

Shelton High School
Shelton, Connecticut



Athletic Handbook
for Student-Athletes
and Parents

Rev. June, 2018

WELCOME TO SHELTON HIGH SCHOOL'S DEPARTMENT OF ATHLETICS

Dear Parent/Guardian and Prospective Athlete:

Thank you for your interest in our athletic programs. Participation in Shelton High School athletics is a privilege. This handbook is designed to provide information about the Shelton High School athletic programs and serves as a guide for all student-athletes and parents.

Any student who possesses athletic ability, a competitive spirit, and a desire to represent our school in a positive way is encouraged to participate. Student-athletes are held to standards and rules beyond those required of other students. Coaches may establish reasonable rules in the areas of academics, citizenship, and sportsmanship. You should be aware that, like other privileges, athletic participation privileges can be revoked if students fail to adhere to those rules and regulations.

Please be aware of the following **Minimum Athletic Regulations**:

- You are eligible if you have taken and passed four (4) units of academic work (excluding physical education) in the marking period immediately preceding participation.
- You are not eligible if you are nineteen years of age prior to July of this school year.
- You are not eligible if you have transferred into our school without a legal change of residence from another city into Shelton.
- You are not eligible if you play or practice with an outside team in the same sport while you are a member of one of our high school teams.
- Drinking alcohol, drug use, and the use of tobacco products are prohibited.
- If you are ejected from a contest, you are automatically suspended from the next contest.
- **If you are suspended from school (ISS or OSS), you are also suspended from all athletic participation for the duration of that suspension. Further athletic consequences may be applicable.**
- You may not participate in athletics on any day that you are absent, tardy, or dismissed from school.

I look forward to getting to know you through our athletic programs at Shelton High School.

Go Gaels,

John Niski
Director of Athletics

MISSION STATEMENT

The Shelton High School athletic program is one that reflects the needs and purposes of our student body and community by maintaining a strong sense of **pride, tradition, excellence, and overall student development.** This is done through a balance of healthy competition, physical training, and educational scholarship. In pursuit of this objective, we recognize the importance of **academic responsibility, community service,** and the ideals of **good sportsmanship.**

In partnership with coaches, teachers, parents, and administrators, student-athletes strive for excellence in an environment which is safe, positive, and an integral part of the entire school culture. Lifelong values such as leadership skills, empathy for others, and positive social interaction are the results of participation in our programs. We are committed to provide our student-athletes with a wide variety of well-organized programs which meet their needs for physical and emotional well-being while developing positive moral and social values in a highly-competitive arena.

Participation in athletics is a privilege which will enable students to develop skills and experiences that will lead to life-long positive achievement. Any student who possesses athletic ability, a competitive spirit, and a desire to represent our school in a positive way is encouraged to participate. Coaches may establish reasonable rules in the areas of academics, citizenship, and sportsmanship. You should be aware that like other privileges, your athletic participation privileges can be revoked if you fail to adhere to those rules and regulations.

GENERAL CONTACT INFORMATION

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Athletic Department Website: www.sheltonpublicschools.org

Follow to the Athletics tab.

Our website has schedules, directions to schools,
and many other interesting and important information.

ATHLETIC DEPARTMENT OVERVIEW

Shelton High School offers its students a challenging interscholastic athletic program consisting of twenty-four varsity and seventeen sub-varsity teams. The school has some of the finest athletic facilities in the state, including one of the largest gymnasiums and an All-purpose stadium with seating for 8,000 spectators.

The community of Shelton is extremely proud of the high school's athletic teams. Their achievements include several state championships, numerous league titles, and several all-state players. The majority of our athletes continue their education after graduation and many continue their involvement in athletics on the college level. Former Shelton High School athletes have earned varsity letters at Yale, Harvard, Columbia, and the University of Connecticut, to name but a few.

Shelton High School Sports:

FALL:

Football V/JV/FR
 Cross Country (Boys)
 Cross Country (Girls)
 Soccer (Boys) V/JV/FR
 Soccer (Girls) V/JV/FR
 Swimming (Girls)
 Volleyball (Girls) V/JV/FR
 Field Hockey V/ JV

WINTER:

Basketball (Boys) V/JV/FR
 Basketball (Girls) V/JV/FR
 Indoor Track (Boys)
 Indoor Track (Girls)
 Swimming (Boys)
 Wrestling
 Cheerleading
 Unified Basketball

SPRING:

Baseball V/JV/FR
 Golf
 Lacrosse (Boys) V/JV
 Lacrosse (Girls) V/JV
 Softball V/JV
 Tennis (Boys)
 Tennis (Girls)
 Track & Field (Boys)
 Track & Field (Girls)
 Volleyball (Boys) V/JV
 Unified Track

Conference Affiliations

Shelton High School is a member of the Connecticut Interscholastic Athletic Conference (CIAC). Shelton High School and its athletic teams are governed by the rules and regulations of the CIAC to provide equity and fair standards to interscholastic athletics.

