

# LENAPE VALLEY REGIONAL HIGH SCHOOL

Athletic Department  
"Home of the Patriots"



June 2010

Don Smolyn  
Athletic Director

Stanhope, NJ 07874  
(973) 347-7600

Dear Parent / Guardian:

It's time to get ready for the fall sports season at Lenape Valley. Sports offered this season are football, field hockey, boy's soccer, girl's soccer, girl's tennis, cross country, marching band and cheerleading.

You are receiving the enclosed forms because your child indicated a desire to participate on one of our fall teams. The NJSIAA requires a comprehensive physical at least once every 365-day period for all athletes who plan to participate on any interscholastic team / squad. Your son/daughter must pass this physical before he/she may try out for any team.

All students will be required to pass 27.5 credits in the previous school year, including summer school, to be academically eligible for the first semester (fall). All students must earn 13.75 credits by January 31 to be eligible for the second semester (spring). A student who is eligible at the beginning of the winter sports session for an extracurricular activity that runs less than a semester in length shall be allowed to complete that sport season or activity. A student who is participating in an activity that runs longer than a semester will have his/her eligibility status reviewed at the end of the first semester. He/She will not be allowed to continue participation at the end of the first semester if he/she has not passed the required 13.75 credits in the first semester. If you have any questions about academic eligibility or exceptions to the rule, your child's guidance counselor or the athletic director can help.

*In keeping with the standards and requirements set by the State of New Jersey, this year we are offering a comprehensive physical examination for 2010 -2011 fall, winter and spring on June 17 and June 22, 2010 in the auditorium in the high school. Once completed, this physical will be good for 365 days. Each additional season that an athlete participates in a sport, an update of the medical history and permission forms must be completed and returned to the Health Office. This reevaluation is necessary for each sport season. Please note, the reevaluation form is NOT available on line. It must be obtained from the nurse's office.*

Sport	Start date
Football	August 12, 2010
Girl's Tennis	August 13, 2010
Boys' Soccer	August 18, 2010
Girls' Soccer	August 18, 2010
Field Hockey	August 18, 2010
Marching Band	August 4, 2010
Cross Country	August 23, 2010
Cheerleading	July 19, 2010

(over)

Final clearance date for anyone participating in fall sports is Thursday, August 5<sup>th</sup>. Understand that any prospective athlete that turns his/her physical or re-evaluation papers in after the final clearance deadline may forfeit his/her opportunity to try out for that team and/or reduce his/her opportunities with the team.

It is important for all athletes to be able to participate beginning with the first scheduled practice. **Without the appropriate completed forms on file, your student will not be allowed to participate in practice or competition.** *Additionally, only Lenape Valley Regional School District original forms will be accepted* (this is according to State Code). **Fax copies of forms are not accepted.** Please follow the directions below to be sure your child will be able to start practice with the team of his or her choice:

- **Complete Emergency Medical Authorization (Form #1), the permission slip (Form #2) and the medical history (Part A 1 - 3 pages). Please be sure forms are filled out completely and have the required signatures.**
- **Take these completed forms with you to your doctor. The physician will need to complete the front and back of the green form (Part B - 3 pages). Vision screening on the form, must be completed by the physician. Completed original forms MUST be returned to the Health Office by August 5, 2010.**
- **Please carefully review all forms to assure they are complete and signed in all appropriate places before returning them to the health office. Incomplete forms will be returned to you, thus preventing your child from participating until they are returned complete.**

We, at Lenape Valley, want your child to achieve a positive experience in our athletic program. If we can be of any help, please feel free to call.

Yours in sports,



Don Smolyn  
Director of Athletics



Rob Cline, Jr. (ATC)  
Athletic Trainer



Ruth Kelley (BSN)  
School Nurse

Please remember: **Without the appropriate completed forms on file, your student will not be allowed to participate in practice or competition.** *Additionally, only Lenape Valley Regional School District original forms will be accepted.*

### **Information about Athletic Injuries**

Whenever a student is injured in a particular sport and requires a physician's note, he/she shall not be permitted to practice or take part in athletics until he/she has received a release from the attending physician. This release must be placed on file in the Health Office and in the Athletic Director's Office.

