2025*

Please clearly indicate the permissions that apply to your child(ren) being transported to/from sporting events below.

Child(ren) Name's (athletes and siblings):

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My child(ren) has/have permission to ride with the following adults to/from Sussex Christian School sporting events. Please provide full names:

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*"By completing this form, I authorize my child to be released from Sussex Christian School to the appropriately designated adult as indicated above. The adult will supervise my child in my absence and be fully responsible for their health and safety. Should more than one adult be listed above, on the morning of an event I will contact the school office and notify who will be responsible for my child. Further, I release Sussex Christian School from any liability once my child is released to the above aforementioned adult."*

Please note: This form will remain on file and function as a general permission form for the dates indicated or until rescinded in writing by a parent or guardian. Additional forms specific to events will still be required as needed.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Sussex Christian School Athletic Program  
Parent Code of Conduct

- ❖ I will adhere to the policies set forth in the Sussex Christian School Athletic Handbook regarding my child's participation in the athletic program.
- ❖ I will respect my child's coaches and will communicate with them in a positive way. Discussions regarding my child's playing time, team strategy, play calling, other student athletes, or practice organization, will happen at a mutually agreed time between parent and coach.
- ❖ By registering my child in the athletic program, I understand it is imperative for them to attend all scheduled practices and games. If my child is unable to attend, I will notify the coach or school prior to the scheduled event.
- ❖ I will conduct myself in a Christian manner, being respectful to officials, coaches, players and parents. In addition, I allow my child to be directed by his/her coach and will not provide "coaching" from the sidelines. This only confuses the player and can be disrespectful to the coach. Entering the area of competition or approaching the coaches during or immediately after the game is often unproductive and distracting.
- ❖ I fully understand that the coach has full authority regarding athletes and will work with the team to strengthen their God-given talents. I will respect the coach's decision to encourage students and will support their authority regarding playing time.
- ❖ I will be realistic about my child's physical ability and will encourage Christian sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice. I will work to encourage and make the athletic experience enjoyable for all players.
- ❖ I will be a respectful fan and will treat all coaches and officials with respect recognizing that they are volunteers and that sport contests involve using your best judgment.
- ❖ I will promote positive values as I am in a leadership role in my home and community, and realize athletic involvement goes beyond the final score of a contest.

Name of Parent: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Sussex Christian School Athletic Program  
Athlete Code of Conduct

- ❖ I hereby pledge to adhere to the policies set forth in the Sussex Christian School handbook regarding my participation in the athletic program.
- ❖ I will be positive about my sports experience and accept responsibility for my participation. I understand that my coach will work with myself and my team to strengthen our God given talents. I will respect the coach's decision regarding playing time and /or game suspension.
- ❖ I will encourage Christ-like sportsmanship from fellow players, coaches, officials and parents at every game and practice by conducting myself in the same manner.
- ❖ I will attend all practices and games and will notify my coach if I am unable.
- ❖ I will make every effort to listen to and learn from my coach's instruction. I will treat my coaches, other players, officials and fans with respect. I will remember that participation in sports is an opportunity to learn and have fun.
- ❖ I will work very hard on my academics, putting my schoolwork before athletics. I will complete all homework and be responsible for my grades. I understand the policy for Athletic Monitoring should I fail to do so.
- ❖ I will play the game with determination, but in a safe and responsible manner. I will not intentionally endanger another player in any way.
- ❖ I will not use abusive or foul language or participate in any form of negative cheering. I will not openly criticize the officials, coaches, or other players during the course of the game or during practices.
- ❖ I will be courteous and respectful of those teammates chosen for special awards.
- ❖ I will promote Christ-like conduct, encouraging my team members to cheer positively and shake hands with the opposing players after each game.

Student's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”



## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

## Website Resources

- Sudden Death in Athletes  
[www.cardiachealth.org/sudden-death-in-athletes](http://www.cardiachealth.org/sudden-death-in-athletes)
- Hypertrophic Cardiomyopathy Association  
[www.4hcm.org](http://www.4hcm.org)
- American Heart Association [www.heart.org](http://www.heart.org)

## Collaborating Agencies:

### American Academy of Pediatrics New Jersey Chapter

3836 Quakerbridge Road, Suite 108  
Hamilton, NJ 08619  
(p) 609-842-0014  
(f) 609-842-0015  
[www.aapnj.org](http://www.aapnj.org)



