



Dear Parents/Guardians of Student-Athletes:

School Year 2021 - 2022

Any student wanting to play a sport must have a valid physical submitted to the school, these physicals are good for one calendar year. Along with the physical all athletes must have the Lodi Athletic Packet completed which is good for one school year. In addition to this all athletes must submit The Medical History Update form which is required each new season, and must be filled out within 30 days prior to the beginning of each season. Please remember to answer the questions based on your child's most recent physical.

All athletes must have submitted the following forms in the Athletic Packet to the Athletic Trainer by July 21, 2021 to be eligible to begin practicing in August:

- Health History Update (must be completed for EVERY SEASON)
- Consent to Test and Treat
- Sudden Cardiac Death Pamphlet Sign-Off Sheet
- NJSIAA Concussion Policy Acknowledgement Form
- Opioid Sign-Off Sheet
- NJSIAA Steroid Testing Policy
- Emergency Contact Card

If you have any questions, please feel free to contact me at [carlos.ruales-godoy@lodi.k12.nj.us](mailto:carlos.ruales-godoy@lodi.k12.nj.us) I am looking forward to a healthy and successful fall season.

Carlos Ruales-Godoy LAT, ATC  
Lodi Athletic Trainer

## New Jersey Department of Education Health History Update Questionnaire

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 Name:

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, describe 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 Office**

**LODI HIGH SCHOOL  
ATHLETIC TRAINING AND SPORTS MEDICINE  
CONSENT TO TEST AND TREAT**

I \_\_\_\_\_ (Print parent/guardian's name) give permission for my child \_\_\_\_\_ (Print student-athlete's name) These services are provided by certified athletic trainers (ATs) who practice, according to state statutes, and who assess, treat, and rehabilitate student-athletes injuries and conditions. I give permission for the ATs and their staff to assess, treat, and rehabilitate the student-athlete and refer the student-athlete to a physician or emergency room as appropriate. Additionally, if the ATs believe the best way to assess, treat, and rehabilitate the student-athlete is through electrical stimulation or ultrasound, I authorize the ATs to utilize these methods. Electrical Stimulation is a modality/rehabilitation tool that provides currents that can reduce pain associated with an injury. Ultrasound is also a modality used primarily to produce an increase in muscle temperature.

With my signature below, I voluntarily give permission to the appropriate AT and/or appropriate staff to assess, treat, and rehabilitate the student-athlete as needed. I understand that this consent will be in effect as long as the student-athlete is enrolled in the school corporation. I have read and agree with all of the above statements.

\_\_\_\_\_  
Student- Athlete's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**LODI HIGH SCHOOL**  
**SPORTS-RELATED CONCUSSION AND HEAD INJURY FACT SHEET**  
**PARENT/GUARDIAN ACKNOWLEDGEMENT FORM**

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2020-2021 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

**Quick Facts:**

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

**Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian) :**

Appears dazed or stunned

- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

**Symptoms of Concussion (Reported by Student-Athlete):**

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or fogginess
- Difficulty with concentration, short term memory, and/or confusion

**What Should a Student-Athlete do if they think they have a concussion?**

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian
- **Report it.** Don't return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return to play
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury

**What can happen if a student-athlete continues to play with a concussion or returns to play too soon?**

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury
  - Second impact syndrome can lead to severe impairment and even death in extreme cases

**Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?**

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing—even watching movies can slow down a student-athletes' recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations. **Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:**

- Step 1: Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If there are no return of symptoms, the next day advance.
- Step 2: Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate
- Step 3: Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement
- Step 4: Non-contact training drills (e.g. passing drills). Student-athlete may initiate resistance training
- Step 5: Following medical clearance (consultation between school health care personnel and student athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff
- Step 6: Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

[www.cdc.gov/concussion/sports/index.html](http://www.cdc.gov/concussion/sports/index.html)      [www.nfhs.com](http://www.nfhs.com)      [www.ncaa.org/health-safety](http://www.ncaa.org/health-safety)  
[www.bianj.org](http://www.bianj.org)      [www.atsnj.org](http://www.atsnj.org)

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Signature of Student-Athlete

Print Student-Athlete's Name

Date

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Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

1161 Route 130, P.O. Box 487, Robbinsville, NJ 08691 609-259-2776 609-259-3047-Fax

**NJSIAA STEROID TESTING POLICY  
CONSENT TO RANDOM TESTING**

In Executive Order 72, issued December 20, 2005, Governor Richard Codey directed the New Jersey Department of Education to work in conjunction with the New Jersey State Interscholastic Athletic Association (NJSIAA) to develop and implement a program of random testing for steroids, of teams and individuals qualifying for championship games.

Beginning in the Fall 2020 sports season, any student-athlete who possesses, distributes, ingests or otherwise uses any of the banned substances on the attached page, without a written prescription by a fully-licensed physician, as recognized by the American Medical Association, to treat a medical condition, violates the NJSIAA's sportsmanship rule, and is subject to NJSIAA penalties, including ineligibility from competition.

Athletes may submit supplements and medications to Drug Free Sport AXIS to receive information regarding banned substances or safety issues. Athletes or parents may login to the NJSIAA account at [www.dfsaxis.com](http://www.dfsaxis.com) using the password "njsports".

The NJSIAA will test certain randomly selected individuals and teams that qualify for a state championship tournament or state championship competition for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents and his or her school. No student may participate in NJSIAA competitions unless the student and the student's parent/guardian consent to random testing.

By signing below, we consent to random testing in accordance with the NJSIAA steroid testing policy. We understand that, if the student or the student's team qualifies for a state championship tournament or state championship competition, the student may be subject to testing for banned substances.

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Signature of Student-Athlete	Print Student-Athlete's Name	Date
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Signature of Parent/Guardian	Print Parent/Guardian's Name	Date
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State of New Jersey  
DEPARTMENT OF EDUCATION

**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.

\_\_\_\_\_  
Signature of Student-Athlete                      Print Student-Athlete's Name                      Date

\_\_\_\_\_  
Signature of Parent/Guardian                      Print Parent/Guardian's Name                      Date

# 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 spring 2018 athletic season (March 2, 2018, as determined by the New Jersey State Interscholastic Athletic Association) and annually thereafter prior to the student-athlete's or cheerleader's first official practice of the school year.

Also in accordance you must watch the video attached with your Student-Athlete on the use and misuse of opioids. <https://youtu.be/3Rz6rkwpAx8>

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

Name of School District (if applicable): \_\_\_\_\_

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

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

We have viewed the NJ CARES educational video on the risks of opioid use for high school athletes. We understand the NJSIAA policy that requires students, and their parents(s)/guardian(s) if a student is under the age of 18, to view this video and sign this acknowledgement.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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



**LODI HIGH SCHOOL  
EMERGENCY CONTACT CARD**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Cell Phone #: \_\_\_\_\_ Mother's Cell Phone #: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Check if email can be used to communicate over student

In case of illness, etc. list alternates in the area other than parent or guardian to be contacted:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Current Health Information**

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.)

\_\_\_\_\_

List any allergies or allergic reactions to medications of the student/minor:

\_\_\_\_\_

List any medications the student / minor is presently taking:

\_\_\_\_\_

Does student use /carry: Inhaler: Yes: \_\_\_\_ No: \_\_\_\_ Epi-Pen: Yes: \_\_\_\_ No: \_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Does your child have Health Insurance? Yes: \_\_\_\_ No: \_\_\_\_

I, \_\_\_\_\_, grant permission for the Athletic Trainer/Nurse to share relevant health information with Lodi High School faculty and staff to protect my child's health and safety.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_