



Beaver Dam High School Athletic Packet



Steps for finishing the new athletic packets.

1. Go to: registermyathlete.com
2. Click on: My School Login
3. Select Your State: Nevada (because Beaver Dam is the Nevada Interscholastic Activities Association)
4. Create your account
 - a. Once your account is created information only needs to be added one with each child added on to the account

If you have any questions or problems you can email the Athletic Director – Rory Hurley at rhurley@lisd9.com and he will try to help you out.

FORM B -- NIAA PRE-PARTICIPATION HISTORY FORM

HISTORY	DATE OF EXAM: _____
NAME: _____	SEX: _____ AGE: _____ D.O.B.: _____
GRADE: _____	SCHOOL: _____ SPORT(S): _____
ADDRESS: _____	PHONE: _____
PERSONAL PHYSICIAN: _____	
IN CASE OF EMERGENCY, CONTACT - NAME: _____	
RELATIONSHIP: _____	PHONE (H): _____ (W): _____

**EXPLAIN "YES" ANSWERS BELOW.
CIRCLE QUESTIONS YOU DON'T KNOW THE ANSWERS TO.**

	YES	NO
1. Do you have a chronic medical condition (asthma, diabetes, high blood pressure, etc.)?	_____	_____
2. Have you ever been hospitalized overnight?	_____	_____
3. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____
4. Do you have any allergies (for example, to pollen, medicine, food, or stinging insect)?	_____	_____
5. a. Have you passed out or been dizzy during exercise?	_____	_____
b. Have you had chest pain (or pressure) with exercise?	_____	_____
c. Have you had excessive unexplained shortness of breath or fatigue with exercise?	_____	_____
d. Is there a family history of premature death or morbidity from cardiovascular disease in a relative younger than age 50?	_____	_____
e. Is there any history in your family of hypertropic cardiomyopathy, dilated cardiomyopathy long QT syndrome or Marfan's syndrome?	_____	_____
f. Has a physician denied or restricted your participation in sports for any heart problem?	_____	_____
6. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus or blisters)?	_____	_____
7. a. Have you had a head injury or concussion?	_____	_____
b. Have you been knocked out, become unconscious, or lost your memory?	_____	_____
c. Have you had a seizure?	_____	_____
d. Do you have frequent or severe headaches?	_____	_____
e. Have you had numbness or tingling in your arms, hands, legs, or feet?	_____	_____
8. Have you become ill from exercising in the heat?	_____	_____
9. Do you cough, wheeze, or have trouble breathing during or after activity?	_____	_____

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FORM C

Dear Health Practitioner;

Enclosed is the revised Nevada Interscholastic Activities Association (NIAA) packet for High School Pre-participation Physical Evaluations (PPE's). You will notice that the form we are using incorporates recommendations from the Second PPE Task Force (1997)(supported by the AAFP, AAP, AMSSM, AOSM and AOASM) and separately from the AHA. We anticipate that this form will be reviewed every few years and we will keep you apprised of any changes. Also, for young athletes with known cardiovascular abnormalities, we recommend following the guidelines of the 26th Bethesda Conference. We recommend you reference the Task Force monograph, the AHA recommendations or the 26th Bethesda Conference before performing high school athletic physicals in Nevada.

While many of you have been performing these evaluations for years, we would like to bring your attention to a few points. As discussed in the introduction to the monograph, there are multiple reasons for performing PPE's; the foremost reasons are to prevent injury and sudden cardiac death.

It is estimated that between 1 and 2 deaths (predominantly cardiovascular in etiology) per 200,000 high school athletes occur per year. The prevalence of cardiovascular disease capable of causing sudden cardiac death in these athletes is around 1/20,000. The most common cause of cardiac death in this population is hypertrophic cardiomyopathy (HCM).

Since the vast majority of PPE's will be completely normal, and, conversely, most students with abnormalities on history or physical exam do NOT have significant cardiac pathology, extreme diligence is required when performing these exams so that the few students with serious conditions are not missed.

ANSWERS ON THE HISTORY FORM THAT WOULD SUGGEST A NEED FOR A CARDIOLOGY CONSULTATION INCLUDE:

- Excessive shortness of breath, syncope or chest pain during exercise.
- Family history of premature death or cardiovascular morbidity. (Before age 50)
- Family history of HCM, dilated cardiomyopathy, long QT syndrome, or Marfan's syndrome.

ABNORMALITIES ON THE PHYSICAL EXAM THAT SUGGEST THE NEED FOR ECHOCARDIOGRAPHY OR CARDIAC CONSULTATION INCLUDE:

- Any systolic murmur greater than II/VI.
- Any diastolic murmur.
- A murmur that increases in intensity from supine to standing (suggests HCM).
- Stigmata of Marfan's syndrome. (Attachment 7).

A second goal of the PPE is to detect chronic illnesses or old injuries that may hamper the athlete's performance (such as Exercise Induced Asthma) or lead to injury ("the most common cause of injury is reinjury").

