

Green Tech Charter School
 DEPARTMENT OF HEALTH AND PHYSICAL EDUCATION
SEASONAL SPORTS INTERVAL HEALTH HISTORY

Last Recorded Physical: _____

New Physical Required: B YES B NO

SpoH: _____ Level: _____ Grade: _____ Academy _____

SN Notations: _____

Student: _____ DOB: _____ Age: _____ Sex: M / F

Student ID No.: _____ Current School: _____ School Attended Last Year: _____

Parent or Guardian: Prior to the tryout sessions or practice at the beginning of the each season, a health history review for each athlete must be conducted. The Health History must be returned to the Nurse's Office or the student will not be cleared to participate in the sport including tryouts. This form needs to be completed each sport season:

	Please answer the following questions:	YES	NO
1	Has the student had a medical illness or injury lasting more than five days since the last check up or sports physical?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the student ever been told not to participate in the sports for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the student ever experienced any type of head injury or concussion requiring medical attention? How many total concussions? (_____)	<input type="checkbox"/>	<input type="checkbox"/>
4	Has the student ever been denied or restricted from participation in sports due to any heart problems (heart disease, murmur, hypertension, or chest pain)?	<input type="checkbox"/>	<input type="checkbox"/>
5	Has the student experienced chest pain, dizziness, or fatigue after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
6	Has any member of the student's immediate family, under the age of 50, died of heart problems or unexplained causes?	<input type="checkbox"/>	<input type="checkbox"/>
7	Has the student been diagnosed with asthma?	<input type="checkbox"/>	<input type="checkbox"/>
8	Has the student been prescribed with an inhaler? If yes, is a MD and parent note on file in the Health Office so that the student can self-carry inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
9	Has the student ever had an allergic reaction to bees, food, medications etc.?	<input type="checkbox"/>	<input type="checkbox"/>
10	Has the student had other allergies?	<input type="checkbox"/>	<input type="checkbox"/>
11	Has the student ever had any problems with environmental heat (heat fatigue, heat exhaustion or heat stroke)?	<input type="checkbox"/>	<input type="checkbox"/>
12	Is the student missing an organ or is one significantly impaired (kidney, eye, ear, testicle)?	<input type="checkbox"/>	<input type="checkbox"/>
13	Does the student have any chronic illness (diabetes, seizures, bleeding disorder etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
14	Has the student had any operations?	<input type="checkbox"/>	<input type="checkbox"/>
15	Has the student had a fracture, sprain or dislocation in the last year?	<input type="checkbox"/>	<input type="checkbox"/>
16	Is the student under a doctor's care now? (explain below)	<input type="checkbox"/>	<input type="checkbox"/>
17	Is the student taking medicine regularly? (explain below)	<input type="checkbox"/>	<input type="checkbox"/>
18	Does the student wear glasses, contact lenses, protective eye wear or orthodontic appliance during sports?	<input type="checkbox"/>	<input type="checkbox"/>

COVID-19 QUESTIONS

- Has your child ever tested positive for COVID-19 _____
- Was your child symptomatic? _____
- Did your child see a healthcare provider (HCP) for their COVID-19 symptoms† _____
- Did your child have any cardiac symptoms (new or slow heart rate, chest tightness or pain, blood pressure changes, or HCP diagnosed cardiac condition?) _____
- Was your child hospitalized† _____

Explain "YES" Answers Here (identify each answer with question number) _____

If your child may require medication during an athletic event, a medication permission form must be on file in the Health Office. Forms **may be obtained from the School Nurse**.

Parent/Guardian and **Student: Please** read the statements below, sign where indicated, and return this form to the School Nurse as soon possible.

- To the best of my knowledge, all information provided in the health history is accurate.
- The above named student may participate in the interscholastic program of his/her school including practice sessions, events, and travel to and from athletic contests.
- I give permission for emergency medical treatment deemed necessary by physicians designated by school authorities.

