J. P. Case Middle School

Home of the Tigers



Athletic Manual

For Parents & Students

2026-2027

Athletic Director: Ms. Creighton
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Phone Number: (908) 284-5116

Note: Included in this manual are all sports/physical forms necessary to participate in athletics at the J.P. Case Middle School

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Sudden Cardiac Death in Young Athletes: Information

Opioid Use and Misuse Educational Fact Sheet

Sports-Related Concussion and Head Injury Fact Sheet

Sports-Related Eye Injuries Fact Sheet

General Information

The J.P. Case Middle School offers the following sports for seventh- and eighth-grade students:

Fall Sports:
Boys Soccer
Girls Soccer
Girls Field Hockey
Boys and Girls Cross Country
Girls Volleyball



Winter Sports:
Boys Basketball
Girls Basketball
Wrestling
Cheerleading



Spring Sports:
Baseball
Softball
Boys Lacrosse
Girls Lacrosse

IMPORTANT ATHLETIC DATES TO REMEMBER:

Fall Sports: Tryouts begin September 8th, and the season ends the 4th week of October.
All Forms: **Submission Dates Begin**: 6/8/26 **Deadline for Submission:** 8/7/26

Winter Sports: Tryouts begin November 16th, and the season ends the 3rd week of February.
All Forms: **Submission Dates Begin**: 9/8/26 **Deadline for Submission:** 10/23/26

Spring Sports: Tryouts begin March 15th, and the season ends the 4th week of May.
All Forms: **Submission Dates Begin**: 12/15/26 **Deadline for Submission:** 2/19/27

Note: Students may participate in one or more seasons of sports, but may only participate in one sport per season.

Tryout Procedures: Coaches will hold an information meeting with students prior to the first tryout date. Tryout dates and times will be announced at this meeting. Students are selected for each team through the tryout process, except for cross-country. Those who do not make a particular team are eligible to participate on the cross-country team in the fall season only.
Team selection is a difficult process. Players are chosen based on skill and ability. Coaches will use a rubric to measure each child's skill and ability. Players or parents may communicate with a coach to discuss areas of growth for the student athlete. Please note: If a child makes a particular sports team in seventh grade, they must still go through the tryout process in eighth grade as well. Practice and game schedules are available and updated on the J.P. Case Athletic website.

Chain of Command

Step 1: Individual Student - Coach Contact:
The student involved is to speak to the coach about the problem as soon as possible.

Step 2: Parent/Student - Coach Contact:
The parent/student should set a time to meet individually with the coach.
Meetings will not be scheduled:

- 24 hours prior to or immediately following a contest
- During an active practice session
- During a time when other coaches, parents, or athletes are present

Step 3: Parent/Student - Athletic Director Contact:
If a satisfactory resolution is not reached through direct contact with the coach, the parent/student athlete should contact the athletic director. If the meeting with the parent/student athlete and athletic director does not result in a satisfactory conclusion, the athletic director will schedule a meeting involving all concerned parties in an attempt to reach a satisfactory resolution.

Any comments, concerns, or issues brought to the attention of the Athletic Director will be addressed. While there can be no guarantee that all parties will agree with all resolutions or findings, a thorough, respectful airing of different perspectives and experiences can lead to more productive relationships and clearer understanding in the future.

Step 4: Parent/Student Athlete - Administrator/AD/Coach Contact:
If, after Step 3, a satisfactory resolution has not been reached, the parent and student athlete should contact the building principal and/or superintendent.

Step 5: Parent/Student Athlete - Board of Education Contact:
If there is no resolution at Step 4, the parent/student athlete may ask to be put on the board agenda to address the Board of Education in executive session in an effort to resolve the issues.

Student Activity Fee Information

All students participating in an athletic program or an activity/club must pay a separate remittance fee of $200 per athletic team and $100 per club. (Please note that payment is not due until the child is selected for a team roster.) If you are experiencing financial hardship, please contact the J.P. Case Middle School administration for support at (908) 284-5100. All checks are to be made out to “J.P. Case Middle School.”