The final goal of the PPE is to provide our young athletes with a chance to talk to a physician about health issues. While this exam does not replace ongoing care by a personal physician, it may be the only contact these students have. Therefore, a brief discussion of health issues such as breast and testicular cancer screening, alcohol and tobacco use, automobile safety, etc., may be appropriate during the PPE.

Thank you for your willingness to help ensure a safer future for Nevada's young athletes.

Published by the NIAA Sports Medicine Advisory Committee.

Approved: February 2000; June 2012

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**FORM D -- Health Practitioner, please refer to the letter & references provided on Form C.
 NIAA PRE-PARTICIPATION PHYSICAL EVALUATION
 (Physical to be completed during an athletes first and third year of participation)**

PHYSICAL EXAMINATION DATE OF EXAMINATION: _____

NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ % BODY FAT (optional): _____ PULSE: _____ BP: _____ / _____ (____ / _____, ____ / ____)

VISION: R 20/ _____ L 20/ _____ CORRECTED: Y / N PUPILS: Equal _____ Unequal _____

<u>MEDICAL</u>	NORMAL / ABSENT	ABNORMAL FINDINGS	EXPLAIN	INITIALS
Appearance				
Eyes/Ears/Nose/Throat				
Lymph Nodes				
Lungs				
Abdomen				
Genitalia (Males Only)				
Skin				
<u>CARDIOVASCULAR</u>				
Murmur that Increases From Supine to Standing				
Systolic Murmur Greater Than II/VI				
Any Diastolic Murmur				
Radial & Femoral Pulses				
<u>MUSCULOSKELETAL</u>				
Neck				
Back				
Shoulder / Arm				
Elbow / Forearm				
Wrist / Hand				
Hip / Thigh				
Knee				
Leg / Ankle				
Foot				
Stigmata of Marfan's Syndrome				

CLEARED after completing evaluation/rehabilitation for: _____

NOT CLEARED FOR: _____ REASON: _____

Recommendations: _____

Name of physician (print/type): _____ Phone: _____

Address: _____
 Street City State Zip Code

I, _____ hereby certify that I am a licensed _____, qualified to perform NIAA Pre-Participation Evaluations, and that on the date set forth below I performed all aspects of the NIAA Pre-Participation Evaluation on the above student. This student meets all physical examination requirements for participation in NIAA sanctioned sports.

Signature of Health Practitioner License Number Office Phone Number Date

Revised 5-2010; June 2012

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports *one or more* symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment or position • Forgets an instruction • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (<i>even briefly</i>) • Shows mood, behavior, or personality changes • Can't recall events <i>prior</i> to hit or fall • Can't recall events <i>after</i> hit or fall 	<ul style="list-style-type: none"> • Headache or “pressure” in head • Nausea or vomiting • Balance problems or dizziness • Double or blurry vision • Sensitivity to light or noise • Feeling sluggish, hazy, foggy, or groggy • Concentration or memory problems • Confusion • Just not “feeling right” or is “feeling down”

How can you help your teen prevent a concussion?

Every sport is different, but there are steps your teens can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.

- Ensure that they follow their coaches' rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

What should you do if you think your teen has a concussion?

1. **Keep your teen out of play.** If your teen has a concussion, her/his brain needs time to heal. Don't let your teen return to play the day of the injury and until a health care professional, experienced in evaluating for concussion, says your teen is symptom-free and it's OK to return to play. A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.
2. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
3. **Teach your teen that it's not smart to play with a concussion.** Rest is key after a concussion. Sometimes athletes wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let your teen convince you that s/he's “just fine.”
4. **Tell all of your teen's coaches and the student's school nurse about ANY concussion.** Coaches, school nurses, and other school staff should know if your teen has ever had a concussion. Your teen may need to limit activities while s/he is recovering from a concussion. Things such as studying, driving, working on a computer, playing video games, or exercising may cause concussion symptoms to reappear or get worse. Talk to your health care professional, as well as your teen's coaches, school nurse, and teachers. If needed, they can help adjust your teen's school activities during her/his recovery.

If you think your teen has a concussion:

Don't assess it yourself. Take him/her out of play. Seek the advice of a health care professional.

It's better to miss one game than the whole season.

For more information and to order additional materials *free-of-charge*, visit: www.cdc.gov/Concussion.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION





NIAA CONCUSSION PREVENTION, TREATMENT AND MANAGEMENT POLICY

Participation in NIAA sanctioned sports is a privilege and responsibility which requires all participants to adhere to athletic training rules imposed by the Nevada Interscholastic Activities Association ("NIAA"), as well as the school district and member, affiliate or provisional school the student attends and represents. Adherence to training rules ensures that all student athletes are in top physical condition, minimizes potential for significant injury, and further ensures that all member and affiliate school athletic teams are protected and properly represented by their student athletes.

A concussion is a brain injury that results from a bump, blow or jolt to the head or body which causes the brain to move rapidly in the skull and which disrupts normal brain function. The Centers for Disease Control and Prevention of the United States Department of Health and Human Services estimates that as many as 3.8 million concussions occur each year in the United States which are related to participation in sports and other recreational activities. Student athletes who continue to participate in an athletic activity while suffering from a concussion or suffering from the symptoms of an injury to the head are at a greater risk for catastrophic injury to the brain or even death. Ensuring that a student athlete who sustains or is suspected of sustaining a concussion or other injury to the head receives the appropriate medical care before returning to an athletic activity will significantly reduce the child's risk of sustaining greater injury in the future.

