



## North Branford Intermediate School Athletics

On behalf of the NBIS Athletic Department, I welcome all students to participate in our interscholastic sports programs. Sports are an excellent way to grow emotionally as an individual.

It is important for students and parents to realize that participation in the NBIS interscholastic athletic programs is not a right but a privilege which is afforded to those individuals who possess the ability, attitude, disposition, cooperative spirit, and the desire to represent the student body, the school district, and the North Branford community in a manner which reflects favorably upon their school.

Any student that wishes to participate in athletics at NBIS must have the following forms on file at school. Forms can be downloaded from the NBIS website, under "Athletics"

- ❖ Sports Physical ( physicals are good for 13 months)
- ❖ Parent Permission Form
- ❖ Concussion Consent Form
- ❖ Sudden Cardiac Arrest Form

Please contact me with any questions or concerns. Again, I welcome you and look forward to another successful year of athletics.

**GO HAWKS !**

Ralph Shaw  
NBIS Athletic Director  
203 484-1500  
[rshaw@northbranfordschools.org](mailto:rshaw@northbranfordschools.org)

Middle School Athletics is a time for learning and growth. Get involved...Have Fun!!



Date of Physical		<b>NORTH BRANFORD PUBLIC SCHOOLS</b>	Grade	
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**PARENT'S PERMISSION FORM FOR ATHLETICS**

20\_\_ - 20\_\_ SCHOOL YEAR

Athlete's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent's Work Phone: (    ) \_\_\_\_\_ or (    ) \_\_\_\_\_

**List the sports** (Football, Soccer, VB, X-C, BB, etc.) that you are giving  
 Permission for you child to participate in: **Do NOT just put an "X"**

Fall: \_\_\_\_\_ Winter: \_\_\_\_\_ Spring: \_\_\_\_\_

LIST any conditions that a coach should be aware of: \_\_\_\_\_

Date of last TETANUS Shot: \_\_\_\_\_

**IN CASE OF EMERGENCY**, Please contact one of the people listed below if a  
 parent cannot be contacted/notified. **ALL** of the phone numbers listed below must  
 be filled in **BEFORE** your child will be allowed to try-out or practice for a team.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Hospital Preference : \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We give permission for \_\_\_\_\_ (athlete's name) to participate in  
 organized high school athletics for the current school year, realizing that such activity involves  
 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 strict observance of rules, injuries  
 can be so severe as to result in total disability, paralysis, or even death.

In case of emergency and I/We cannot be contacted, I/We give my/our permission  
 for my/our child to receive medical attention.

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

(A xerox copy of this form will be carried by each coach to practice/contests)





Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part I of this form

### Physical Exam

Note: \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_% \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_% BMI \_\_\_\_\_ / \_\_\_\_\_% Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

	Normal	Describe Abnormal	Ortho	Normal	Describe Abnormal
Neurologic			Neck		
HEENT			Shoulders		
*Gross Dental			Arms/Hands		
Lymphatic			Hips		
Heart			Knees		
Lungs			Feet/Ankles		
Abdomen			*Postural <input type="checkbox"/> No spinal abnormality <input type="checkbox"/> Spine abnormality: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Marked <input type="checkbox"/> Referral made		
Genitalia/ hernia					
Skin					

### Screenings

*Vision Screening			*Auditory Screening			Lead:	Date
Type:	Right	Left	Type:	Right	Left		
With glasses	20/	20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail		
Without glasses	20/	20/	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	<input type="checkbox"/> Fail	*HCT/HGB:	
<input type="checkbox"/> Referral made			<input type="checkbox"/> Referral made			Other:	

TB: High-risk group?  No  Yes PPD date read: \_\_\_\_\_ Results: \_\_\_\_\_ Treatment: \_\_\_\_\_

### \*IMMUNIZATIONS

Up to Date or  Catch-up Schedule: **MUST HAVE IMMUNIZATION RECORD ATTACHED**

#### \*Chronic Disease Assessment:

Asthma  No  Yes:  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  Exercise induced  
 If yes, please provide a copy of the Asthma Action Plan to School

Anaphylaxis  No  Yes:  Food  Insects  Latex  Unknown source  
 Allergies If yes, please provide a copy of the Emergency Allergy Plan to School  
 History of Anaphylaxis  No  Yes Epi Pen required  No  Yes

Diabetes  No  Yes:  Type I  Type II Other Chronic Disease: \_\_\_\_\_

Seizures  No  Yes, type: \_\_\_\_\_

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience.  
 Explain: \_\_\_\_\_

Daily Medications (specify): \_\_\_\_\_

This student may:  participate fully in the school program  
 participate in the school program with the following restriction/adaptation: \_\_\_\_\_