### American Heart Association

1 Union Street, Suite 301  
Robbinsville, NJ, 08691  
(p) 609-208-0020  
[www.heart.org](http://www.heart.org)



### New Jersey Department of Education

PO Box 500  
Trenton, NJ 08625-0500  
(p) 609-292-5935  
[www.state.nj.us/education/](http://www.state.nj.us/education/)



### New Jersey Department of Health

P. O. Box 360  
Trenton, NJ 08625-0360  
(p) 609-292-7837  
[www.state.nj.us/health](http://www.state.nj.us/health)

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# SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

## The Basic Facts on Sudden Cardiac Death in Young Athletes

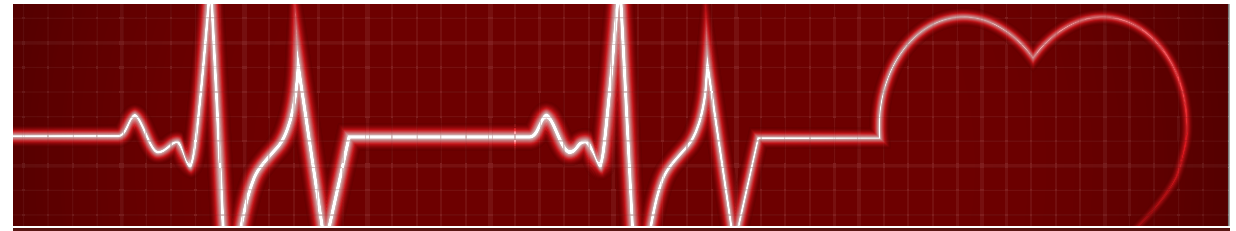


STATE OF NEW JERSEY  
DEPARTMENT OF EDUCATION

American Heart  
Association



Learn and Live



## SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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



### What is sudden cardiac death in the young athlete?

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

### How common is sudden death in young athletes?

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

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



### What are the most common causes?

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

# SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

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

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

## Are there warning signs to watch for?

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

- Fainting, a seizure or convulsions during physical activity;
- Fainting or a seizure from emotional excitement, emotional distress or being startled;
- Dizziness or lightheadedness, especially during exertion;
- Chest pains, at rest or during exertion;

- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath.

## 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.

## 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).

Effective September 1, 2014, the New Jersey Department of Education requires that all public and nonpublic schools grades K through 12 shall:

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

**Sudden Cardiac Death Pamphlet**  
**Sign-Off Sheet**

Name of School District: \_\_\_\_\_

Name of Local School: \_\_\_\_\_

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Student Signature: \_\_\_\_\_

Parent or Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## 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 Fall 2019 athletic season and annually thereafter prior to the student-athlete's first official practice of the school year.

Name of School: **Sussex Christian School**

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

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup>Does not include athletic clubs or intramural events.

## New Jersey Department of Education Health History Update Questionnaire

Name of School:

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Last Physical Examination: \_\_\_\_\_ Sport: \_\_\_\_\_

**Since the last pre-participation physical examination, has your son/daughter:**

1. Been medically advised not to participate in a sport? Yes    No  
If yes, describe in detail:
  
2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes    No  
If yes, explain in detail:
  
3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes    No  
If yes, describe in detail.
  
4. Fainted or "blacked out?" Yes    No  
If yes, was this during or immediately after exercise?
  
5. Experienced chest pains, shortness of breath or "racing heart?" Yes    No  
If yes, explain
  
6. Has there been a recent history of fatigue and unusual tiredness? Yes    No
7. Been hospitalized or had to go to the emergency room? Yes    No  
If yes, explain in detail
  
8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes    No
9. Started or stopped taking any over-the-counter or prescribed medications? Yes    No
10. Been diagnosed with Coronavirus (COVID-19)? Yes    No  
If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes    No  
If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes    No
11. Has any member of the student-athlete's household been diagnosed with Coronavirus (COVID-19)? Yes    No

Date: \_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_

**Please Return Completed Form to the School Nurse's Office**

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module hosted by the New Jersey Department of Education.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one):  Y  N

Have you been immunized for COVID-19? (check one):  Y  N If yes, have you had:  One shot  Two shots  
 Three shots  Booster date(s) \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  
 \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).  
 \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?	Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)		Yes	No	
25. Do you worry about your weight?				
26. Are you trying to or has anyone recommended that you gain or lose weight?				
27. Are you on a special diet or do you avoid certain types of foods or food groups?				
28. Have you ever had an eating disorder?				
MENSTRUAL QUESTIONS		N/A	Yes	No
29. Have you ever had a menstrual period?				
30. How old were you when you had your first menstrual period?				
31. When was your most recent menstrual period?				
32. How many periods have you had in the past 12 months?				

