ACADEMY OF THE NEW CHURCH

POLICIES FOR ATHLETIC PARTICIPATION

Updated 7/7/26

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I. Athletic Physicals

The Academy of the New Church requires every student-athlete to complete a comprehensive physical exam before entry into school. The following are the policies of the Academy of the New Church and Sports Medicine Department.

The Academy of the New Church student-athlete must meet the following criteria to be cleared for participation in sports, dance, or PE.

All sports PPE (pre-participation Exams) forms are given to the School Nurse.

1. The parent/guardian must complete the full physical and health history form. As well as The Emergency contact and permission to treat form. All questions on the physical

evaluation form must be answered in their entirety by the parent before a student-athlete can be cleared.

2. Athletic physical exams must be completed by a licensed medical practitioner (MD, DO, PAC, CRNP). The physical must be dated after May 1st of the year entering.
3. Tetanus shots must have been given within 10 years to be valid and must remain valid for the entire sports season. Exception: those student-athletes who qualify for a medical or religious exemption. as defined under section 23.84 of the Procedure Manual for School Immunization Regulations, Pennsylvania Department of Health. These exemptions will be kept on file in the health clinic.
4. Vision referrals will be made for any reading 20/40 or higher.
5. Blood Pressure Readings: if either the blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student-athlete's primary physician is recommended:
   Age: 10-12: BP: >126/82 RP: >104
   Age: 13-15: BP: >138/86 RP: >100
   Age: 16-25: BP: >142/92 RP: >96
6. Any student-athlete with a chronic medical condition such as but not limited to diabetes, cardiac, neurological, etc., **must have a clearance from their primary care provider.**
7. **Any student-athlete that has had a previous injury or a significant medical illness during the preceding year must also have a medical release from the attending physician of the injury or medical condition in order to participate in athletics.**
8. The following appropriate medical professionals may assess and manage a student-athlete with a concussion or traumatic brain injury provided they are trained in the evaluation and management of concussions:
   -a licensed physician or certified healthcare professional designated by such licensed physician
   -a Certified Athletic trainer who is working under the direction of a licensed physician
   -a licensed psychologist trained in neuropsychology
   All other entities of PA Senate Bill 200 will be followed including definition of athletic activity, interscholastic athletics, educational requirements of parents and athletics, and removal from play. Coaches will be required to complete a concussion management certification training class and will face the penalties outlined in the PA Safety in Youth Sports Act if they fail to complete this training.

10. Any student-athlete who suffers a concussion or traumatic brain injury will be required to follow the Academy of the New Church Sports Medicine Department's 6 Phase Return to Participation Program with the Certified Athletic Trainer. See Section IV for further details on the Concussion Management Policies.

II. Written Medical Releases for Routine Exams or Illness (sickness, not injury)

The following is the policy of the Academy of the New Church Sports Medicine Department regarding student-athletes who seek medical attention.

1. **Any student who sees a licensed medical professional must secure a written release before returning to athletic participation.**
   a. Approved licensed medical professionals:

i. Medical Doctor (MD, DO) or any specialist with the credentials MD or DO.
ii. Dentist (DMD) or any specialist with the credentials MD or DMD.
iii. Podiatrist (DPM)
iv. Certified Nurse Practitioner (CRNP)

Medical releases are required for any physician appointment(s) (dentist, dermatologist, specialist, primary care physician, etc.) to ensure the student-athlete is cleared for participation in sports. Unless a written medical release stating "the student-athlete is cleared for return to sports participation" is provided following a physician visit/ consultation/ evaluation, the Certified Athletic Trainer will assume the student-athlete is not cleared.
If a student-athlete's participation is restricted by a healthcare professional not listed above, the student-athlete must obtain a release to return to participation from an appropriate approved licensed medical professional. Healthcare professionals that cannot return an athlete to participation include but are not limited to:
Chiropractors
Massage Therapists
Sports Performance Specialists
Any student-athlete participating in a school sponsored activity must adhere to these policies. That includes but is not limited to:
Club sponsored sports
Out of seasons sports
Any pre-season conditioning sessions

III. Written Medical Releases for Injuries and Medical/Surgical/Dental Procedures Return to Participation

The following is the policy of the Academy of the New Church Sports Medicine Department for Return-to-Participation (RTP) from any injury that restricts participation in athletic activities.