The athletic trainer and the school nurse must be notified of any injuries within **24 hours of the injury.**

# IMPORTANT!

## Instructions for completing sports physical forms for the 2010 - 2011 school year:

- Please complete the medical authorization form (white), the permission slip (white) and the medical history form (front of green).

If you plan to have your child take the school - provided physical on June 17<sup>th</sup> or June 22<sup>nd</sup> :

- Return completed forms at his/her appointed time. **(Please note: No one will be allowed to take the physical on June 17<sup>th</sup> or June 22<sup>nd</sup> unless all required parent signatures are completed on the following forms: medical authorization form, permission slip and medical history form (Part A).)**
- Bring your child to the physical at the appointment time indicated below and on the back of this sheet. Physicals will be held in the auditorium.
- **Late arrivals may be denied a physical. The doctor must leave promptly at 10:00**

If you plan to take your child to his/her own physician:

- Take the completed forms with you to your physician. The green sheet is the doctor's form.
- We recommend that private physical forms be returned by **Thursday, August 5, 2010.**

IMPORTANT: The final clearance date for high school athletes to participate in the Fall 2009 season is **Thursday, August 5, 2010**. The only exceptions to these dates are new students moving into the community and injured athletes not yet cleared by a physician. **Please note: paperwork must be turned in by August 5, 2010 to allow time for processing. Only the school provided forms will be accepted as valid sports physicals.**

### Appointment Schedule

Please arrive 15 minutes prior to the time listed below:

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#### **Thursday, June 17, 2010**

- 7:45 Athletes with last name beginning with **A**
- 8:00 Athletes with last name beginning with **B**
- 8:15 Athletes with last name beginning with **C**
- 8:30 Athletes with last name beginning with **D**
- 8:45 Athletes with last name beginning with **E and F**
- 9:00 Athletes with last name beginning with **G**
- 9:15 Athletes with last name beginning with **H and I**
- 9:30 Athletes with last name beginning with **J and K**

(over)

**Tuesday, June 22, 2010**

- 7:45 Athletes with last name beginning with **L**
- 8:00 Athletes with last name beginning with **M**
- 8:15 Athletes with last name beginning with **N**
- 8:30 Athletes with last name beginning with **O and P**
- 8:45 Athletes with last name beginning with **Q and R**
- 9:00 Athletes with last name beginning with **S**
- 9:15 Athletes with last name beginning with **T, U and V**
- 9:30 Athletes with last name beginning with **W, X, Y and Z**



**Student Name:** \_\_\_\_\_ **(Printed)**

**LENAPE VALLEY REGIONAL SCHOOL DISTRICT  
ATHLETIC PERMISSION FORM (FORM #2)**

I hereby request to be enrolled as a candidate for a position on the team(s) designated below, with full knowledge that physical hazards may be encountered that may cause bodily injury.

Fall Sport \_\_\_\_\_

Winter Sport \_\_\_\_\_

Spring Sport \_\_\_\_\_

I understand that the risks of playing a sport include a full range of injuries, from minor to severe. I realize that neither the protective equipment and padding used in some sports, the safety rules and procedures of the sport, the coaching instruction received, nor the sports medicine provided to athletes can guarantee safety or prevent all injuries they might sustain. I further recognize the possibility that I, as an athlete, might become paralyzed, suffer brain damage or other serious, permanent injury, or even die as a result of participation in this sports program. I agree to accept these risks as a condition of participation in this program.

**Student's signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
- - - - -

I give my permission for my son/daughter to participate in the above listed sport(s) at Lenape Valley Regional and to travel to and from contests, practices, and any other event associated with the respective program through transportation arranged by the school.

I understand that even though safety precautions are taken to protect the athlete, accidents can and do take place that may cause bodily injury when my son/daughter is participating in the athletic program. I understand that the Lenape Valley Regional Board of Education provides medical insurance for students participating in interscholastic athletics.