Academic Responsibility

The mission of the J.P. Case Middle School athletic program is to foster leadership, responsibility, time management, teamwork, and important adolescent life skills. To be eligible as an active

member of the team, students must maintain certain academic standards. Participation in extracurricular activities is considered a privilege and can be restricted if a student's grade(s) decline. Students who participate in these activities must maintain good academic standing. Each student's academic progress will be reviewed prior to each issue date to identify students who currently have an "F" and/or two or more "D" grades. At that time, students will be placed on academic probation for a period of two weeks. Students falling into this category after those weeks will not be eligible to participate in any extracurricular activity until their grades improve. These activities include clubs and sports.

Students will remain on academic suspension for two weeks prior to the beginning of the winter and spring sport seasons. At the end of two weeks, students are eligible to be removed from the list. To do this, a form must be obtained from the Guidance Office and brought to the teachers of the subjects in which the student received the "F" or "D" grades. The form is returned to the Guidance Office. If, at this time, the student has done satisfactorily, he/she will be removed from academic suspension, and their extracurricular eligibility will be restored. Below is the grading system for the J.P. Case Middle School:

J. P. Case Middle School Grading System

A+ = 97.5 and up	**B+ = 87.5**	**C+ = 77.5**	**D+ = 67.5**	**F = 64.4 and below**
A = 92.5	**B = 82.5**	**C = 72.5**	**D = 65.5**	**(I) Incomplete**
A- = 89.5	**B- = 79.5**	**C- = 69.5**	**D- = 64.5**	

Related Athletic Information

Depending on the sport and season, indoor and outdoor practice spaces will be used to accommodate all teams (weather permitting). Practice commitments vary from sport to sport regarding practice time, equipment, and dates/number of games.

Full protective gear will be worn by all student-athletes for any athletic program. Depending upon the sport and position, certain athletes may be allowed to or required to purchase certain athletic equipment. All athletic equipment purchased by a student/parent must meet the safety requirements for that given equipment/sport.

Coaches, parents, and student athletes are reminded of the importance of remaining hydrated during all practices and all games. Water is provided, but students are required, for sanitary purposes, to provide their own personal water container/bottle for all practices and all games. It is essential for all student athletes to remain well hydrated during all practices and games. Here is an excerpt from the article, "Nutrition and Hydration for Young Athletes", published by the Sports Medicine Department at Children's Hospital in Boston:

Bodies need plenty of water when we exercise. This is particularly true in young athletes, as children do not produce sweat as efficiently as adults do and are thereby more susceptible to heat cramps, heat exhaustion, and heat stroke. Young athletes are encouraged to drink a glass or two of water five to ten minutes before exercise and to drink one glass every twenty minutes during exercise. Sports drinks are not necessary for young athletes unless they engage in an extremely strenuous activity.

Equipment and Uniforms

All equipment and uniforms issued to student athletes are to be worn during school competitions and for the sole purpose of team events. Uniforms may not be altered in any way. Student athletes are responsible for all equipment and uniforms distributed to them and should take appropriate care of these items during the athletic season. The Flemington-Raritan School District is not responsible for lost or stolen athletic equipment issued to students. All equipment/uniform issued to an athlete must be returned at the end of the athletic season. Equipment that is not returned for any reason or is damaged beyond normal wear and tear must be paid for at replacement cost. All equipment is to be returned within one week of the last contest of the sport. Damaged or lost items should be paid for prior to the last athletic contest.

Please review the Student Code of Conduct for additional procedures and expectations related to athletics. Please note the following:

- Applicable health and safety guidelines will align with the Code of Conduct. These guidelines may be subject to change, as per recommendations made by the County Health Department and local and district officials.

- If a student is absent from school for any reason, he or she may not participate in a practice or game scheduled for that day. If a student misses a practice the day before a game for an unexcused reason, the coach will not permit the student to start the game the next day.

- If a student serves an out-of-school suspension, he or she is not permitted to attend a practice or game scheduled for that day.

- If a student is assigned a detention that conflicts with practice or a game scheduled for the same day as the detention, the student must attend the detention.

All students' personal equipment (balls, bats, shoes, etc.) should be labeled with the students' names for easy identification. Students should not leave equipment bags in the locker rooms overnight or unattended on the field/court.

Transportation Release Form Information

Parents are required to sign off on a transportation release form prior to tryouts if they would like to bring their child home from an away sporting event. Transportation will be provided to all sporting events. In most cases, transportation will be provided back to the J.P. Case Middle School unless clearly specified to parents as drop-off only. When students have practice off campus during school, they will be provided transportation to their practice. They will be required to receive parent pickup at the location of the practice. This information will all be communicated to parents prior to that particular practice. (The Transportation Release Form is located on page 14 of this manual.)