This student may:  participate fully in athletic activities and competitive sports  
 participate in athletic activities and competitive sports with the following restriction/adaptation: \_\_\_\_\_

Yes  No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness.  
 Is this the student's medical home?  Yes  No  I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA \_\_\_\_\_ Date Signed \_\_\_\_\_ Printed/Stamped Provider Name and Phone Number \_\_\_\_\_

School Name \_\_\_\_\_

**Sudden Cardiac Arrest  
Student & Parent Informed Consent Form**

**NOTE:** This document was developed to provide student-athletes and parents/guardians with current and relevant information regarding sudden cardiac arrest. A new form is required to be read, signed, dated and kept on file by the student-athlete's associated school district annually to comply with Connecticut General Statutes Chapter 163, Section 10-149f: **SUDDEN CARDIAC ARREST AWARENESS EDUCATION PROGRAM.**

**Part I – SUDDEN CARDIAC ARREST - What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

**PART II - HOW COMMON IS SUDDEN CARDIAC ARREST IN THE UNITED STATES?**

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. It is a leading cause of death for student athletes.

According to an April 2014 study for PubMed the incidence was

- 0.63 per 100,000 in all students (6 in one million)
- 1.14 per 100,000 athletes (10 in one million)
- 0.31 per student non-athletes (3 in one million)
- The relative risk of SCA in student athletes vs non-athletes was 0.65
- There is a significantly higher risk of SCA for boys than girls

Leading causes of sudden death among high school and college athletes, according to the NCAA (on CBS News, June 28, 2012)\* are heat stroke, heart disease and traits associated with sickle cell anemia. Prevention of sudden death, the same study concludes, is associated with more advanced cardiac screening with attention to medical histories and birth records, improved emergency procedures, and good coaching and conditioning practices.

**PART III - WHAT ARE THE WARNING SIGNS AND SYMPTOMS?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as: fainting or seizures during exercise; unexplained shortness of breath; dizziness; extreme fatigue; chest pains; or racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

Sudden cardiac arrest is a medical emergency. If not treated immediately, it causes sudden cardiac death. With fast, appropriate medical care, survival is possible. Administering cardiopulmonary resuscitation (CPR) — or even just compressions to the chest — can improve the chances of survival until emergency personnel arrive.

(<http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/basics/>)

**WHAT ARE THE RISKS OF PRACTICING OR PLAYING AFTER EXPERIENCING THESE SYMPTOMS?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

**REMOVAL FROM PLAY**

Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care professional trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.

**RETURN TO PLAY**

Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed and written clearance be provided by a licensed medical provider.

**To summarize:**

- SCA is, by definition, sudden and unexpected.
- SCA can happen in individuals who appear healthy and have no known heart disease.
- Most people who have SCA die from it, usually within minutes.
- Rapid treatment of SCA with a defibrillator can be lifesaving.
- Training in recognition of signs of cardiac arrest and SCA, and the availability of AEDs and personnel who possess the skills to use one, may save the life of someone who has had an SCA.

(National Heart, Lung, and Blood Institute)

I have read and understand this document the "Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

I authorize my child to participate in \_\_\_\_\_ for school year \_\_\_\_\_  
(Sport/Activity)

Parent/Guardian name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Print Name)

**Sources:**

Simons Fund - <http://www.simonsfund.org/>

Pennsylvania Department of Health - <http://www.simonsfund.org/wp-content/uploads/2012/06/Parent-Handout-SCA.pdf>



NOTE: This document was developed to provide coaches with an annual review of current and relevant information regarding concussions and head injuries. A new form is required to be read, signed, dated and kept on file by their associated school district annually to comply with Public Act No. 14-66 AN ACT CONCERNING STUDENT ATHLETES AND CONCUSSIONS.

*A concussion is the immediate and transient alteration of neurological function in the brain caused by mechanical acceleration and deceleration forces.*

### **Part I – SIGNS AND SYMPTOMS OF A CONCUSSION**

- A concussion should be suspected if any one or more of the following signs or symptoms are present, OR if the coach/evaluator is unsure.

#### **1. Signs of a concussion may include (what the athlete looks like):**

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/ slurred speech
- Slow/clumsy movements
- Loss of consciousness
- Amnesia/memory problems
- Act silly/combatative/aggressive
- Repeatedly ask same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

#### **2. Symptoms of a concussion may include (what the athlete reports):**

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

Note: Public Act No. 14-66 requires that a coach MUST immediately remove a student- athlete from participating in any intramural or interscholastic athletic activity who (A) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or (B) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. Upon removal of the athlete a qualified school employee must notify the parent or legal guardian within 24 hours that the student athletes has exhibited the signs and symptoms of a concussion.