I give my permission for the team physicians to perform a physical examination and for those individuals who are assisting with the Lenape Valley Regional sports physical examinations to review my son/daughter's medical history and physical examination forms in conjunction with their assigned duties. I also give permission to the team physicians and athletic trainers to render whatever emergency care may be needed at the time of injury.

I understand that the risks of playing a sport include a full range of injuries, from minor to severe. I realize that neither the protective equipment and padding used in some sports, the safety rules and procedures of the sport, the coaching instruction received, nor the sports medicine care provided to athletes can guarantee safety or prevent all injuries they might sustain. I further recognize the possibility that my child, as an athlete, might become paralyzed, suffer brain damage or other serious, permanent injury, or even die as a result of participation in this sports program. I agree to accept these risks as a condition of participation in this program.

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

# New Jersey Department of Education ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EXAMINATION FORM

Part A: HEALTH HISTORY QUESTIONNAIRE-Completed by the parent and student and reviewed by examining provider  
Part B: PHYSICAL EVALUATION FORM-Completed by examining licensed provider with MD, DO, APN or PA

## Part A: HEALTH HISTORY QUESTIONNAIRE

Today's Date: \_\_\_\_\_ Date of Last Sports Physical: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex: M F Age: \_\_\_\_ Grade: \_\_\_\_ Home Phone # \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ School:  \_\_\_\_\_ District: \_\_\_\_\_

Sport (s): \_\_\_\_\_

Provider's Name (Medical Home): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Emergency Contact Information

<b>Mother/Guardian's</b> Name: _____ Cell # _____ Work# _____	<b>Father's/Guardian's</b> Name: _____ Cell # _____ Work# _____
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Additional Emergency Contact:	Relationship to Student:	Cell #	Home#
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### Health History Information

**Directions:** Please answer the following questions about the student's medical history by CIRCling the correct response. Explain all "yes" responses on the lines below each section. **Respond to all questions.**

<b>1. Have you ever had, or do you currently have:</b>	Y / N / Don't Know
a. Restriction from sports for a health related problem.	Y / N / Don't Know
b. An injury or illness since your last exam?	Y / N / Don't Know
c. A chronic or ongoing illness (such as diabetes or asthma)?	Y / N / Don't Know
1.) An inhaler or other prescription medicine to control asthma?	Y / N / Don't Know
d. Any prescribed or over the counter medications that you take on a regular basis?	Y / N / Don't Know
e. Surgery, hospitalization or any emergency room visit(s)?	Y / N / Don't Know
f. Any <b>allergies</b> to medications?	Y / N / Don't Know
g. Any allergies to bee stings, pollen, latex or foods?	Y / N / Don't Know
(1.) If yes, check type of reaction:	Y / N / Don't Know
<input type="checkbox"/> Rash <input type="checkbox"/> Hives <input type="checkbox"/> Breathing or other anaphylactic reaction	
(2.) Take any medication/Epi-pen taken for allergy symptoms? (List below.)	Y / N / Don't Know
h. Any anemias, blood disorders, sickle cell disease/trait, bleeding tendencies or clotting disorders?	Y / N / Don't Know
i. A blood relative who died before age 50?	Y / N / Don't Know
▶ Explain all "yes" answers here (include relevant dates):	

#### MEDICATIONS: List all medications here:

Medication Name:	Rationale Or Indication:	Dosage	Frequency/Times Given

<b>2. Have you ever had, or do you currently have, any of the following <i>HEAD-related</i> conditions:</b>	
a. Concussion or head injury (including "bell rung" or a "ding")?	Y / N / Don't Know
b. Memory loss?	Y / N / Don't Know
c. Knocked out?	Y / N / Don't Know
d. A seizure(s)?	Y / N / Don't Know
e. Frequent or severe headaches (With or without exercise)?	Y / N / Don't Know
f. Fuzzy or blurry vision	Y / N / Don't Know
g. Sensitivity to light/noise	Y / N / Don't Know
▶ Explain all "yes" answers here (include relevant dates):	