Student Health/Physical Information and Forms

To ensure the safety and well-being of each child, all health and physical paperwork must be turned into the J.P. Case Middle School Health Office before the start of each sports season. Please note that each year, the calendar deadlines for each sport season will be communicated to parents. For your child to participate in J.P. Case Athletics, the following forms must be turned in to the J.P. Case Health Office:

- Pre-Participation Sport Physical Packet (**Physical MUST have been completed within 365 days prior to the first practice session**.)
- Health History Update Questionnaire (Health History Update Questionnaire forms must be **signed and dated** within **90** days prior to the first practice session.)
- Sudden Cardiac Death Pamphlet, Opioid Drug Fact Sheet, and Sports-Related and Head Injury Fact Sheet acknowledgement forms must all be signed by parents.
- Asthma Treatment Plan, and/or Allergy Action Plan (if required by the medical needs of the student), and/or daily medications form if required by doctor's orders)

Please note: **All Physicals must be completed on state forms**. No other physical forms will be accepted. The Health History Update Questionnaire form is to be used for every new sport that a student is trying out for, even if there is a current physical on file. This form must be used per season. Forms sent electronically will not be accepted. During each sports season, it is the student athlete's responsibility to have their emergency medication with them during games and practices. (Physical forms are located on pages 13-17 of this packet.)

IMPORTANT - CHANGE IN PHYSICAL FORM PAPERWORK

The medical eligibility form is the only form that should be submitted to the school after completion by the doctor at the time of service. We no longer need a copy of the physical form.

J.P. Case Middle School Sports Medicine

Athletic Trainer

Phone: (908) 284-5195
Fax: (908) 284-5134

Athletic Training Room Location: C105 in Nurse's Office

Recognized by the American Medical Association, Athletic Trainers (ATCs) are allied health care professionals who collaborate with physicians to optimize the activity and participation of athletes. Athletic Trainers are State Licensed and Board Certified to specialize in prevention, emergency care, evaluation, therapeutic intervention, and rehabilitation of injuries and medical conditions. As part of your athlete's health care team, we will work with your doctors, specialists, coaches, athletic director, athlete, and you (the parent or guardian). Your student athlete's protection is my priority.

Areas of Knowledge an Athletic Trainer possesses, but is not limited to:

- Evaluation and assessment of injury and athletic-related illness
- Concussion management
- Therapeutic exercise/Rehabilitation of orthopedic injuries
- Acute/Emergency care
- Risk management and injury prevention
- Modalities and manual therapy
- General medical conditions
- Dermatological conditions
- Health and Wellness Issues
- Nutritional concepts
- Psychosocial intervention
- Referral to appropriate health care specialists

J.P. Case Athletic Training Care Hours:
Monday-Friday 2:00 pm - 5:30 pm.
During Home athletic events at J.P. Case, the Athletic Trainer will be available through the conclusion of the event.

SCHOLASTIC STUDENT-ATHLETE SAFETY ACT
INFORMATION FACT SHEET
FOR PARENTS/GUARDIANS

Prior to participation on a school-sponsored interscholastic or intramural athletic team or squad, each student-athlete in grades six through 12 must present a completed Preparticipation Physical Evaluation (PPE) form to the designated school staff member. Important information regarding the PPE is provided below, and you should feel free to share it with your child's medical home health care provider.

1. **The PPE may ONLY be completed by a licensed physician, advanced practice nurse (APN), or physician assistant (PA) who has completed the Student-Athlete Cardiac Assessment professional development module.** It is recommended that you verify that your medical provider has completed this module before scheduling an appointment for a PPE.

2. The required PPE must be conducted within 365 days prior to the first official practice in an athletic season. The PPE form is available in Athletic Physical Forms English and Athletic Physical Forms Spanish.

3. The parent/guardian must complete the Health History (English | En Español) and insert the date of the required physical examination at the top of the page.

4. The parent/guardian must complete the Athletes with Disabilities Form: Supplement to the Athlete History, if applicable, for a student with a disability that limits major life activities, and insert the date of the required physical examination at the top of the page.