1. All injuries occurring during Academy of the New Church sponsored activities, practices, and home and away events should be reported to the Athletic Trainer at the Academy of the New Church.
2. Any student who sees a licensed medical professional must secure a written release before returning to athletic participation. Acceptable notes are from the following approved licensed medical professionals:
    a. Medical Doctor (MD, DO) or any specialist with the credentials MD or DO.
    b. Dentist (DMD) or any specialist with the credentials MD or DMD.
    c. Podiatrist (DPM)
    d. Certified Nurse Practitioner (CRNP)
    e. Physician assistant (PA-C)

3. Failing to report injuries delays critical medical evaluations, which can postpone

necessary emergency care, treatment, follow-up monitoring, and the student-athlete's safe return to play.

a. Failure to report suspected Head Injuries is a direct violation of the PA SB 200 "Youth Safety in Sports Act" of 2023
b. If a student-athlete seeks additional medical attention from a licensed healthcare provider for an injury, they must obtain a written release stating they may return to athletic participation, practice, or competition.
c. All releases must include the athlete's name, date of visit, reason for visit, diagnosis, and the date of full return to participation without restriction. THE COACH IS NOT TO ACCEPT ANY MEDICAL NOTE FROM THE ATHLETE OR PARENT.
d. If a note does not have this pertinent information, the student athlete's return to play may be delayed.
e. The note alone stating the athlete is ¨cleared¨ is not the only qualifying factor for RTP.
    i. The athlete will be physically exerted and tested to ensure their safety and protection before the Certified Athletic Trainer clears them to play.
    ii. THERE ARE NO CLEARANCES FOR RETURN TO PLAY ON GAME DAYS. The student athlete must complete a Return to Play plus a full duration practice, plus additional steps if needed, before being cleared. If you have questions about RTP on game days, please speak with the AD.
f. The school Certified Athletic Trainer and/or their designee(s) retain the right, as directed in Standard Operating Procedures (SOP) to have any student-athlete meet additional requirements for returning from an injury beyond those outlined by the attending physician only if the student-athlete is not able to meet the following criterion:
    i. Any athlete who cannot demonstrate 90% strength, full pain-free range of motion, and normal gait (if applicable) when functionally tested.
    ii. Participation may need to be restricted until the student-athlete can participate at a level to ensure they will do no further harm to themselves or another athlete.
g. This is to limit the liability for the Academy and the Certified Athletic Trainer, and/or coaching staff personnel if a student-athlete attempts to return to participation before they are functionally ready.

4. Coaches, student-athletes, and parents are not permitted to tape athletes for any reason. If an athlete cannot see the Athletic Trainer before departing for away competitions, they need to seek out the attending Athletic Trainer for taping and bracing. Taping and bracing is only done in conjunction with a comprehensive rehabilitation program.

IV. Concussion Management Plan

The following is the policy of the Academy of the New Church Sports Medicine Department for the management of concussions sustained by a student-athlete. This policy was developed with the CDC, NATA, and other position statements on concussion diagnosis, treatment, and return to

play.

1. All student-athletes suspected of sustaining a concussion must be evaluated by a licensed or certified healthcare provider trained in the management of concussions as per 1.12 of the Safety in Youth Sports Act.
2. Yearly informational meetings for coaches, student-athletes, parents and other school officials.
3. Educational information is made available to coaches, parents, student-athletes from the CDC and the Department of Health.
4. Academy of the New Church requires the following:
    a. All student-athletes must complete, at a minimum, a 6 phase Return to Participation (RTP) which can be a written protocol from the supervising health care professional or the Academy of the New Church 6 Phase RTP program with the attending healthcare professional's permission via signature on the PPE form.

Definitions

Concussion or Mild Traumatic Brain Injury (MTBI)- A concussion or MTBI is the common result of a blow to the head or body which causes the brain to move rapidly within the skull. This injury causes brain function to change which results in an altered mental state (either temporary or prolonged). Physiologic and/or anatomic disruptions of connections between some nerve cells in the brain occur. Concussions can have serious and long-term health effects, even from a mild bump on the head. Symptoms include, but are not limited to, brief loss of consciousness, headache, amnesia, nausea, dizziness, confusion, blurred vision, ringing in the ears, loss of balance, moodiness, poor concentration or mentally slow, lethargy, photosensitivity, sensitivity to noise, and a change in sleeping patterns. These symptoms may be temporary or long lasting.

Second Impact Syndrome (SIS)- Refers to catastrophic events which may occur when a second concussion occurs while the athlete is still symptomatic and healing from a previous concussion. The second injury may occur within days or weeks following the first injury. Loss of consciousness is not required. The second impact is more likely to cause brain swelling with other widespread damage to the brain. This can be fatal. Most often SIS occurs when an athlete returns to activity without being symptom free from the previous concussion.

Prevention Strategies

1. All headgear must be NOCSAE certified.
2. Make sure the headgear fits the individual.
3. For all sports that require headgear, a coach or appropriate designate with knowledge of equipment fitting should check headgear before use to make sure air bladders work and are appropriately filled. Padding should be checked to make sure they are in proper working condition.
4. Make sure helmets are secured properly at all times.
5. Mouth guards should fit and be used at all times for those sports that they are

required.