<b>3. Have you ever had, or do you currently have, any of the following <i>HEART-related</i> conditions:</b>	
a. Restriction from sports for heart problems?	Y / N / Don't Know
b. Chest pain or discomfort?	Y / N / Don't Know
c. Heart murmur?	Y / N / Don't Know
d. High blood pressure?	Y / N / Don't Know
e. Elevated cholesterol level?	Y / N / Don't Know
f. Heart infection?	Y / N / Don't Know
g. Dizziness or passing out during or after exercise without known cause?	Y / N / Don't Know

h. Has a provider ever ordered a heart test ( EKG, echocardiogram, stress test, Holter monitor)?	Y / N / Don't Know
i. Racing or skipped heartbeats?	Y / N / Don't Know
j. Unexplained difficulty breathing or fatigue during exercise?	Y / N / Don't Know
k. Any family member (blood relative):	
(1). Under age 50 with a heart condition?	Y / N / Don't Know
(2). With Marfan Syndrome?	Y / N / Don't Know
(3). Died of a heart problem before age 50? If yes, at what age?	Y / N / Don't Know
(4). Died with no known reason?	Y / N / Don't Know
(5). Died while exercising? If yes, was it during or after? (Circle one.)	Y / N / Don't Know
► Explain all "yes" answers here (include relevant dates):	

<b>4. Have you ever had, or currently have, any of the following <u>EYE, EAR, NOSE, MOUTH or THROAT</u> conditions:</b>	
a. Vision problems?	
(1). Wear contacts, eyeglasses or protective eye wear? (Circle which type.)	Y / N / Don't Know
b. Hearing loss or problems?	
(1). Wear hearing aides or implants?	Y / N / Don't Know
c. Nasal fractures or frequent nose bleeds?	Y / N / Don't Know
d. Wear braces, retainer or protective mouth gear?	Y / N / Don't Know
e. Frequent strep or any other conditions of the throat (e.g. tonsillitis)?	Y / N / Don't Know
► Explain all "yes" answers here (include relevant dates):	

<b>5. Have you ever had, or do you currently have, any of the following <u>NEUROMUSCULAR/ORTHOPEDIC</u> conditions:</b>	
a. Numbness, a "burner", "stinger" or pinched nerve?	Y / N / Don't Know
b. A sprain?	Y / N / Don't Know
c. A strain?	Y / N / Don't Know
d. Swelling or pain in muscles, tendons, bones or joints?	Y / N / Don't Know
e. Dislocated joint(s)?	Y / N / Don't Know
f. Upper or lower back pain?	Y / N / Don't Know
g. Fracture(s), stress fracture(s), or broken bone(s)?	Y / N / Don't Know
h. Do you wear any protective braces or equipment?	Y / N / Don't Know
► Explain all (yes) answers here (include relevant dates):	

<b>6. Have you ever had or do you currently have any of the following <u>GENERAL or EXERCISE RELATED</u> conditions:</b>	
a. Difficulty breathing?	
(1.) During exercise?	Y / N / Don't Know
(2.) After running one mile?	Y / N / Don't Know
(3.) Coughing, wheezing or shortness of breath in weather changes?	Y / N / Don't Know
(4.) Exercise-induced asthma?	Y / N / Don't Know
i. Controlled with medication? (specify _____)	Y / N / Don't Know
ii. Experience dizziness, passing out or fainting?	Y / N / Don't Know
b. Viral infections (e.g. mono, hepatitis, coxsackie virus)?	Y / N / Don't Know
c. Become tired more quickly than others?	Y / N / Don't Know
d. Any of the following skin conditions:	
(1.) Cold sores/herpes, impetigo, MRSA, ringworm, warts?	Y / N / Don't Know
(2.) Sun sensitivity?	Y / N / Don't Know
e. Weight gain/loss (of 10 pounds or more)?	Y / N / Don't Know
(1.) Do you want to weigh more or less, than you do now?	Y / N / Don't Know
f. Ever had feelings of depression?	Y / N / Don't Know
g. Heat-related problems (dehydration, dizziness, fatigue, headache)?	Y / N / Don't Know
(1.) Heat exhaustion (cool, clammy, damp skin)?	Y / N / Don't Know
(2.) Heat stroke (hot, red, dry skin)?	Y / N / Don't Know
(3.) Muscle cramps?	Y / N / Don't Know
h. Absence or loss of an organ (e.g. kidney, eyeball, spleen, testicle, ovary)?	Y / N / Don't Know
► Explain all "yes" answers here (include relevant dates):	