CONCUSSION STATEMENT

I certify that I have been provided with an information sheet on concussions in youth sports in compliance with NYSPHSAA and CDC's guidelines. If any player/participant is suspected of suffering a concussion or brain injury, the player will be removed from practice or competition and not returned to practice or competition until cleared in writing by a licensed health care provider trained in evaluation and management of concussions, and the school chief medical officer.

ATHLETIC INJURY WARNING STATEMENT

Participation in the Interscholastic Athletic Program is on a voluntary basis. Parents/guardians and students should realize that, as in any athletic activity, there is an element of risk involved whereas physical injuries may occur. Please be assured that our school officials will utilize all precautionary measures to safeguard the student's/athlete's health. Please note, however, that in the event of athletic injury to your child, the parents/guardians are responsible for medical and/or hospital expenses incurred. The School District does carry a Supplementary Insurance Plan to assist parents when their own personal health insurance does not cover the entire medical and/or hospital expense. Medical insurance information can be obtained by calling the District Office.

YOUR CHILD MAY NOT **PARTICIPATE IN INTERSCHOLASTIC** SPORTS OR PRACTICES UNTIL THE REQUIRED PHYSICAL AND HISTORY HAS **BEEN REVIEWED BY THE SCHOOL NURSE**.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____



Concussions: The Invisible Injury

Student and Parent Information Sheet

CONCUSSION DEFINITION

A concussion is a reaction by the brain to a jolt or force that can be transmitted to the head by an impact or blow or anywhere on the body. Essentially a concussion results from the brain moving back and forth or twisting rapidly inside the skull.

FACTS ABOUT CONCUSSIONS ACCORDING TO THE CENTER FOR DISEASE CONTROL (CDC)

- More than 4 million people under age 19 sustain a head injury annually. Of these approximately 52,000 die and 275,000 are hospitalized.
- An estimated 300,000 sports and recreation related concussions occur each year.
- Students who have had at least one concussion are at increased risk for another concussion.

In New York State in 2009, approximately 50,500 children under the age of 19 visit the emergency room for a traumatic brain injury and of those approximately 3,000 were hospitalized.

REQUIREMENTS OF SCHOOLS

Each school:

- Each school coach, physical education teacher, nurse, and athletic trainer will have to complete an approved course on concussion management by the end of the 2012-2013 school year.
- School coaches and physical education teachers must complete the CDC course. (www.cdc.gov/concussion/HmdeLpfoouos)
- * School nurses and certified athletic trainers must complete the concussion course (<http://www.nyconussions.org>)

Information:

- The NYSPHSAA concussion management information and Sign Off with an appropriate permission form will be provided to member schools on the concussion management information for parents.
- The concussion management and awareness information on the State Education Department's web site must be made available on the school web site, if one exists.
- The immediate removal from athletic activities of any pupil who has or is believed to have sustained a mild traumatic brain injury.
- No pupils will be allowed to resume athletic activity until they have been symptom-free for 24 hours and have been evaluated by and received written and signed authorization by a licensed physician. For interscholastic athletes, clearance must come from the school medical director. Such authorization must be kept in the pupil's permanent health record.
- Schools shall follow directives issued by the state.

SYMPTOMS

Symptoms of a concussion are the result of a temporary change in the brain's function. In most cases, the symptoms of a concussion generally resolve over a short period of time; however, in some cases, symptoms can last for weeks or months and adolescents are more susceptible to concussions and take longer than adults to recover.

It is imperative that any student who is suspected of having a concussion is removed from athletic activity (e.g., sports, games, etc.) and cleared to return to activity by a physician.

Symptoms include, but are not limited to:

- Decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information
- Common or appears dazed
- Headache or head pressure
- Loss of consciousness
- Balance difficulties, dizziness, or clumsy movements
- Double or blurry vision
- Sensitivity to light and/or sound
- Nausea, vomiting and/or loss of appetite
- Irritability, sadness or other changes in personality
- Feeling sluggish, foggy or light-headed
- Concentration or focusing problems
- Drowsiness
- **Any two of the above symptoms**

Students who develop any of the following signs, or if signs and symptoms worsen, should be seen and evaluated immediately by a medical professional.