6. All coaching staff personnel must take a concussion training course each year, beginning July 1st.

Sideline Evaluation for Concussion/MTBI

At time of injury the ATC or EMT will administer an assessment:

a. For athletes with potential signs of a concussion, any screening assessment short of a multimodal evaluation of symptoms, signs, balance, gait, neurological and cognitive changes associated with a potential concussion may be inadequate to allow continued sports participation.
b. Then, if student has any symptoms aligning with a concussion, the athlete is out of play for the remaining game/day and parents are notified by the ATC.

Concussion Management

1. If a student athlete has symptoms after a head injury,. Please direct all notes to the school nurse, including the school accommodation recommendations given by the health-care provider..
2. School Modifications are determined by the treating health-care provider and the academic support team.
    a. The school nurse will initiate the concussion management team, which includes the principal, vice principal, registrar and all classroom teachers. Student-athletes must be symptom free for 24 hours and off all school modifications before beginning return-to-play for a sports program.

6-Phase Return to Participation (RTP) Program

The Certified Athletic Trainer (ATC) can provide daily clearance for completing the 6 Phase RTP program.

Return-to-sport (RTS) strategy—each step typically takes a minimum of 24 hours

PHASES			
1	Symptom-limited activity	Daily activities that do not exacerbate symptoms (eg, walking).	Gradual reintroduction of work/school
2	Aerobic exercise **2A—Light** (up to approximately 55% maxHR) **then**	Stationary cycling or walking at slow to medium pace. May start light resistance training that does not result in more than	Increase heart rate

	2B—Moderate (up to approximately 70% maxHR)	mild and brief exacerbation* of concussion symptoms.	
3	Individual sport-specific exercise Note: If sport-specific training involves any risk of inadvertent head impact, medical clearance should occur prior to Step 3	Sport-specific training away from the team environment (eg, running, change of direction and/or individual training drills away from the team environment). No activities at risk of head impact.	Add movement, change of direction
Steps 4–6 should begin after the resolution of any symptoms, abnormalities in cognitive function and any other clinical findings related to the current concussion, including with and after physical exertion.			
4	Non-contact training drills	Exercise to high intensity including more challenging training drills (eg, passing drills, multiplayer training) can integrate into a team environment.	Resume usual intensity of exercise, coordination and increased thinking
5	Full contact practice	Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6	Return to sport	Normal game play.	

a. **Note- Student-athlete's progression continues as long as the student-athlete is asymptomatic at the current phase. If the student-athlete experiences any post concussion symptoms, a waiting period of 24 hours is implemented, and they begin the progression at the phase where the symptoms appeared.**

V. Extreme Weather Policy

I. Lightning

A. Field clearing begins when the lightning is 8 miles away from an impending storm.

B. Resume when there has not been new lightning within the radius after 30 minutes.

Severe weather refers to any dangerous meteorological phenomena with the potential to cause damage, serious social disruption, or loss of human life. Types of severe weather phenomena

vary, but examples are high winds, excessive precipitation, severe thunderstorms, microbursts, and tornadoes. Extreme weather may refer to extreme cold or hot weather conditions.

This policy is developed through the guidance of the National Athletic Trainers' Association Position Statement: Lightning Safety for Athletics and Recreation (2013).

If a severe weather watch or warning is issued by the National Weather Service an email or text message will be sent to all head coaches.

- A "watch" means that severe weather is possible, but not imminent. Proceed with normal activity, but continue to monitor the changing weather conditions.
- A "warning" means that severe weather is imminent or has occurred in the area. Staff should begin to implement the Severe Weather Policy immediately.
- If a severe thunderstorm warning, a tornado watch, or a tornado warning is issued for our area by the National Weather Service, all activity will be stopped immediately and all participants, game officials, athletic staff and spectators will be relocated to the nearest safe location.
- If a tornado watch is issued for our area all games, matches, etc. will be canceled immediately. If a severe thunderstorm warning is issued all games, matches, etc. will be postponed.

Those coaches who have outside practices and/ or games at an off-site venue will need to adhere to the following procedure:

- Make sure all student-athletes are accounted for and under your direct supervision (if the weather turns severe quickly you will need to get the student-athletes to safety).
- Identify the designated safety shelter(s) at your location.
- Keep alert to the changing weather patterns and remember it is always better to be safe.

Those coaches who have outside practices and/or games on-site should adhere to the following procedures:

- Make sure all student-athletes are accounted for and under your direct supervision so that if it is deemed unsafe you can gather your student-athletes efficiently.
- Identify the designated safety shelter(s) in your location and make a plan to go to them if the need should arise.
- Keep alert to changing weather patterns. If severe weather is imminent you will be contacted via cell phone or text message.
- Be aware of the changing weather patterns in the outside environment.
- Games and/or practices may continue unless otherwise notified.
- Identify the safety areas in your venue should you need to utilize them.
    - Remember to stay away from windows, glass doors, high ceilings, and move to the interior of the school.
- You will be notified of potential severe weather via cell phone or text message.