The Nevada Legislature passed AB455, now codified at NRS 386.435, during the 2011 Legislative session which mandates the NIAA develop a policy addressing concussion prevention, treatment and management which applies to all sports and activities sanctioned by the NIAA.

THEREFORE, the NIAA hereby adopts the following policy for purposes of prevention, treatment and management of injuries to the head which may occur during a pupil's participation in interscholastic activities and events, including, without limitation, a concussion of the brain. This policy constitutes the minimum standard that all member schools shall follow. School Districts and member schools may choose to adopt and follow more stringent programs and guidelines pertaining to the prevention, treatment and management of concussions and those programs shall take precedence over this policy.

1. Each school year before a student athlete is allowed to participate in an Interscholastic activity or event, the student athlete and his or her parent or legal guardian must be provided with a copy of this policy. Participation in interscholastic activities or events shall be construed in accordance with the definition of "participation" as set forth in NAC 386.615 and 386.695.



NIAA ALCOHOL, TOBACCO AND OTHER DRUG POSSESSION, USE, ABUSE and PENALTIES POLICY

(As revised and approved by NIAA Board of Control June 2011)

Participation in NIAA sanctioned sports is a privilege and responsibility which requires all participants to adhere to athletic training rules imposed by the school district and member or affiliate school the student attends and represents. Adherence to training rules ensures that all student-athletes are in top physical condition, minimizes potential for injury, and further ensures that all member and affiliate school athletic teams are appropriately represented by their student-athletes. Therefore, the possession or use of any controlled substance, designer or synthetic drug or naturally occurring drug, alcohol or any tobacco products, e-cigarettes or other product that delivers nicotine or mimics the reaction of nicotine without a prescription from a physician by a student athlete, whether it occurs on or off of school property, is prohibited and shall result in the penalties set forth herein.

This regulation shall begin once our son/daughter begins participation as a student athlete in high school athletics. This policy remains in effect for every calendar school year during the course of his/her high school career and when he/she is directly involved in a school activity occurring at any time (summer leagues / camps, etc.). This policy remains in effect regardless of whether our son/daughter is currently participating on a high school athletic team.

- a. Definitions: The following terms or phrases shall have the meaning ascribed to them for purposes of interpreting this Policy.
1. Competitive Week – means a seven (7) day period of time beginning with the first scheduled competition after a violation occurs in which a student athlete is participating as a member of an athletic team for a member or affiliate school, and in which that team is officially competing in NIAA sanctioned competition.
 2. Controlled Substance – includes any mind altering substance or beverage set forth in Schedule I-V of the list of Controlled Substances as identified by the office of the Drug Enforcement Administration or as set forth in 21 U.S.C. §812.
 3. Period of Suspension – means a student athlete is prohibited from appearing in any NIAA sanctioned sport or event as a member of an athletic team or in individual competition. A suspension from athletic competition begins with the first scheduled competition after a violation occurs. A student athlete who is suspended under this regulation who does not serve the entire period of suspension during the sport season in which suspension occurs shall serve any remaining period of suspension during the next sport season in which the student athlete appears on a NIAA roster. If a violation of this regulation occurs during a time when a student athlete does not appear on a NIAA roster, the suspension will only be satisfied the next sport season on a team in which the student athlete has previously appeared on a NIAA roster as a member in good standing. Attendance in a summer school class shall not apply toward satisfying any period of suspension.

- c. Cumulative Effect of Suspensions: Multiple suspensions of a student athlete's athletic eligibility based on violations of this Regulation shall be considered as cumulative over the length of each student athlete's high school career, 9th through 12th grade.

- d. Substance Abuse Intervention Program: Any student who has been suspended from athletic eligibility for violation of the provisions of this Regulation and whose future athletic eligibility is contingent on successful completion of a Substance Abuse Intervention Program, or whose suspension of athletic eligibility may be reduced through successful participation in a Substance Abuse Intervention Program, shall complete the Substance Abuse Intervention Program developed by the NIAA in conjunction with the State of Nevada, Department of Human Resources Division of Child and Family Services Program available through the Juvenile Justice Programs Office: (775) 684-7294.
 - i. Successful completion of the Substance Abuse Intervention Program shall require, at a minimum:
 - A. The completion of a video program specific to the nature of the student athlete's offense, by the student athlete, and his/her parent(s) or legal guardian(s), as demonstrated by the successful completion of an assignment on the content of the video by the student athlete and his/her parent(s) or legal guardian(s).

 - B. The completion of a minimum of an eight (8) hour assignment selected from a list of ten (10) possible assignments by school personnel. Successful completion shall be determined through a meeting between the student athlete, his/her parent(s) or legal guardian(s), the head coach of the sport in which the student athlete was participating at the time of offense, and the school counselor or dean of students.

All investigations and penalty enforcements will be conducted by the school and / or district with support through the NIAA office.