5. The licensed physician, APN, or PA who performs the physical examination must complete the remaining two pages of the PPE and insert the date of the examination on the Physical Examination Form (page three) and Clearance Form (page four).

6. The licensed physician, APN, or PA must also sign the certification statement on the PPE form attesting to the completion of the professional development module. Each board of education and charter school or nonpublic school governing authority must retain the original signed certification on the PPE form to attest to the qualification of the licensed physician, APN, or PA to perform the PPE.

7. The school district must provide written notification to the parent/guardian, signed by the school physician, indicating approval of the student's participation in a school-sponsored interscholastic or intramural athletic team or squad based upon review of the medical report, or must provide the reason(s) for the disapproval of the student's participation.

8. For student-athletes who had a medical examination completed more than 90 days prior to the first official practice in an athletic season, the Health History Update Questionnaire (HHQ) form must be completed and signed by the student's parent/guardian. The HHQ must be reviewed by the school nurse and, if applicable, the school's athletic trainer. Health History Update Questionnaire (English | En Español)

For more information, please review the Frequently Asked Questions. You may also direct questions to **J.P. CASE MIDDLE SCHOOL HEALTH OFFICE at 908-284-5112 or 5114.**

Sports Registration and Physical Packet Checklist:

We now offer online registration through FamilyID. FamilyID is a secure registration platform that provides you with an easy, user-friendly way to register for our athletic programs. When you register through FamilyID, the system keeps track of your information in your FamilyID profile. You enter your information only once for each family member for multiple uses and multiple programs.

IMPORTANT - CHANGE IN PHYSICAL FORM PAPERWORK

The medical eligibility form is the only form that should be submitted to the school after completion by the doctor at the time of service. We no longer need a copy of the physical form.

To be filled out and brought to your child's Physician (Physical forms are good for 365 days):

- Page 12, Health History (English | En Español) with all yes answers explained at the bottom of the page and signed by both the student and parent/guardian. Make sure the actual physical date is filled in and confirmed by your doctor.
- Page 13, Athletes with Disabilities Form: Supplement to the Athlete History.
- Page 14, Annual Athletic Pre-Participation Physical Examination Form with vision included (must be 20/40 or better). If not included by primary care, you must include a signed and stamped vision from your child's eye doctor with the corrected vision.
- Page 15: PPE Medical Eligibility Form signed and stamped by your child's doctor. This is the only form that should be submitted to the school after completion by the doctor at the time of service.
- Page 16, Health History Update Questionnaire (English | En Español).

To be filled out by you and your athlete on FamilyID:

These forms must be signed and returned **for each sports season** your child participates in. (i.e., if your child wants to play soccer, basketball, and lacrosse, you will fill these forms out once for the fall, once for the winter, and once for the spring.)

- "Sudden Cardiac Death Pamphlet"
- Page 17, "Use and Misuse of Opioid Drugs Fact Sheet" and Student and Parent/Guardian Sign-Off (Found on FamilyID)
- Page 18-20, "Sports-Related and Concussion Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form"
- Page 21, "ImPACT Testing Release" and "Emergency Treatment Release"
- Page 22, "Parent Contact & Transportation Release"
- Page 23, "Team Guidelines and Standards" Sign-Off

Please keep a copy of all forms for your records. Return only the forms that were listed above.

Forms can only be collected 90 days before the first practice of the season and will be returned if submitted before collections begin.

This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student-Athlete Cardiac Assessment Professional Development module hosted by the New Jersey Department of Education.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, non-binary, or another gender): _____

Have you had COVID-19? (check one): ☐ Y ☐ N

Have you been immunized for COVID-19? (check one): ☐ Y ☐ N If yes, have you had: ☐ One shot ☐ Two shots ☐ Three shots ☐ Booster date(s) _____

List past and current medical conditions. _____

Have you ever had surgery? If yes, list all past surgical procedures. _____

Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).

Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)

	Not at all	Several days	Over half the days	Nearly every day
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

(A sum of ≥3 is considered positive on either subscale [questions 1 and 2, or questions 3 and 4] for screening purposes.)

GENERAL QUESTIONS (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
HEART HEALTH QUESTIONS ABOUT YOU	**Yes**	**No**
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

HEART HEALTH QUESTIONS ABOUT YOU (*CONTINUED*)	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	**Unsure**	**Yes**	**No**
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?			
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?			
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?			