II. Cold Weather Guidelines

Evaluate immediate and projected weather information including air temperature, wind, chance of precipitation or water immersion, and altitude.

- Identify activity intensity requirements and clothing requirements for each individual sport.
- Have alternate plans in place for deteriorating conditions and activities that must be adjusted or canceled.

The following guidelines can be used in planning activity depending on the wind-chill temperature. Conditions should be constantly reevaluated for change in risk, including the presence of precipitation:

- 30º F and below: Be aware of potential for cold injury and notify appropriate personnel of the potential.
- 25º F and below: Provide additional protective clothing, cover as much exposed skin as practical, and provide opportunities and facilities for re-warming
- 15º F and below: Consider modifying activity to limit exposure or allow more frequent chances to re-warm.
- 0º F and below: Consider terminating or rescheduling activity.

<u>Cold Weather Policy for Ice hockey</u>

1. Ambient or wind chill temperature of 15F and above: Practice and competition is allowed outside with appropriate clothing.
2. Ambient or wind chill temperature of 0-15F and above: Practice is allowed outside with appropriate clothing for a maximum duration of 45 minutes and then the student-athletes must be moved to inside to warm up for <u>at least 15 minutes.</u> Competitions that fall within this range are at the discretion of the Administrator on duty and the Athletic Trainer.
3. *Ambient or wind chill temperature of 0 degrees Fahrenheit and below practice or competition should not be allowed.*

