East Moriches Union Free School District

Interscholastic Athletic Participation Form

Dear Parents/Guardians:

Your child is a candidate for an interscholastic team at the East Moriches School.

He/She should be examined by the school physician and will not be permitted to participate unless the appropriate requirements have been completed and all associated forms are on file with the school nurse prior to the start of the season. **ALL** athletes must have their base-line concussion test before they will be permitted to participate.

Students who do not have their parent's consent will not be permitted to participate in the interscholastic athletic program. If you wish to have your child participate in the program, please fill out and return this permission form. Transportation **will not** be provided home after practice.

Any injuries that are incurred during the sports season outside of school hours must be reported to your child's coach and/or the school nurse. Whenever a doctor is seen we must have a note stating that they may or may not continue actively participating in the sport. If your child is absent from school for an illness for five (5) or more days a sports certification form must be completed by a parent or guardian. If you answer yes to any of the questions on the form, a doctor's note recertifying your child to return to his/her sport will be required. This form is available by contacting the school nurse.

Sincerely,

John Balzano

Athletic Coordinator

Interscholastic Athletic Participation Form

I certify that I have read and understand the above information. It is with my full knowledge and consent that my child,_____, may participate in playing at East Moriches School during the _____ school year.

Signature of Parent/Guardian:_____ Date: _____
Home Phone: _____
Family Doctor: _____ Doctor's Phone: _____
Emergency Contact Name:_____ Phone: _____

East Moriches Interval Health History for Athletics

Student Name:	DOB
School Name:	Age
Grade (check): ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	Limitations: ☐ NO ☐ YES
Sport	Date of last Health Exam:
Sport Level: ☐ Modified ☐ Fresh ☐ JV ☐ Varsity	Date form completed:

MUST be completed and signed by Parent/Guardian - Give details to any YES answers on the last page.

Does or Has Your Child

General Health	No	Yes
Ever been restricted by a health care provider from sports participation for any reason?	☐	☐
Ever had surgery?	☐	☐
Ever spent the night in a hospital?	☐	☐
Been diagnosed with mononucleosis within the last month?	☐	☐
Have only one functioning kidney?	☐	☐
Have a bleeding disorder?	☐	☐
Have any problems with hearing or have congenital deafness?	☐	☐
Have any problems with vision or only have vision in one eye?	☐	☐
Have an ongoing medical condition?	☐	☐
If yes, check all that apply: ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle cell trait or disease ☐ Other:		
Have Allergies?	☐	☐
If yes, check all that apply ☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine ☐ Pollen ☐ Other:		
Ever had anaphylaxis?	☐	☐
Carry an epinephrine auto-injector?	☐	☐

Brain/Head Injury History	No	Yes
Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told they had a concussion?	☐	☐
Receive treatment for a seizure disorder or epilepsy?	☐	☐
Ever had headaches with exercise?	☐	☐
Ever had migraines?	☐	☐

Does or Has Your Child

Breathing	No	Yes
Ever complained of getting extremely tired or short of breath during exercise?	☐	☐
Use or carry an inhaler or nebulizer?	☐	☐
Wheeze or cough frequently during or after exercise?	☐	☐
Ever been told by a health care provider they have asthma or exercise-induced asthma?	☐	☐

Devices / Accommodations	No	Yes
Use a brace, orthotic, or another device?	☐	☐
Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)?	☐	☐
Wear protective eyewear, such as goggles or a face shield?	☐	☐
Wear a hearing aid or cochlear implant?	☐	☐

Let the coach/school nurse know of any device used. Not required for contact lenses or eyeglasses.

Digestive (GI) Health	No	Yes
Have stomach or other GI problems?	☐	☐
Ever had an eating disorder?	☐	☐
Have a special diet or need to avoid certain foods?	☐	☐
Are there any concerns about your child's weight?	☐	☐

Injury History	No	Yes
Ever been unable to move their arms or legs or had tingling, numbness, or weakness after being hit or falling?	☐	☐
Ever had an injury, pain, or swelling of a joint that caused them to miss practice or a game?	☐	☐
Have a bone, muscle, or joint that bothers them?	☐	☐
Have joints that become painful, swollen, warm, or red with use?	☐	☐
Ever been diagnosed with a stress fracture?	☐	☐

Does or Has Your Child		
Heart Health		
Ever complained of:		
Ever had a test by a health care provider for their heart (e.g., EKG, echocardiogram, stress test)?	☐	☐
Lightheadedness, dizziness, during or after exercise?	☐	☐
Chest pain, tightness, or pressure during or after exercise?	☐	☐
Fluttering in the chest, skipped heartbeats, heart racing?	☐	☐

Does or Has Your Child		
Ever been told by a health care provider		
They have or had a heart or blood vessel problem?	☐	☐

If yes, check all that apply:

- ☐ Chest Tightness or Pain
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ New fast or slow heart rate
- ☐ Has implanted cardiac defibrillator (ICD)
- ☐ Has a pacemaker
- ☐ Other:
- ☐ Heart infection
- ☐ Heart Murmur
- ☐ Low Blood Pressure
- ☐ Kawasaki Disease