<b>7. Females only:</b>	a. Age of onset of menstruation: _____
	b. How many menstrual periods in the last twelve (12) months? _____
<b>8. Males only:</b>	a. Have you had any swelling or pain in your testicles or groin? _____

**PARENT/GUARDIAN SIGNATURE**

I certify that the information provided herein is accurate to the best of my knowledge as of the date of my signature.  
 Printed Parent Name: \_\_\_\_\_ Signature date: \_\_\_\_\_  
 Parent/ Guardian or Student Age 18+ Signature: \_\_\_\_\_

**THE EXAMINING PROVIDER MUST REVIEW THIS COMPLETED AND SIGNED HEALTH HISTORY AT THE TIME OF THE MEDICAL EXAM.**

# ANNUAL ATHLETIC PRE-PARTICIPATION PHYSICAL EVALUATION FORM

## Part B: Physical Evaluation Form

(Completed by the examining licensed provider MD, DO, APN or PA)

### -STUDENT INFORMATION-

Student's Name: \_\_\_\_\_ Sex: M F Grade: \_\_\_\_ Age: \_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Sports: \_\_\_\_\_

School: \_\_\_\_\_ District: \_\_\_\_\_

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

### - EXAMINING PHYSICIAN/PROVIDER CONTACT INFORMATION-

If conducted by school physician check here:  Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

### - FINDINGS OF PHYSICAL EVALUATION -

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_ / \_\_\_\_ Pulse: \_\_\_\_ bpm.

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y / N Contacts: Y / N Glasses: Y / N

INDICATORS	NORMAL?	ABNORMAL FINDINGS/COMMENTS
General Appearance	YES	
Head/Neck	YES	
Eyes/Sclera/Pupils	YES	
Ears	YES	
Gross Hearing	YES	
Nose/Mouth/Throat	YES	
Lymph Glands	YES	
Cardiovascular	YES	
Heart Rate	YES	
Rhythm	YES	
Murmur	ABSENT	
If murmur present		Standing makes it: Louder Softer No Change
		Squatting makes it: Louder Softer No Change
		Valsalva makes it: Louder Softer No Change
Femoral Pulses	YES	
Lungs: Auscultation/Percussion	YES	
Chest Contour	YES	
Skin	YES	
Abdomen (liver, spleen, masses)	YES	
Assess: physical maturation/Tanner Scale	YES	
Testicular Exam (Males Only)	YES	
Neck/Back/Spine:	YES	
Range of Motion	YES	
Scoliosis	ABSENT	
Upper Extremities: (ROM, Strength, Stability)	YES	
Lower Extremities: (ROM, Strength, Stability)	YES	
Neurological: Balance & Coordination	YES	
Hernia	ABSENT	
Evidence of Marfan Syndrome	ABSENT	

Most recent immunizations and dates administered:


Medications currently prescribed, with dose and frequency:

Medication Name	Dosage	Frequency

Additional observations:

General Diagnosis: \_\_\_\_\_

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

THE HISTORY PREPARED BY THE PARENT/STUDENT MUST BE REVIEWED BY THE EXAMINING PROVIDER AT THE TIME OF THE PHYSICAL EXAMINATION.