BONE AND JOINT QUESTIONS	Yes	No
14. Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
15. Do you have a bone, muscle, ligament, or joint injury that bothers you?		

MEDICAL QUESTIONS	Yes	No
16. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
17. Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?		
18. Do you have groin or testicle pain or a painful bulge or hernia in the groin area?		
19. Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant *Staphylococcus aureus* (MRSA)?		
20. Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
21. Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?		
22. Have you ever become ill while exercising in the heat?		
23. Do you or does someone in your family have sickle cell trait or disease? Unsure		
24. Have you ever had or do you have any problems with your eyes or vision?		

MEDICAL QUESTIONS (*CONTINUED*)	Yes	No
25. Do you worry about your weight?		
26. Are you trying to or has anyone recommended that you gain or lose weight?		
27. Are you on a special diet or do you avoid certain types of foods or food groups?		
28. Have you ever had an eating disorder?		

MENSTRUAL QUESTIONS	N/A	Yes	No
29. Have you ever had a menstrual period?			
30. How old were you when you had your first menstrual period?			
31. When was your most recent menstrual period?			
32. How many periods have you had in the past 12 months?			

Explain "Yes" answers here.

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

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The Medical Eligibility Form is the only form that should be submitted to a school.

■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name:_____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	**No**
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or 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 as having 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 whether you have ever had any of the following conditions:

	Yes	**No**
Atlantoaxial instability		
Radiographic (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 questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____

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This form should be maintained by the healthcare provider completing the physical exam (medical home). It should not be shared with schools. The medical eligibility form is the only form that should be submitted to a school. The physical exam must be completed by a healthcare provider who is a licensed physician, advanced practice nurse or physician assistant who has completed the Student - Athlete Cardiac Assessment Professional Development module Hosted by the New Jersey Department of Education.

■ PREPARTICIPATION PHYSICAL EVALUATION (Interim Guidance)

PHYSICAL EXAMINATION FORM

Name: _____ Date of birth: _____

PHYSICIAN REMINDERS

1. 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, e-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-enhancing 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?
2. Consider reviewing questions on cardiovascular symptoms (Q4–Q13 of History Form).

EXAMINATION		
Height: Weight:		
BP: / (/) Pulse: Vision: R 20/ L 20/ Corrected: ☐ Y ☐ N		
COVID-19 VACCINE		
Previously received COVID-19 vaccine: ☐ Y ☐ N Administered COVID-19 vaccine at this visit: ☐ Y ☐ N If yes: ☐ First dose ☐ Second dose ☐ Third dose ☐ Booster date(s) _____		
MEDICAL	**NORMAL**	**ABNORMAL FINDINGS**
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal • Hearing		
Lymph nodes		
Heart[a] • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), lesions suggestive of methicillin-resistant *Staphylococcus aureus* (MRSA), or tinea corporis		
Neurological		
MUSCULOSKELETAL	**NORMAL**	**ABNORMAL FINDINGS**
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

[a] Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings, or a combination of those.

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

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New Jersey Department of Education
Health History Update Questionnaire

Name of School: _____

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Student: _____ Age: _____ Grade: _____

Date of Last Physical Examination: _____ Sport: _____

Since the last pre-participation physical examination, has your son/daughter:

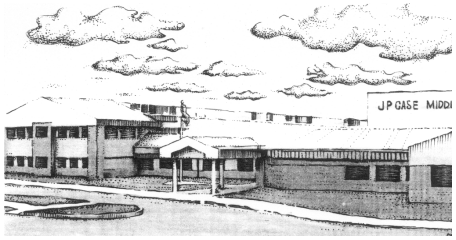
1. Been medically advised not to participate in a sport? Yes ☐ No ☐
   If yes, describe in detail:
2. Sustained a concussion, been unconscious or lost memory from a blow to the head? Yes ☐ No ☐
   If yes, explain in detail:
3. Broken a bone or sprained/strained/dislocated any muscle or joints? Yes ☐ No ☐
   If yes, describe in detail.
4. Fainted or "blacked out?" Yes ☐ No ☐
   If yes, was this during or immediately after exercise?
5. Experienced chest pains, shortness of breath or "racing heart?" Yes ☐ No ☐
   If yes, explain
6. Has there been a recent history of fatigue and unusual tiredness? Yes ☐ No ☐
7. Been hospitalized or had to go to the emergency room? Yes ☐ No ☐
   If yes, explain in detail
8. Since the last physical examination, has there been a sudden death in the family or has any member of the family under age 50 had a heart attack or "heart trouble?" Yes ☐ No ☐
9. Started or stopped taking any over-the-counter or prescribed medications? Yes ☐ No ☐
10. Been diagnosed with Coronavirus (COVID-19)? Yes ☐ No ☐

