

Girls Middle School Field Hockey



I am so very excited for the season to begin!! All students who wish to participate in the exciting sport of field hockey, please be sure to **follow the directions in this packet**. If you have any further questions, please email me at Lynnmarie.Lawson@sayrevillek12.net. I cannot wait to see you all in September! ☺

○ **Tryouts** will start **September 7th (Thursday)**

- We will meet in the gym after school.
- Tryouts will run until 4:30.
- Parents can pick up their children in front of the Middle School.
- Wear sneakers and athletic attire. (You will sweat.)
- If you have a mouth guard, shin guards, or a stick, please bring them.
- Bring plenty of water.

○ **Physical and Clearance Packet**

- These must be handed in by **AUGUST 1st**!
- Packet must be returned to the main office in the **HIGH SCHOOL**.
- This is needed in order to participate in the sport.
- Having difficulty getting their physical done by the deadline due to insurance?
 - NJ MedExpress Urgent Care offers walk-in sport physical exams for \$30. This could be a convenient, one-time option to eliminate issues regarding physical dates.
 - This would help reset your annual physical appointment for the summer.

○ **Prepare** for Tryouts

- **Long Distance:** Try to run a mile three times a week.
- **Short Distance:** Try to sprint as hard as you can at least three times a week.
 - **You can do this on a track.** Sprint as hard as you can on the straight aways, and then you can jog lightly on the curves.
 - **You can also do this in your neighborhood.** Sprint as hard as you can up and down your street. It is easier to do with a friend! ☺



See you all soon!!

Coach Lawson ☺

Lynnmarie.Lawson@sayrevillek12.net

Sayreville Athletics – Medical Clearance Paperwork

Directions for completing the Physical Forms

Who needs to complete the Pre-Participation Physical Evaluation Forms? Any student-athlete who does not have a physical examination on file, or whose physical examination will expire before the first day of their sport season, must complete the Physical Forms. If the physical examination will expire during the course of the season, the Physical Forms should be submitted once the new exam is performed.

Physical examinations are only good for 364 days from the date of the exam. If your child has a physical on file that is good through the duration of the upcoming season, attach a copy of the yellow clearance letter that was mailed home to your clearance packet in lieu of the Physical Forms. If a new physical must be completed, the parent and physician must complete the Pre-Participation Physical Evaluation forms from the NJDOE.

1) To access the forms, go to www.sayrevillek12.net. Then look under the “Quick Links” section on the lower right side of the page, and click on “Athletics”. About halfway down the page, click the link for “District Athletic Forms”. You can access the Pre-Participation Physical Evaluation forms under Part 2 on this page.

2) Page 1 (History Form) and Page 2 (Special Needs Supplemental History Form) of the packet must be completed by a parent. These forms need to be filled out before the physical exam and reviewed by the examining doctor. **Both Page 1 and Page 2 must be completed and signed even if the student has no special needs.**

3) Page 3 (Physical Examination Form) and Page 4 (Clearance form) of the packet must be completed by the primary doctor. Please be sure that everything has been filled out (e.g. height/weight, pulse, blood pressure, vision, etc.) or else the physical will be returned and have to be re-submitted. The form must include the date of the actual exam and the provider’s signature on both pages.

4) The healthcare provider you choose to complete the physical forms must sign the last page of the packet indicating that they have completed the “Student-Athlete Cardiac Assessment Professional Development Module”. Until directed otherwise by the NJ Department of Education, have them attach a copy of their completion certificate to the physical forms.

6) Fall sports physicals are due by August 1st. Students handing in physicals after this date may not be cleared in time to start the season. If you anticipate any delay in getting the physical in by the deadline, you must inform your coach ASAP. Several forms cannot be dated more than 90 days before the start of the upcoming season. Be sure to stay within that time frame when filling out the paperwork. Note that the Middle School Clearance Packet must be turned in by August 1st even if the physical is not yet complete.

7) After the physical packet is submitted, it will be brought to the school physician for his approval. Once the physical is approved, a yellow clearance letter will be mailed home indicating this. Keep this form for your records. Please note that this does not mean that the student is allowed to participate in their fall sport; they must also hand in a completed Middle School Clearance Packet. **Make sure to check with your coaches well in advance of the start of the season regarding your clearance to avoid any problems on the first day of practice.**

Paperwork Deadline: August 1st

Sayreville Athletics – Medical Clearance Paperwork

Directions for completing the M.S. Clearance Packet

Who needs to complete the Clearance Packet? All student-athletes must complete the entire Middle School Clearance Packet for every sport they plan on playing/trying out for. It must be submitted by August 1st to play a fall sport.