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_



This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module hosted by the New Jersey Department of Education.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

### HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth (F, M, or intersex): \_\_\_\_\_ How do you identify your gender? (F, M, non-binary, or another gender): \_\_\_\_\_

Have you had COVID-19? (check one):  Y  N

Have you been immunized for COVID-19? (check one):  Y  N If yes, have you had:  One shot  Two shots  
 Three shots  Booster date(s) \_\_\_\_\_

List past and current medical conditions. \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures. \_\_\_\_\_

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).  
 \_\_\_\_\_

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).  
 \_\_\_\_\_

#### Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of  $\geq 3$  is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)	Yes	No	
9. Do you get light-headed or feel shorter of breath than your friends during exercise?			
10. Have you ever had a seizure?			
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Unsure	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

BONE AND JOINT QUESTIONS		Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?			
MEDICAL QUESTIONS		Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?			
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?			
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)?			
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?			
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?			
22. Have you ever become ill while exercising in the heat?			
23. Do you or does someone in your family have sickle cell trait or disease?	Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?			

MEDICAL QUESTIONS (CONTINUED)		Yes	No	
25. Do you worry about your weight?				
26. Are you trying to or has anyone recommended that you gain or lose weight?				
27. Are you on a special diet or do you avoid certain types of foods or food groups?				
28. Have you ever had an eating disorder?				
MENSTRUAL QUESTIONS		N/A	Yes	No
29. Have you ever had a menstrual period?				
30. How old were you when you had your first menstrual period?				
31. When was your most recent menstrual period?				
32. How many periods have you had in the past 12 months?				

**Explain "Yes" answers here.**

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**I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.**

Signature of athlete: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Date: \_\_\_\_\_

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student - Athlete Cardiac Assessment Professional Development module Hosted by the New Jersey Department of Education.

## ■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance) PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### PHYSICIAN REMINDERS

- Consider additional questions on more-sensitive issues.
  - Do you feel stressed out or under a lot of pressure?
  - Do you ever feel sad, hopeless, depressed, or anxious?
  - Do you feel safe at your home or residence?
  - Have you ever tried cigarettes, e-cigarettes, chewing tobacco, snuff, or dip?
  - During the past 30 days, did you use chewing tobacco, snuff, or dip?
  - Do you drink alcohol or use any other drugs?
  - Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
  - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
  - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
COVID-19 VACCINE		
Previously received COVID-19 vaccine: <input type="checkbox"/> Y <input type="checkbox"/> N		
Administered COVID-19 vaccine at this visit: <input type="checkbox"/> Y <input type="checkbox"/> N If yes: <input type="checkbox"/> First dose <input type="checkbox"/> Second dose <input type="checkbox"/> Third dose <input type="checkbox"/> Booster date(s) _____		
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance <ul style="list-style-type: none"> <li>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)</li> </ul>		
Eyes, ears, nose, and throat <ul style="list-style-type: none"> <li>Pupils equal</li> <li>Hearing</li> </ul>		
Lymph nodes		
Heart <sup>a</sup> <ul style="list-style-type: none"> <li>Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)</li> </ul>		
Lungs		
Abdomen		
Skin <ul style="list-style-type: none"> <li>Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), or tinea corporis</li> </ul>		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional <ul style="list-style-type: none"> <li>Double-leg squat test, single-leg squat test, and box drop or step drop test</li> </ul>		

<sup>a</sup> Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of health care professional: \_\_\_\_\_, MD, DO, NP, or PA

## Preparticipation Physical Evaluation Medical Eligibility Form

The Medical Eligibility Form is the only form that should be submitted to school. It should be kept on file with the student's school health record.

Student Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Exam \_\_\_\_\_

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of
- Medically eligible for certain sports
- Not medically eligible pending further evaluation
- Not medically eligible for any sports

Recommendations: \_\_\_\_\_

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

Signature of physician, APN, PA \_\_\_\_\_

Office stamp (optional)

Address: \_\_\_\_\_

Name of healthcare professional (print) \_\_\_\_\_

I certify I have completed the Cardiac Assessment Professional Development Module developed by the New Jersey Department of Education.

Signature of healthcare provider \_\_\_\_\_

### Shared Health Information

Allergies \_\_\_\_\_

Medications:


Other information: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

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*\*This form has been modified to meet the statutes set forth by New Jersey.*