    If diagnosed with Coronavirus (COVID-19), was your son/daughter symptomatic? Yes ☐ No ☐

    If diagnosed with Coronavirus (COVID-19), was your son/daughter hospitalized? Yes ☐ No ☐

Date: _____ Signature of parent/guardian: _____

Please Return Completed Form to the School Nurse's Office



J.P. CASE MIDDLE SCHOOL

301 Case Blvd., Flemington, NJ 08822

Phone - 908.284.5100 Fax - 908.284.5144

www.frsd.us/o/jpc

Mr. Robert Castellano – Principal

Mr. Peter Sibilia –Vice-Principal Dr. Michelle Cook Vice-Principal

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Use and Misuse of Opioid Drugs Fact Sheet

Student-Athlete and Parent/Guardian Sign-Off

In accordance with *N.J.S.A.* 18A:40-41.10, public school districts, approved private schools for students with disabilities, and nonpublic schools participating in an interscholastic sports program must distribute this *Opioid Use and Misuse Educational Fact Sheet* to all student-athletes and cheerleaders. In addition, schools and districts must obtain a signed acknowledgement of receipt of the fact sheet from each student-athlete and cheerleader, and for students under age 18, the parent or guardian must also sign.

This sign-off sheet is due to the appropriate school personnel, as determined by your district, before the first official practice session of any sports season, as determined by the New Jersey State Interscholastic Athletic Association, and annually thereafter, before the student-athlete's or cheerleader's first official practice of the school year.

Name of School: J.P. Case Middle School

Name of School District: Flemington-Raritan School District

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

Student Name: _____
(Please print clearly.)

Student Signature: _____

Sport: _____

Parent/Guardian Name: _____
(Please print clearly.)

Parent/Guardian Signature: _____Date: _____

Does not include athletic clubs or intramural events

Flemington-Raritan Regional School District
Board of Education
50 Court Street., Flemington, NJ 08822
(908) 284-7561, FRSD

Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

**Please Note: More information can be found in the Flemington Raritan Regional School District's Policy/Regulation 2431.4 – Prevention and Treatment of Sports-Related Concussions and Head Injuries.

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

The Centers for Disease Control and Prevention estimates that 30,000 concussions are sustained during sports-related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-Impact Syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

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

- All coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2025-2026 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

Quick Facts:

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

Signs and Symptoms (Observed by Coach, Athletic Trainer, Parent/Guardian):

- Appears dazed or stunned.
- Forgets plays or demonstrates short-term memory difficulties.
- Exhibits difficulties with balance, coordination, concentration, and attention.
- Answers questions slowly or inaccurately.
- Demonstrates behavior or personality changes.
- Is unable to recall events prior to or after the hit or fall.

Symptoms of Concussion (Reported by Student-Athlete)

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

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

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

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

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

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

- To recover, cognitive rest is just as important as physical rest. Reading, texting, testing, and even watching movies can slow down a student-athlete's recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

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

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

CDC: Heads Up. Safe Brain. Stronger Future
Brain Injury Alliance
National Federation of High School
NCAA Health & Safety
Athletic Trainer Society of NJ

_____	_____	_____
Signature of Student Athlete	Print Student-Athlete's Name	Date

_____	_____	_____
Signature of Parent/Guardian	Print Parent/Guardian's Name	Date

J.P. Case Athletic Department

ImPACT Testing Release & Emergency Treatment Release

ImPACT Baseline and Post-Injury Computer Testing Release:

J.P. Case Middle School utilizes ImPACT (Immediate Post-Concussion Assessment and Cognitive) testing for all athletes, overseen by our school-licensed athletic trainer. ImPACT is the first, most widely used, and most scientifically validated computerized concussion evaluation system. At JP Case, we are pleased to be able to offer ImPACT testing. **Please note: Baseline testing is only completed once for the JP Case Middle School Athletics Program; it is valid for two years.** The exam takes around 30-40 minutes and is non-invasive. If the athlete is believed to have suffered a head injury, s/he will retake the exam at school with our licensed athletic trainer to help determine the extent of the injury. The information can be used to better determine recovery from a concussion. The information is shared with the involved physician, and a sound decision is made as to when return to play is appropriate and safe. If an injury occurs, we will be in contact with you.