### **Part II – RETURN TO PARTICIPATION (RTP)**

Currently, it is impossible to accurately predict how long concussions will last. There must be full recovery before someone is allowed to return to participation. Connecticut Law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (Physician, Physician Assistant, Advanced Practice Registered Nurse, Athletic Trainer) trained in the evaluation and management of concussions.

#### **Concussion management requirements:**

1. No athlete SHALL return to participation (RTP) on the same day of concussion.
2. Any loss of consciousness, vomiting or seizures the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. This should be monitored for an appropriate amount of time following the injury to ensure that there is no escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated from a licensed health care professional (Physician, Physicians Assistant, Advanced Practice Registered Nurse, Athletic Trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals mentioned above directing them into a well defined RTP stepped protocol similar to one outlined below. If at any time signs or symptoms should return during the RTP progression the athlete should cease activity .
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions) , final written medical clearance is required by one of the licensed health care professionals mentioned above for them to fully return to unrestricted participation in practices and competitions.

**Medical Clearance RTP protocol (Recommended one full day between steps)<sup>2</sup>**

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2. Light aerobic activity	Walking, swimming or stationary cycling keeping intensity <70% of maximal exertion; no resistance training	Increase Heart Rate
3. Sport Specific Exercise	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add Movement
4. Non-contact Training drills	Progression to more complex training drills, ie. passing drills in football and Ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full Contact Practice	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff

If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, s/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to their medical provider

**Part III - HEAD INJURIES**

- Injuries to the head includes:

- Concussions: (See above information). There are several head injuries associated with concussions which can be severe in nature including:
  - a) Second impact Syndrome - Athletes who sustain a concussion, and return to play prior to being recovered from the concussion, are also at risk for Second Impact Syndrome (SIS), a rare but life-altering condition that can result in rapid brain swelling, permanent brain damage or death; and
  - b) Post Concussion Syndrome - A group of physical, cognitive, and emotional problems that can persist for weeks, months, or indefinitely after a concussion.
- Scalp Injury: Most head injuries only damage the scalp (a cut, scrape, bruise or swelling)... Big lumps (bruises) can occur with minor injuries because there is a large blood supply to the scalp. For the same reason, small cuts on the head may bleed a lot. Bruises on the forehead sometimes cause black eyes 1 to 3 days later because the blood spreads downward by gravity;
- Skull Fracture: Only 1% to 2% of children with head injuries will get a skull fracture. Usually there are no other symptoms except for a headache at the site where the head was hit. Most skull fractures occur without any injury to the brain and they heal easily;
- Brain Injuries are rare but are recognized by the presence of the following symptoms:
  - (1)difficult to awaken, or keep awake or (2) confused thinking and talking, or (3) slurred speech, or (4) weakness of arms or legs or (5) unsteady walking”(American Academy of Pediatrics – Healthychildren, 2010) .

I have read and understand this document the “Student/Parent - Concussion Education Plan & Consent Form” and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

(Print Name)

Parent name: \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

(Print Name)

**References:**

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82. <http://www.nfhs.org>.
2. McCrory, Paul MBBS, PhD; Meeuwisse, Willem MD, PhD; Johnston, Karen MD, PhD; Dvorak, Jiri MD; Aubry, Mark MD; Molloy, Mick MB; Cantu, Robert MA, MD. Consensus Statement on Concussion in Sport 3rd International Conference on Concussion in Sport Held in Zurich, November 2008. Clinical Journal of Sport Medicine: May 2009 - Volume 19 - Issue 3 - pp 185-200 [http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus\\_Statement\\_on\\_Concussion\\_in\\_Sport\\_3rd.1.aspx](http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx).
3. Centers for Disease Control and Prevention. Heads Up: Concussion in High School Sports. [http://www.cdc.gov/NCIPC/tbi/Coaches\\_Tool\\_Kit.htm](http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm).
4. U.S. Department of Health and Human Services Centers For Disease Control and Prevention. A Fact Sheet for Coaches. (2009). Retrieved on June 16, 2010. [http://www.cdc.gov/concussion/pdf/coaches\\_Engl.pdf](http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf)
5. American Academy of Pediatrics - Healthychildren. Symptom check: Head Injury. Retrieved on June 16, 2010. <http://www.healthychildren.org/english/tips-tools/symptom-checker/pages/Head-injury.aspx>

**Resources:**

- Centers for Disease Control and Prevention. Injury Prevention & Control: Traumatic Brain Injury. Retrieved on June 16, 2010. <http://www.cdc.gov/TraumaticBrainInjury/index.html>
- Centers for Disease Control and Prevention. Heads Up: Concussion in High School Sports Guide for Coaches. Retrieved on June 16, 2010.