Does or Has Your Child		
Females Only	**No**	**Yes**
Have regular periods?	☐	☐
Males Only	**No**	**Yes**
Have only one testicle?	☐	☐
Have groin pain or a bulge, or a hernia?	☐	☐
Skin Health	**No**	**Yes**
Currently have any rashes, pressure sores, or other skin problems?	☐	☐
Ever had a herpes or MRSA skin infection?	☐	☐
COVID-19 Information		
Has your child ever tested positive for COVID-19?	☐	☐
If **NO, STOP.** Go to Family Heart Health History. If **YES,** answer questions below:		
Date of positive COVID test:		
Was your child symptomatic?	☐	☐
Did your child see a health care provider for their COVID-19 symptoms?	☐	☐
Was your child hospitalized for COVID?	☐	☐
Was your child diagnosed with Multisystem Inflammatory Syndrome (MISC)?	☐	☐

Family Heart Health History

A relative has/had any of the following:

Check all that apply:

- ☐ Enlarged Heart/ Hypertrophic Cardiomyopathy/ Dilated Cardiomyopathy
- ☐ Arrhythmogenic Right Ventricular Cardiomyopathy?
- ☐ Heart rhythm problems: long or short QT interval?
- ☐ Brugada Syndrome?
- ☐ Catecholaminergic Ventricular Tachycardia?
- ☐ Marfan Syndrome (aortic rupture)?
- ☐ Heart attack at age 50 or younger?
- ☐ Pacemaker or implanted cardiac defibrillator (ICD)?

A family history of:

- ☐ Known heart abnormalities or sudden death before age 50?
- ☐ Structural heart abnormality, repaired or unrepaired?
- ☐ Unexplained fainting, seizures, drowning, near drowning, or car accident before age 50?

If you answered **NO** to ***all*** questions, **STOP**. Sign and date below.
GO to page 3 if you answered **YES** to a question.

Parent/Guardian Signature:	Date:

If you answered **YES** to any questions give details. Sign and date below.	
Parent/Guardian Signature:	Date:

East Moriches Concussion Management School Policy

The Board of Education of East Moriches School District recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and recreational activity and can have serious consequences if not managed carefully. Therefore the District adopts the following policy to support the proper evaluation and management of head injuries.

Concussion is a mild traumatic brain injury. Concussions occur when normal brain functioning is disrupted by a blow or jolt to the head. Recovery from a concussion will vary. Avoiding re-injury and over exertion until fully recovered are the cornerstones of proper concussion management.

While district staff will exercise reasonable care to protect students, head injuries may still occur. Physical education teachers, coaches, nurses and other appropriate staff will receive training to recognize the signs, symptoms and behaviors consistent with a concussion. This training will be completed biannually. The Athletic Coordinator will organize the training and maintain completion records. Any student exhibiting those signs, symptoms or behaviors while participating in a school sponsored class, extracurricular activity or interscholastic activity shall be removed from the game or activity and be evaluated as soon as possible by an appropriate healthcare professional. The nurse will notify the student's parent or guardian and recommend appropriate monitoring to parents /guardians.

If a student sustains a concussion at a time other than when engaged in a school sponsored activity, the district expects the parent/legal guardian to report the condition to the nurse so that the district can support the appropriate management of the condition.

The student shall not return to school or activity until authorized to do so by an appropriate healthcare professional. The school's chief medical officer will make the final decision on return to activity including physical education class and after-school sports. Any student who continues to have signs or symptoms upon return to activity must be removed from play and reevaluated by their healthcare provider. The school physician or ancillary staff must clear students participating in interscholastic athletics that sustain a concussion prior to participation. All other students who are suspected to have or sustain a concussion prior to participation. All other students who are suspected or sustain a concussion must be cleared by a licensed physician prior to returning to activity.

Concussion is a common consequence of trauma to the head in contact sports.

Concussion can occur from collisions or falls in all forms of athletic activity.

Injured athletes should be medically assessed to prevent the possibility of catastrophic brain injuries.

Repeated concussions may cause cumulative brain injury in an individual injured over months or years.

While any sport has a risk for injury, a balance must be reached between competition and ensuring athlete's safety. Due to competition and enthusiasm over the sport, athletes, coaches and spectators frequently lose their objectivity when it comes to concussion management. This fact coupled with the insidious nature of head trauma and the multitude of symptoms head injury victims may or may not present put physicians in the sometimes unpopular position of requiring diagnostic testing (CT scan, neurology consults etc) before allowing an athlete to return to participation.

Staff members should make sure that participation areas are clear of debris, safe, adequate space is provided and plans and rules are implemented to create a safe environment. Symptoms of concussion include:

- Persistent low grade headache
- Lightheadedness
- Fatigue
- Intolerance to bright lights or loud noises
- Visual disturbance
- Anxiety
- Sleep disturbance

Other features of concussion frequently observed:

- Vacant stare or confused facial expression
- Slow to answer questions or follow instructions
- Confusion or easy distraction with regard to normal activities
- Disorientation (unaware of time, date or place)
- Slurred or incoherent speech (incomprehensible statements)
- Stumbling, inability to walk a straight line
- Memory deficits
    - Repeatedly asking the same questions or inability to memorize or recall three words or objects within 5 minutes
- Emotional outbursts out of proportion to circumstances (distraught, crying)
- Any period of loss of consciousness

The Board will appoint a Concussion Management Team (CMT) annually at the re-organization meeting that will include, but not limited to the Athletic Coordinator, Nurse and Building Administrator.

Information regarding Mild Traumatic Brain Injury will be posted on the District Website.

Approved: June 27, 2012

I/We have read, discussed and understand the above information concerning East Moriches Union Free School District's Concussion Management School Policy.

Student Name (Print Clearly) _____

Parent/Guardian Signature _____ **Date** _____