I agree for my child to participate in the ImPACT Concussion Program:

Parent/Guardian Signature: _____ Date: _____

Emergency Treatment Release:

I _____ give the Athletic Training Staff, Coaches, and Emergency
Parent/Guardian Name

Personnel the permission to treat my child _____ in case of an emergency.
Child's Name

Parent/Guardian Signature: _____ Date: _____



J.P. Case Athletic Department

Parent Contact & Transportation Release

J.P. Case Athletics Parent Contact Information:

Student Athlete Name: _____ Date of Birth: _____

Sport(s): _____

Home Address: _____

Parent/Guardian #1: _____ Phone #: _____

Parent/Guardian #2: _____ Phone #: _____

Preferred Parent/Guardian Email Address: _____

Emergency Contact (in the event that none of the above can be reached):

Name: _____ Relationship: _____ Phone#: _____

Insurance Information (in the event of an emergency):

Insurance Provider: _____ ID#: _____

Policy Holder: _____ Relationship: _____

Transportation Release:

I understand that J.P. Case Middle School Athletics and the Flemington-Raritan School District provide transportation to and from away sporting events. I, as the parent or guardian of a J.P. Case athlete, realize that I may request to drive my son/daughter from an away game due to certain circumstances. My signature below indicates that I take full responsibility if I choose to do so and release the Flemington – Raritan Regional School District from all liability for any adverse results that may occur. In the event that I will be driving another child home in addition to my own, I will be required to provide written permission from his/her parent or guardian.

Parent/Guardian Signature: _____ Date: _____

Team Guidelines and Standards

J.P. Case Middle School
Ms. Kim Creighton, Athletic Director

In order to uphold and maintain the quality of our Athletic Programs, the following guidelines have been employed.

1. Team members will maintain satisfactory academic standing according to the policy for "Minimum Standards for Extracurricular Activities- JP Case Middle School," which includes standards for attendance, grade-point average, and discipline standing. A student will be placed on academic suspension for two weeks in an effort to improve academic standing if either two D's or an F is acquired.

2. If a player misses a Game/Match/Meet or practice***, it is required that the player present the coach with a note from the facility (E.g., doctor, dentist, etc.) visited or, in other instances (E.g., an obligation, major family event, etc.), a note from the parent/guardian*****.** Two unexcused absences may result in the removal of the player from the team. A decision will be made by the coach after a meeting with the coach, the player, and the parents.

3. If a student is in attendance during the school day but leaves before a practice or a game, it will be the student's responsibility to notify the coach of their absence. Failure to communicate absence will result in an unexcused absence from the sport. Please note that a student must be in school for 4 hours to be eligible to stay after school.

4. **Team members will demonstrate responsible self-discipline and maintain good citizenship according to the school-wide CODE OF CONDUCT as described in the parent/pupil handbook.**

5. Spectator enthusiasm and support are expected and welcomed at sporting events; however, abusive language or unsportsmanlike behavior towards officials, coaches, and/or opposing teams will not be tolerated. The Athletic Director or Site Manager has the authority and discretion to remove those pupils or adults from the property who do not display appropriate behavior.

6. Middle school athletics are played at a highly competitive level. ***Playing time is <u>NOT</u> guaranteed and is earned by a player's attitude, readiness, and ability. Most importantly, actual game circumstances impact the overall amount of playing time and possible substitutions.***

I hope to see you at our games, and thank you for your support of our Athletic Programs.

Sincerely,

Kim Creighton
JP Case Middle School Athletic Director
kimberly.creighton@frsd.us

Please sign and return: I have read and agree to the above Team Guidelines and Standards.

_____ **& EMAIL:** _____

Parent/Guardian's Signature and Date

_____ _____

Student's Signature **Sport**