Fort Ann Central School
Athletics Department

Dear Parents/Guardians,

The Dominic Murray Sudden Cardiac Arrest Prevention Act is a new law as of July 1, 2022. This law requires schools, students, and parents/guardians have information on sudden cardiac arrest risks, signs, and symptoms. Please note that sudden cardiac arrest in children and youth is rare. The incidence of sudden cardiac death (SCD) on the playing field is 0.61 in 100,000.[1]

Sudden Cardiac Arrest (SCA) is an emergency that happens when the heart suddenly stops working. SCA can cause death if not treated immediately, and even with treatment death may occur. Immediate treatment is cardiopulmonary resuscitation (CPR) and use of an automatic external defibrillator (AED). All public schools must have a staff member trained in the use of CPR and AED in school and at all school athletic events.

Preventing SCA before it happens is the best way to save a life[1]. Both your family health history and your child's personal history must be told to healthcare providers to help them know if your child is at risk for sudden cardiac arrest. Ask your child if they are having any of the symptoms listed below and tell a healthcare provider. Know your family history and tell a healthcare provider of any risk factors listed below.

The signs or symptoms are:

- Fainting or seizure, especially during or right after exercise or with excitement or startled
- Racing heart, palpitations, or irregular heartbeat
- Dizziness, lightheadedness, or extreme fatigue with exercise
- Chest pain or discomfort with exercise
- Excessive shortness of breath during exercise
- Excessive, unexpected fatigue during or after exercise

Student's Personal Risk Factors are:

- Use of diet pills, performance-enhancing supplements, energy drinks, or drugs such as cocaine, inhalants, or "recreational" drugs.[2]
- Elevated blood pressure or cholesterol
- History of health care provider ordered test(s) for heart related issues

Student's Family History Risk Factors are:

- Family history of known heart abnormalities or sudden death before 50 years of age
- Family members with *unexplained* fainting, seizures, drowning, near drowning or car accidents before 50 years of age
- Structural heart abnormality, repaired or unrepaired
- Any relative diagnosed with the following conditions:

---

[1] Maron BJ, Doerer JJ, Haas TS, et al. Sudden deaths in young competitive athletes: analysis of 1866 deaths in the United States, 1980-2006. *Circulation* 2009;119:1085-92. 10.1161/CIRCULATIONAHA.108.804617

[2] SCA Prevention Toolkit – Eric Paredes Save A Life Foundation (epsavealife.org)

- Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
- Arrhythmogenic Right Ventricular Cardiomyopathy
- Heart rhythm problems, long or short QT interval
- Brugada Syndrome
- Catecholaminergic Ventricular Tachycardia
- Marfan Syndrome- aortic rupture
- Heart attack at 50 years or younger
- Pacemaker or implanted cardiac defibrillator (ICD)

SCA in students at risk can be triggered by athletic activities. To decrease any chance of SCA in a student, the Interval Health History for Athletics must be completed and signed by a parent/guardian before each sports season unless a physical examination has been conducted within 30 days before the start of the season. This form has questions to help identify changes since the last physical examination or health history was completed. School personnel may require a student with health or history changes to see a healthcare provider before participating in athletics.

Finally, the law requires any student who has signs and symptoms of pending SCA be removed from athletic activity until seen by a **physician**. The physician must provide written clearance to the school for the student to be able to return to athletics.

Please contact the State Education Department's Office of Student Support Services for questions at studentsupportservices@nysed.gov or 518-486-6090.

I have read and I understand the above information as it pertains to my student athlete.

Parent/Guardian Signature: _____

Date: _____

Fort Ann CSD/NYSED Interval Health History for Athletics--Two Page Form

Both pages must be completed.

Student Name:	DOB:
School Name:	Age:
Grade (check): ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	Level (check): ☐ Modified ☐ Fresh ☐ JV ☐ Varsity
Sport:	Limitations: ☐ Yes ☐ No
Date of last health exam:	Date form completed:

Health History To Be Completed By Parent/Guardian, Provide Details To Any Yes Answers On Back.

Any medications to be taken at practice and/or athletic event will require the proper paperwork, contact school with questions.

Has/Does your child:		
General Health Concerns	**Yes**	**No**
1. Ever been restricted by a doctor, physician assistant, or nurse practitioner from sports participation for any reason?		
2. Have an ongoing medical condition? ☐ Asthma ☐ Diabetes ☐ Seizures ☐ Sickle Cell trait or disease ☐ Other		
3. Ever had surgery?		
4. Ever spent the night in a hospital?		
5. Been diagnosed with Mononucleosis within the last month?		
6. Have only one functioning kidney?		
7. Have a bleeding disorder?		
8. Have any problems with his/her hearing or wears hearing aid(s)?		
9. Have any problems with his/her vision or has vision in only one eye?		
10. Wear glasses or contacts?		
Allergies	**Yes**	**No**
11. Have a life threatening allergy? Check any that apply: ☐ Food ☐ Insect Bite ☐ Latex ☐ Medicine ☐ Pollen ☐ Other		
12. Carry an epinephrine auto-injector?		
Breathing (Respiratory) Health	**Yes**	**No**
13. Ever complained of getting more tired or short of breath than his/her friends during exercise?		
14. Wheeze or cough frequently during or after exercise?		
15. Ever been told by their health care provider they have asthma?		
16. Use or carry an inhaler or nebulizer?		