- 1) Before completing this packet, you must go to the school website to read various informational and consent forms. To do this, go to www.sayrevillek12.net. Then look under the “Quick Links” section on the lower right side of the page, and click on “Athletics”. About halfway down the page, click the link for “District Athletic Forms”.
- 2) Read all the information on this page, then click on each link under “Part 3: Essential Informational and Consent Forms” and read each document carefully. Once everything has been read, you and your child can download and sign the Middle School Clearance Packet under Part 1; it is a six page packet.
- 3) Only the current Clearance Packet will be accepted (each page has 2017-2018 at the bottom). All forms must be completed and signed. Please keep all pages in the order they are printed. Make a copy of all forms for your records before handing them in.
- 4) If you already have taken the Impact test for a prior sport in a prior season/year, you do not need to take it again. Only students who have never taken the Impact test should take it for this school year.
- 5) During the school year, completed forms must be turned in directly to the school nurse. All forms should be turned in at the same time. Incomplete forms will be returned to the student for completion by the parent or primary physician. During summer break, forms should be returned to the Athletic Physical Collection Box at the Sayreville War Memorial High School Main Office.
- 6) The Middle School Clearance Packet is due August 1st for fall sports. No clearance packets will be accepted after that date; students who have not handed in a complete clearance packet by August 1st will not be allowed to participate in fall sports.
- 7) Students that may need inhalers, epi-pen, glucagon or other medication during sports must have a current doctor’s order on file in the nurses’ office. Medication orders must be written on the district medication form available at the nurses’ office. It is strongly recommended that these students provide an extra inhaler, epi-pen, etc. to keep in their team’s medical kit if needed. Immunizations must also be up to date.
- 8) Once the student has handed in the Clearance Packet and the school doctor has reviewed their physical forms and approved them for activity, they will be fully cleared to participate in their sport and their coach will be notified. **Make sure to check with your coaches well in advance of the start of the season regarding your clearance to avoid any problems on the first day of practice.**

ONLINE IMPACT TESTING PROCEDURES

As part of our concussion program, we will be testing all student-athletes by using the IMPACT Concussion Baseline Testing program. An IMPACT Baseline Test will be required of all student-athletes before they will be allowed to practice or participate in any NJSIAA sport in the Sayreville School District.

For your convenience, we have made it possible for the IMPACT Baseline Test to be conducted at home under the parent's supervision. We are asking that the parents of the student-athlete supervise their child while taking the online test. **Please do not help your child during the test in any way, since an inaccurate baseline score could lead to a longer return to play should a concussion injury be sustained.**

Please have your son/daughter take the IMPACT Baseline Test only if they are coming out for the Sayreville High School and Middle School athletic teams. This program is paid for by the Sayreville School District. Therefore, use must be limited to prospective student-athletes. At the conclusion of the test, please print out the receipt for your records and attach a copy to the Clearance Packet. A test type of "Baseline ++" on the receipt is unreliable and may result in the test having to be re-taken. A test type of just "Baseline" is desirable.

Student-athletes at the middle school are only required to take the IMPACT Baseline Test once during their 3-year term. **Prospective student-athletes at the high school must take the IMPACT Baseline Test for the 2017/2018 school year, regardless of prior sports participation or test completion. This test must be taken after April 1, 2017.**

To take the IMPACT test, you will need to have a computer with a working mouse.

To take the IMPACT Baseline Test, follow these instructions:

- 1) Go to <http://www.impacttestonline.com/schools/>
- 2) **Turn OFF any pop-up blockers that your computer may be using.**
- 3) Choose Baseline Test – New Jersey
- 4) Launch Baseline Test
- 5) Enter Customer ID Code --- C8CFAB2BD2 (ALL CAPS)
- 6) Use ENGLISH
- 7) School - Sayreville War Memorial High School
- 8) Answer demographic questions.
 - a. Current position - what position athlete plays on the field – guard, pitcher, forward, end
 - b. Current level of participation - high school or junior high school
 - c. Current Symptoms - what they are experiencing today.
- 9) Take Test (test time 20-40 minutes)
- 10) Once the test is taken, please print the receipt so it can be reviewed by the school's staff.

ATTENTION PARENT/GUARDIAN: The preparticipation physical examination (page 3) must be completed by a health care provider who has completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practitioner nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION			
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP	/	(/)	Pulse
			Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS	
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart* • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

*Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Date _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____