- Severe or persistent vomiting
- Seizures
- Looks drowsy or cannot be awakened
- Repeated vomiting
- Unable to recognize people or places
- Weakness or numbness in arms or legs, facial drooping, unsteady gait
- Change in pupil size in one eye
- Significant irritability
- Any loss of consciousness
- Signs of a skull fracture: blood draining from ear or clear fluid from the nose

SA.4TE EDUCATION DEPARTMENT'S GUIDANCE FOR CONCUSSION MANAGEMENT

Schools are advised to develop a written *concussion action plan*. A sample policy is available on the NYSPHSAA website at www.nysphsaa.org. The policy should include:

- A commitment to reduce the risk of head injuries.
- A procedure and treatment plan developed by the district medical director.
- A procedure to ensure proper education for school nurses, certified athletic trainers, private medical providers, and coaches.
- A procedure for a coordinated communication plan among appropriate staff.
- A procedure for periodic review of the concussion management plan.

RETURN TO LEARN and RETURN TO PLAY PROTOCOL

Co-guiove Rest.' Activities Students should avoid include, but are not limited to, the following:

- Computers and video games
 - Television viewing
- Testing
- Reading or writing
- Studying or homework
 - Taking a test or completing significant projects
- Loud music
- Bright lights

Students may only be able to attend School for short periods of time. Accommodations may have to be made for missed tests and assignments.

Phisic Rest.- Activities students should avoid include, but not limited to, the following:

- Contact and collision sports
- High risk for re-injury or impacts
- Any activity that results in an increased heart rate or increased head pressure

Return to Play Protocol once symptom free for 74 hours cleared by School Medical Director:

Day 1: Low impact non-strenuous, light aerobic activity.

Day 2: Higher impact, higher exertion, moderate aerobic activity. No resistance training.

Day 3: Sport specific non-contact activity. Low resistance weight training with a spotter.

Day 4: Sport specific contact drills. Moderate weight training.

Day 5: Pull contact training drills and intense aerobic activity.

Day 6: Return to full activities with clearance from School Medical Director

Each day, the student will remain symptom free for 24 hours before progressing to the next level of activity.

CONCUSSION MANAGEMENT

Schools may, at their discretion, form a concussion management team to implement and monitor the concussion management policy and program. The team could include, but is not limited to, the following:

- Students
- Parents/Guardians
- School Administrators
- Medical Director
- Private Medical Provider
- School Nurse
- Director of Physical Education and/or Athletic Director
- Certified Athletic Trainers
- Physical Education Teacher and/or Coach
- Classroom Teachers

OTHER RESOURCES

- New York State Education Department
 - New York State Department of Health
http://www.health.ny.gov/prevention/injury_prevention/concussion/htm
 - New York State Public Works School Athletic Association
<http://www.nysspwa.org/safe/>
 - Center for Disease Control and Prevention
<http://cdc.gov/concussions>
 - National Federation of High Schools
www.nfhs.org— The NFHS Concussion Management course does not meet education requirement
 - Child Health Plus
http://www.health.ny.gov/health_care/managed_care/consumer_guide/about_child_health/1usf.htm
 - New York State Department of Health
http://www.health.ny.gov/health_care/medicaid/ids/htm
 - Brain Injury Association of New York State
<http://www.bianys.org>
 - Nationwide Children's Hospital — Concussions in the Classroom
<http://www.nationwidechildrens.org/concussions-in-the-classroom>
 - [Link] Concussions in the Classroom
<http://www.rr.ugsi.edu/11e1thcare/programs/concussion/classroom.php>
 - ESPN Video — Life Changed by Concussion
<http://espn.go.com/video/clip?id=7525526&categoryId=5595394>
 - Sports Concussions.org
<http://www.sportsconcussions.org/ibaseline/>
 - American Association of Neurological Surgeons
<http://www.aan.org/Patient/Information/Conditions/9020and9020Treatment/Wnconcussion.aspx>
 - Consensus Statement on Concussion in Sport — Zurich
<http://www.sportsconcussions.org/ibaseline/>