Has/Does your child:		
Concussion/ Head Injury History	**Yes**	**No**
17. Ever had a hit to the head that caused headache, dizziness, nausea, confusion, or been told he/she had a concussion?		
18. Have you ever had a head injury or concussion?		
19. Ever had headaches with exercise?		
20. Ever had any unexplained seizures?		
21. Currently receive treatment for a seizure disorder or epilepsy?		
Devices/Accommodations	**Yes**	**No**
22. Use a brace, orthotic, or other device?		
23. Have any special devices or prostheses (insulin pump, glucose sensor, ostomy bag, etc.)? If yes there may be need for another required form to be filled out.		
24. Wear protective eyewear, such as goggles or a face shield?		
Family History	**Yes**	**No**
25. Have any relative who's been diagnosed with a heart condition, such as a murmur, developed hypertrophic cardiomyopathy, Marfan Syndrome, Brugada Syndrome, right ventricular cardiomyopathy, long QT or short QT syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
Females Only	**Yes**	**No**
26. Begun having her period?		
27. Age periods began:		
28. Have regular periods?		
29. Date of last menstrual period:		
Males Only	**Yes**	**No**
30. Have only one testicle?		
31. Have groin pain or a bulge or hernia in the groin?		

Sample Recommended NYSED Interval Health History for Athletics – Page 2	
Student Name:	
School Name:	DOB:

Has/Does your child:		
Heart Health	**Yes**	**No**
32. Ever passed out during or after exercise?		
33. Ever complained of light headedness or dizziness during or after exercise?		
34. Ever complained of chest pain, tightness or pressure during or after exercise?		
35. Ever complained of fluttering in their chest, skipped beats, or their heart racing, or does he/she have a pacemaker?		
36. Ever had a test by their medical provider for his/her heart (e.g. EKG, echocardiogram stress test)?		
37. Ever been told they have a heart condition or problem by a physician? If so, check all that apply: ☐Heart infection ☐Heart Murmur ☐High Blood Pressure ☐Low Blood Pressure ☐High Cholesterol ☐Kawasaki Disease ☐Other:		
Injury History	**Yes**	**No**
38. Ever been diagnosed with a stress fracture?		

Has/Does your child:		
Injury History *continued*	**Yes**	**No**
39. Ever been unable to move his/her arms and legs, or had tingling, numbness, or weakness after being hit or falling?		
40. Ever had an injury, pain, or swelling of joint that caused him/her to miss practice or a game?		
41. Have a bone, muscle, or joint injury that bothers him/her?		
42. Have joints become painful, swollen, warm, or red with use?		
Skin Health	**Yes**	**No**
43. Currently have any rashes, pressure sores, or other skin problems?		
44. Have had a herpes or MRSA skin infections?		
Stomach Health	**Yes**	**No**
45. Ever become ill while exercising in hot weather?		
46. Have a special diet or have to avoid certain foods?		
47. Have to worry about his/her weight?		
48. Have stomach problems?		
49. Have you ever had an eating disorder?		

Please explain fully any question you answered yes to in the space below. (Please print clearly and provide dates if known.

_____

_____

_____

_____

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____

FORT ANN CENTRAL SCHOOL
EMERGENCY MEDICAL AUTHORIZATION

Student's name_____ DOB_____

Name of parent or Guardian that student resides with: _____

Mother: _____ Father: _____

Address: _____ Address: _____

_____ _____

Place of Work: _____ Place of Work: _____

Home Tel. _____ Home Tel. _____

Work Tel. _____ Work Tel. _____

Cell _____ Cell _____

Responsible adult we may contact in the event a parent cannot be reached:

Name_____

Phone: Home_____Work_____Cell_____

Name_____

Phone: Home_____Work_____Cell_____

Medical Information: (write "none" if not applicable)

Medications student is currently taking:_____

If this medication (including inhalers) is/will be used during the school day or at school events, a Dr's note must be on file in the school health office.

Please list ***all*** information concerning the child's medical history including asthma, allergies, medical conditions and physical impairments to which a physician should be alerted:

_____

_____

_____

Family Physician_____Phone:_____

Family Dentist_____Phone:_____

CONSENT OF PARENT OR GUARDIAN FOR EMERGENCY TREATMENT:

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports ***one or more*** symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness *(even briefly)*	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events *prior* to hit or fall	Confusion
Can't recall events *after* hit or fall	Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness *(even a brief loss of consciousness should be taken seriously)*

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

Remember

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: **www.cdc.gov/Concussion.**

Student-Athlete Name Printed	Student-Athlete Signature	Date
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date