**CLEARANCES:** This section is completed by the examining healthcare provider.

After examining the student and reviewing the medical history the student is:

- A. Cleared for participation in all sports without restriction.
- B. Not cleared for participation in any sport until evaluation and treatment of:
- C. Cleared for limited participation in the following types of sports only. Please see below for sport classifications.  
*Check all that apply*       CONTACT/COLLISION       NON-CONTACT/STRENUOUS  
     LIMITED CONTACT       NON-CONTACT/NON-STRENUOUS

Limitations due to: \_\_\_\_\_

**NOTES TO THE EXAMINING PROVIDER**

Conditions requiring clearance before sports participation include, but are not limited to the following: Anaphylaxis; Atlantoaxial instability; Bleeding disorder; Hypertension; Congenital heart disease; Dysrhythmia; Mitral valve prolapse; Heart murmur; Cerebral palsy; Diabetes mellitus; Eating disorders; Heat illness history; One-kidney athletes; Hepatomegaly, Splenomegaly; Malignancy; Seizure Disorder; Marfan Syndrome; History of repeated concussion; Organ transplant recipient; Cystic fibrosis; Sickle cell disease; and/or One-eyed athletes or athletes with vision greater than 20/40 in one eye.

**SAMPLES OF CLASSIFICATION OF SPORTS BY CONTACT**

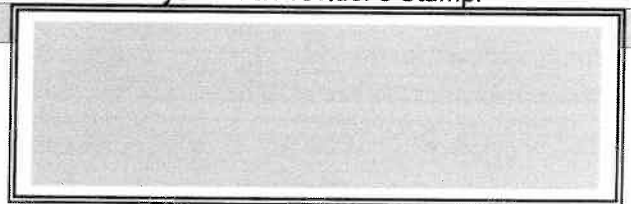
Contact/Collision		Limited Contact		Non-Contact		
				Strenuous		Non-strenuous
Basketball	Ice Hockey	Baseball	Gymnastics	Discus	Strength Training	Bowling
Diving	Lacrosse	Cheerleading	Skiing	Javelin	Swimming	Golf
Field Hockey	Soccer	Fencing	Softball	Shot put	Tennis	
Football	Wrestling	High Jump	Volleyball	Rowing	Track	
		Pole vault		Running/Cross Country		

Effects of physiologic maneuvers on heart sounds:		Physical Stigmata of Marfan Syndrome		HCM = Hypertrophic Cardio Myopathy
Standing	Increases murmur of HCM	Kyphosis	Mitral Valve Prolapse	AS = Aortic Stenosis
	Decreases murmur of AS, MR	Myopia	High arched palate	AI = Aortic Insufficiency
	MVP click occurs earlier in systole	Pectus excavatum	Lenticular dislocation	MR = Mitral Regurgitation
Squatting	Increases murmur of AS, MR, AI	Arachnodactyly	Aortic Insufficiency	MVP = Mitral Valve Prolapsed
	Decreases murmur of MCH	Arm span > height 1.05:1		
	MVP click delayed			
Valsalva	Increases murmur of HCM			
	Decreases murmur of AS, MR			
	MVP click occurs earlier in systole			

Physician's/Provider's Stamp:

**HISTORY REVIEWED AND STUDENT EXAMINED BY:**

- Primary Care Provider
- School Physician Provider
- License Type: MD/DO    APN    PA



PHYSICIAN'S PROVIDER'S SIGNATURE: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**RESERVED FOR SCHOOL DISTRICT USE**

N.J.A.C. 6A:16-2.2 requires the school physician to provide written notification to the parent/legal guardian stating approval or disapproval of the student's participation in athletics based on this physical evaluation. This evaluation & notification letter is part of the student's school health record.

History and Physical Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Reviewer (please check one):  School Nurse    School Physician

Medical Eligibility Notification Sent to Parent/Guardian by School Physician: \_\_\_\_\_  Letter of notification is attached OR

Parent notification indicates that:  Participation Approved without limitations    Participation Approved with limitations pending evaluation

Participation NOT Approved   Reason(s) for Disapproval: \_\_\_\_\_