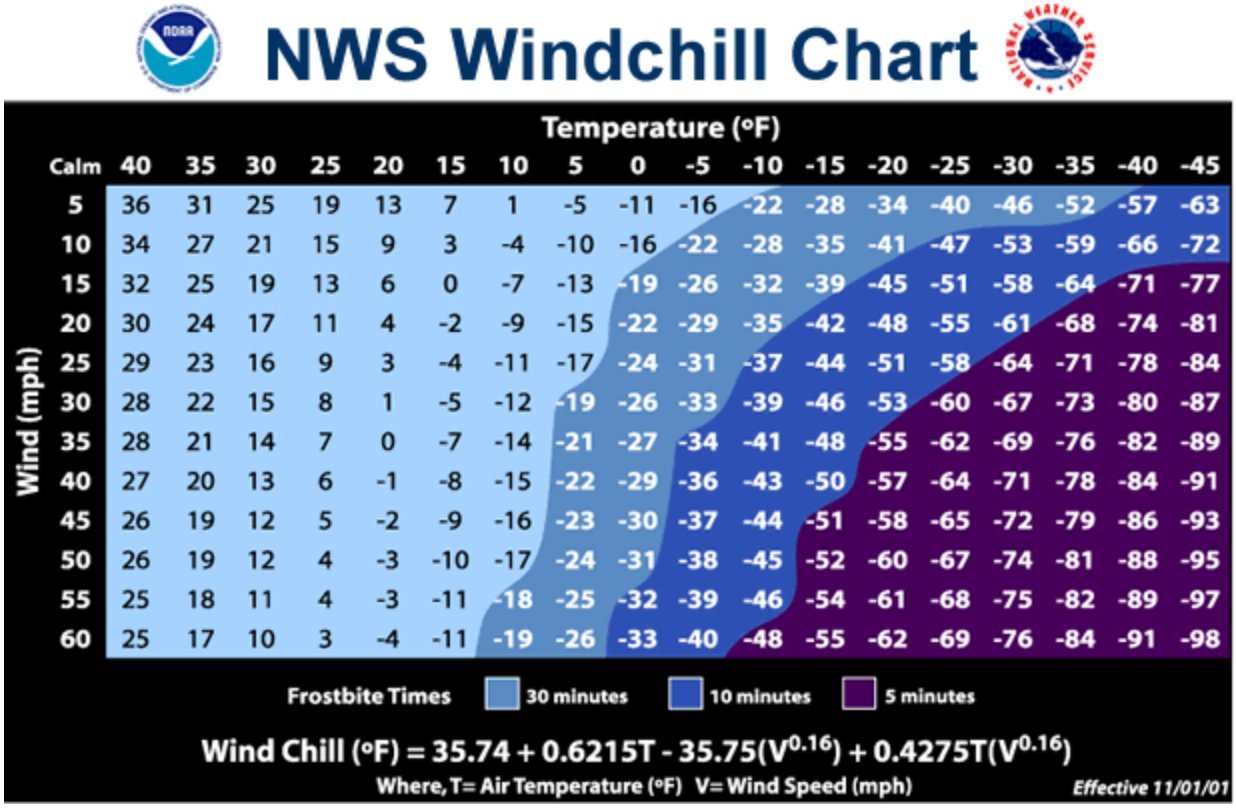


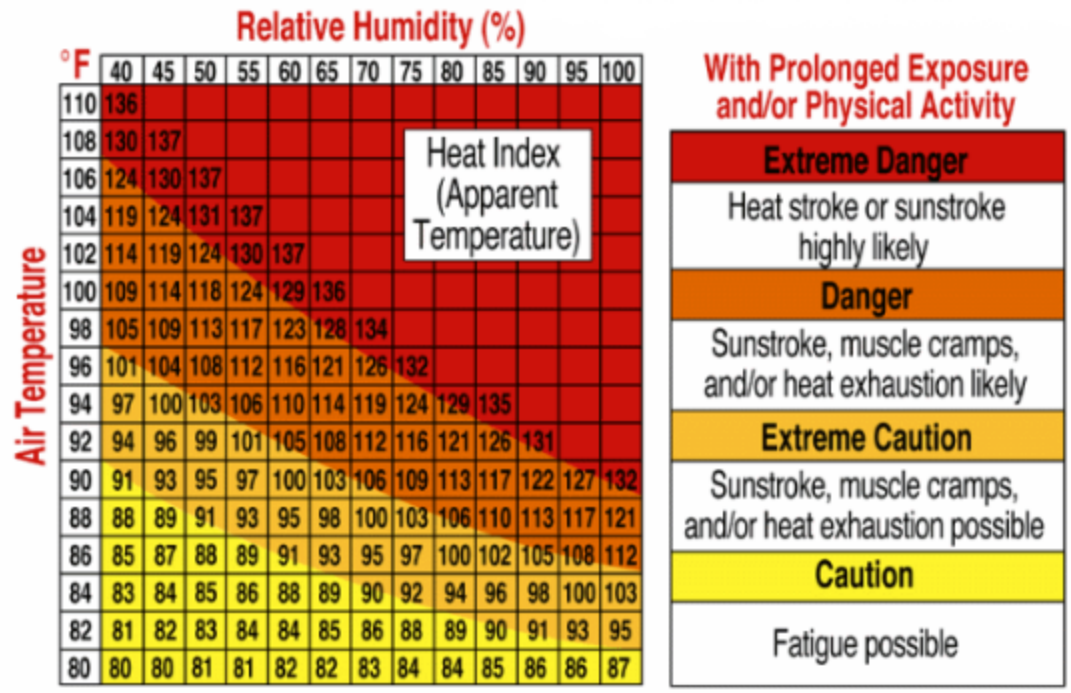
Figure 1

III. Hot Weather Guidelines

The Extreme heat guidelines are outlined according to the NATA position statement: Exertional Heat Illness, Journal of Athletic Training: 2002 and the NATA consensus statement Preseason Heat-Acclimatization Guidelines for High School Athletics, Journal of Athletic training: 2009.

- Identify potential problems including the number of participants, the nature of the activity, and other predisposing factors and check environmental conditions before and during the activity and adjust the schedule accordingly.
- Modify activity under high-risk conditions to prevent exertional heat illness. Monitor the student-athletes and be proactive in taking preventative steps.

The following guidelines on figure 2 can be used when planning activity depending on the relative humidity (RH) and temperature. Conditions should be constantly re-evaluated for change in risk.



Heat stress risk temperature and humidity graph. Heatstroke risk rises with increasing heat and relative humidity. *Fluid breaks should be scheduled for all practices and scheduled more frequently as the heat stress rises.* Add 5° to temperature between 10 AM and 4 PM from mid May to mid September on bright, sunny days. Practices should be modified for the safety of the student-athletes to reflect the heat-stress conditions.

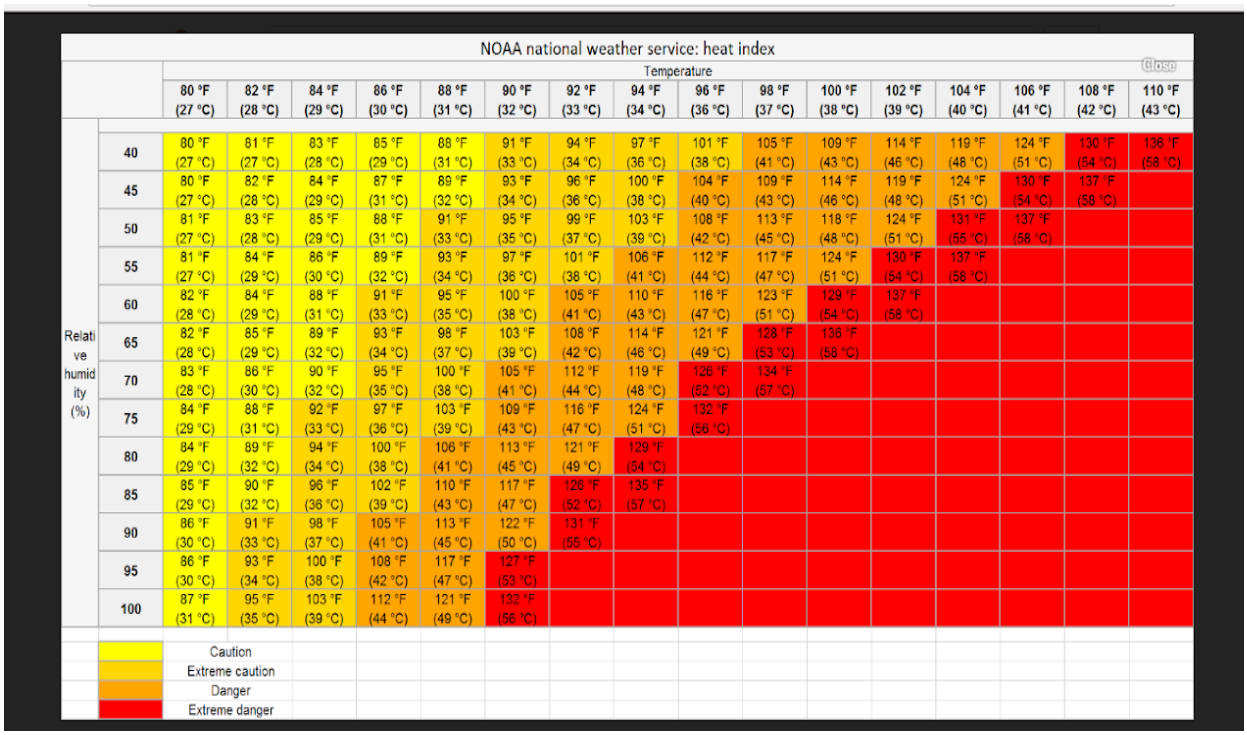
All practices will be continually monitored and reassess. Should conditions change the Athletic Trainer will let you know. Modify all practices when the temperature and relative humidity increases. practices may be moved into air-conditioned spaces or held as walk-through sessions with no conditioning activities.

Danger - Move practice indoors, later/earlier hours, or cancel.
Extreme Danger- move indoors or Cancelled

Temperatures that fall in the CAUTION area- Regular practices with full practice gear can be conducted.

Temperatures that fall in the Extreme Caution: increase rest-to-work ratio with 5- to 10-minute rest and fluid breaks every 20 to 30 minutes; practice should be in shorts with helmets and shoulder pads (not full equipment).

Adapted with permission from Kulka J, Kenney WL. Heat balance limits in football uniforms: how different uniform ensembles alter the equation. *Physician Sportsmed.* 2002;30(7):29–39.



NOAA national weather service: heat index

Relative humidity (%)	Temperature															
	80 °F (27 °C)	82 °F (28 °C)	84 °F (29 °C)	86 °F (30 °C)	88 °F (31 °C)	90 °F (32 °C)	92 °F (33 °C)	94 °F (34 °C)	96 °F (36 °C)	98 °F (37 °C)	100 °F (38 °C)	102 °F (39 °C)	104 °F (40 °C)	106 °F (41 °C)	108 °F (42 °C)	110 °F (43 °C)
40	80 °F (27 °C)	81 °F (27 °C)	83 °F (28 °C)	85 °F (29 °C)	88 °F (31 °C)	91 °F (33 °C)	94 °F (34 °C)	97 °F (36 °C)	101 °F (38 °C)	105 °F (41 °C)	109 °F (43 °C)	114 °F (46 °C)	119 °F (48 °C)	124 °F (51 °C)	130 °F (54 °C)	136 °F (58 °C)
45	80 °F (27 °C)	82 °F (28 °C)	84 °F (29 °C)	87 °F (31 °C)	89 °F (32 °C)	93 °F (34 °C)	96 °F (36 °C)	100 °F (38 °C)	104 °F (40 °C)	109 °F (43 °C)	114 °F (46 °C)	119 °F (48 °C)	124 °F (51 °C)	130 °F (54 °C)	137 °F (58 °C)	
50	81 °F (27 °C)	83 °F (28 °C)	85 °F (29 °C)	88 °F (31 °C)	91 °F (33 °C)	95 °F (35 °C)	99 °F (37 °C)	103 °F (39 °C)	108 °F (42 °C)	113 °F (45 °C)	118 °F (48 °C)	124 °F (51 °C)	131 °F (55 °C)	137 °F (58 °C)		
55	81 °F (27 °C)	84 °F (29 °C)	86 °F (30 °C)	89 °F (32 °C)	93 °F (34 °C)	97 °F (36 °C)	101 °F (38 °C)	106 °F (41 °C)	112 °F (44 °C)	117 °F (47 °C)	124 °F (51 °C)	130 °F (54 °C)	137 °F (58 °C)			
60	82 °F (28 °C)	84 °F (29 °C)	88 °F (31 °C)	91 °F (33 °C)	95 °F (35 °C)	100 °F (38 °C)	105 °F (41 °C)	110 °F (43 °C)	116 °F (47 °C)	123 °F (51 °C)	129 °F (54 °C)	137 °F (58 °C)				
65	82 °F (28 °C)	85 °F (29 °C)	89 °F (32 °C)	93 °F (34 °C)	98 °F (37 °C)	103 °F (39 °C)	108 °F (42 °C)	114 °F (46 °C)	121 °F (49 °C)	128 °F (53 °C)	136 °F (58 °C)					
70	83 °F (28 °C)	86 °F (30 °C)	90 °F (32 °C)	95 °F (35 °C)	100 °F (38 °C)	105 °F (41 °C)	112 °F (44 °C)	119 °F (48 °C)	126 °F (52 °C)	134 °F (57 °C)						
75	84 °F (29 °C)	88 °F (31 °C)	92 °F (33 °C)	97 °F (36 °C)	103 °F (39 °C)	109 °F (43 °C)	116 °F (47 °C)	124 °F (51 °C)	132 °F (56 °C)							
80	84 °F (29 °C)	89 °F (32 °C)	94 °F (34 °C)	100 °F (38 °C)	106 °F (41 °C)	113 °F (45 °C)	121 °F (49 °C)	129 °F (54 °C)								
85	85 °F (29 °C)	90 °F (32 °C)	96 °F (36 °C)	102 °F (39 °C)	110 °F (43 °C)	117 °F (47 °C)	126 °F (52 °C)	135 °F (57 °C)								
90	86 °F (30 °C)	91 °F (33 °C)	98 °F (37 °C)	105 °F (41 °C)	113 °F (45 °C)	122 °F (50 °C)	131 °F (55 °C)									
95	86 °F (30 °C)	93 °F (34 °C)	100 °F (38 °C)	108 °F (42 °C)	117 °F (47 °C)	127 °F (53 °C)										
100	87 °F (31 °C)	95 °F (35 °C)	103 °F (39 °C)	112 °F (44 °C)	121 °F (49 °C)	132 °F (56 °C)										

Caution
Extreme caution
Danger
Extreme danger

VI. Athletic Training Services

The following are the policies governing the athletic training services provided by the Academy of the New Church Sports Medicine.

Job Description of a Certified Athletic Trainer:

a. Reports to: Athletic Director.
b. Qualifications: Shall be certified by the National Athletic Trainer's Association Board of Certification.
c. Accountability: The Certified Athletic Trainer will be responsible administratively to the Athletic Director and to the school principal(s). Medical responsibility of the Certified Athletic Trainer is governed by their supervising physician.

Job Duties include, but are not limited to, responsibility for the prevention, recognition, treatment, care, and rehabilitation of student-athletic injuries using the following:

d. Methods accepted by the athletic training profession to prevent & protect injuries. These methods include taping, bracing, pad fabrication, special equipment, conditioning, flexibility, strengthening, and other accepted

techniques.

e. Provide first aid and make necessary return-to-play decisions at the time of injury to ensure proper medical attention is received.
    i. Certified Athletic Trainer(s) will make return-to-play decisions in accordance with the Standard Operating Procedures.
    ii. Make an immediate preliminary assessment to ascertain the seriousness, type, and extent of an injury/illness. If the injury is one that is beyond scope of athletic training, refer to an appropriate healthcare provider. The Certified Athletic Trainer(s) must contact the athlete's parent/guardian(s) to provide information regarding the extent of the student-athlete's condition.
f. It is the responsibility of the certified Athletic Trainer (when present) to determine the safest manner in which to remove a student-athlete from the field of play.
g. The Certified Athletic Trainer is responsible for providing healthcare to all student-athletes. During events, the Certified Athletic Trainer is responsible for providing healthcare to any visiting team student-athletes that require attention during the contest.
h. Provide rehabilitation of injuries as needed and in alignment with prescribed standing orders by the attending physician or by the Standard Operating Procedures set forth by the Certified Athletic Trainers supervising Physician. Those may include certain therapeutic modalities.
i. The Certified Athletic Trainer is responsible for not permitting injured student-athletes to participate in athletics unless cleared by a licensed physician (MD or DO). Please refer to Section II Medical Releases and Section III Return to Participation for further clarification.
j. It is the responsibility of the Certified Athletic Trainer to communicate any pertinent medical information to the coaching staff regarding their student-athlete's injury and participation status.
k. The Certified Athletic Trainer works under the medical license of their supervising physicians. The supervising physicians reserves the right to have the Certified Athletic Trainer operate as a medical designee for determining student-athlete participation.

VII. Sickle Cell Disease/Trait Policy

For any student-athlete that has been identified as having Sickle Cell Disease/Trait, these management steps should be followed:

1. Any student-athlete that is identified as having Sickle Cell Disease/Trait should take the following precautions:
    a. Build up slowly in training and conditioning with paced progressions, allowing longer periods of rest and recovery between repetitions.
    b. Encourage participation in preseason or year-round strength and conditioning programs. Student-athletes identified with sickle-cell disease/ trait should be excluded from participation in performance tests such as mile runs, serial sprints, etc., as several deaths have occurred from participation in this

setting. If the student-athlete does participate in such activities they should be allowed longer recovery periods between repetitions.

c. Cessation of activity with onset of symptoms such as muscle 'cramping', pain, swelling, weakness, tenderness, inability to 'catch breath', fatigue. The Certified Athletic Trainer must be informed immediately when student-athletes experience such symptoms.

d. Allow student-athletes identified as having Sickle Cell Disease/Trait set their own participation pace. If the student-athlete is sick, experiencing an asthmatic or allergic episode, or in an environmental weather concern, they should be exempt from participation without penalty.

2. When a student-athlete experiences a "Sickling Episode" the following precautions should be implemented:
   a. Call 911 and check/monitor vital signs.
   b. Cool the student-athlete if necessary.
   c. Inform emergency personnel to expect explosive rhabdomyolysis and grave metabolic complications.
3. Signs & Symptoms of "Sickling":
   a. No muscle twinges (or cramping).
   b. Strong, lasting, deep pain.
   c. Slumping to the ground while lying fairly still and not yelling.
   d. "Weak" muscles in which they look and feel normal (no complete muscle contraction).
   e. Faster to recover than when an athlete is cramping

VIII. Medication

The following is the policy of Academy of the New Church regarding the dispensing of medication to student-athletes. It is illegal for Certified Athletic Trainer(s) to dispense Over-the-Counter (OTC) medications or prescription medication under Federal Law. Additionally, physicians cannot give verbal or written orders for Certified Athletic Trainer to dispense medications. The Academy of the New Church Sports Medicine Department follows the Academy of the New Church Medication Guidelines.

1. Dispensing of Medication to Minors:
   a. A parent cannot give a written order allowing Certified Athletic Trainer to administer or dispense prescription medications, nor can a parent give a written order allowing a Certified Athletic Trainer to dispense OTC medication.
2. Emergency Medications (Epi-pen, inhalers, etc):
   a. It is permissible for students to carry prescription emergency medication (Epi-Pen and inhalers). Under 42 Pa. C. S. 8337, school directors, principals, superintendents, teachers, guidance counselors or support staff may administer emergency medication and shall be immune from civil liability as outlined in section Pa. C. S. 8337.1. This should be medications, such as epinephrine auto-injector (Epi-Pen) or a rescue inhaler. Unsecured prescription medications require signed, written orders from the physician stating the name of the prescription and the reason it is

unsecured (i.e. to be used in the event of anaphylactic shock during participation in athletics).

3. Please refer to the Academy of the New Church Medication Guidelines
4. All student-athletes identified as having Asthma or Anaphylaxis will be given an Asthma Management Plan or a Bee/Insect Sting Reaction Plan to be returned and placed on file in with the Academy of the New Church Nurse's office. These plans will be made available to the Certified Athletic Trainer. It is the parents' responsibility to return these papers in a timely fashion.
5. These plans will be made available to the Certified Athletic Trainer and kept on file with the Academy of the New Church Nurse's office.
6. Coaches with student-athletes that have special considerations that include but are not limited to diabetes, insulin pump use, epi-pen use, etc. will need to complete a training program with the school nurse and/or licensed athletic trainer as per the student-athletes individualized care plan. It is the coach's responsibility to seek out this training from the athlete, licensed medical professionals, certified athletic trainer, and/or designee(s).

IX. Athletic Training Room (ATR) Hours

- Monday-Friday 2pm-3:15pm; After 3:15 arrival a student athlete may not be seen. All coaches will be notified of their student athletes status via Healthy Roster/call/text/note from the Certified Athletic Trainer.
- Monday- Friday the ATR will close 15 mins after the conclusion of the last game/contest/practice.
- Saturday-Game days only- the ATR will open 2 hours before the first game/contest begins; room will remain open until 15 mins after the last game/contest concludes.
- When the Secondary Schools are closed due to inclement weather, the ATR is closed respectively.
- Optional practices on non-school days will not have Athletic Training coverage.

X. Athletic Training Room Treatment Priority Schedule

The following section will describe the daily triage formula used to treat athletes, keep the room circulating, and ensure that all athletes receive the medical attention they warrant.

New athletic injuries and follow-ups please see the Athletic Trainer after school beginning at 2pm or email to arrange a time.

1. Game day athletes will be treated and made a priority.
    a. Early departure teams
    b. Home game teams
    c. Visiting teams
2. Practicing athletes
    a. athletes requiring less than 7 minutes of direct contact or engagement will be treated.
    b. athletes requiring more than 7 minutes of direct contact or engagement will be asked to wait till all other practicing players are treated.

3. In season athletes injured with restricted play
4. In season athletes out of play

Out of season student-athletes and non-student-athletes might not be seen if there are time constraints and may be asked to come back the following day.