Shelton High School is a member of the Southern Connecticut Conference (SCC) which was formed in 1994 and has 23 member schools. The SCC is comprised of four divisions – Housatonic, Hammonasset, Oronoque, and Quinnipiac. Division members include:

HOUSATONIC	HAMMONASSET	ORONOQUE	QUINNIPIAC
Amity	Daniel Hand	Branford	Fairfield Prep
Cheshire	Foran	Career	Hamden
Lyman Hall	Guilford	East Haven	Lauralton Hall
Shelton	Hillhouse	North Haven	Mercy
Sheehan	Jonathan Law	Wilbur Cross	Notre Dame
			Sacred Heart Academy
			West Haven
			Xavier

REQUIREMENTS FOR PARTICIPATION

Scholastic Eligibility:

In order to participate on an interscholastic athletic team, an athlete must have satisfied all of the scholastic eligibility requirements prior to participation.

“C” Rule

Upon issuance of each marking period report card, students in any of the designated groups whose combined average is less than “C” will be notified in writing that they are being placed on probation. They will be informed that in order to continue to participate after four weeks of probation, the grade average must be raised to a “C” or above.

CIAC Eligibility Rules

ATTENTION ATHLETES – YOU ARE NOT ELIGIBLE IF YOU:

1. Are not taking at least four (4) units of work or the equivalent. (A unit is a class that meets five (5) periods per week.)
2. Have not passed at least four (4) units or the equivalent at the end of the last marking period as of the official day grades are issued.

NOTE: For fall sports' eligibility, the student must be a continuing student or have received four (4) units or its equivalent towards graduation at the conclusion of the school year preceding the contest. The final academic grade average determines fall eligibility.

3. Have changed schools without a change of legal residents.
4. Have played the same sport for more than three (3) seasons in grade 10, 11, and 12.
5. Play or practice with an outside team in the same sport while a member of the school team after the first scheduled game in any season (Rule 11.E)
6. Received personal economic gain for participation in any CIAC sport.
7. Have not been in membership in a school for at least 12 weeks immediately preceding the time of participation (end of last year for fall athletes).
8. Only eligible for four (4) consecutive years upon entering 9th grade.

For eligibility purposes, the end of the marking period shall be interpreted as the official date on which the school requires grades to be distributed or the fourteenth (14th) school day following the closing of grades, whichever comes first.

Scholastic incompletes must be made up within ten (10) school days following the end of the marking period as defined above. Incomplete grades are not to be considered as passing grades.

NOTE: Marking period grades are to be used in determining scholastic eligibility to participate in interscholastic athletics during any given marking period. Final grades determine Fall eligibility.

Attendance Requirement

Athletes are NOT allowed to be dismissed from school on days of athletic contests and expect to be allowed to play. Any athlete who is absent or dismissed from school on the day of a contest is NOT allowed to participate on that day. Students must be on time and in school for the entire day in order to be eligible for participation in athletic contests and/or practices.

**This does not include entire teams dismissed early for transportation issues.*

Behavior Policy

Any student who has been identified as displaying inappropriate behavior at any extra-curricular activity, including home and away athletic events, will be subject to disciplinary action. Spectators at activities should be mindful that activities are conducted for the enjoyment of participants and spectators. Criticism of players, coaches, and officials will not be allowed. Inappropriate behavior such as the use of profane language and attempting to distract a player will also not be allowed. Similarly, all students involved in leadership roles in activities, other than sports, must sign a contract dealing with the issues of academics, attendance, and behavior. In addition to these standards, the following also applies:

- Drinking alcohol, drug use, and the use of tobacco products (including electronic smoking/vaping devices) are prohibited.
- If you are ejected from a contest, you are automatically suspended from the next contest.
- If you are suspended from school, you are also suspended from all athletic participation for the duration of that suspension.
- You may not participate in athletics on any day that you are absent, tardy, or dismissed from school.

Athletic Discipline Code of Conduct

Participation in athletics at Shelton High School is a privilege. As a student-athlete, you are held to a higher standard serving in the spotlight as public figures in your school community. Therefore, you are expected to conduct yourself before, during, and after school hours as a responsible young adult. Any student-athlete who engages in conduct on or off school grounds or at a school sponsored activity that is unbecoming of a Shelton High School athlete may be subject to disciplinary consequences by the Athletic Director and/or the school administration. This includes conduct that is in violation of the Shelton Board of Education Discipline Policy (#5000) and the Shelton High School Code of Conduct on or off school grounds or at a school sponsored activity.

The following consequences will be imposed for in-season or out-of-season violations:

1st Offense for any student-athlete who is suspended or arrested for the **sale, use, or possession of alcohol or drugs on or off school grounds or at a school sponsored activity:**

The student-athlete will be immediately dismissed from their team for the remainder of the season, or if out-of-season, will not be allowed to play their upcoming season.

1st offense with the consequence of in-school suspension:

The student-athlete will not be allowed to participate in the equivalent of 10% of the total regular season contests; however, if the consequence is for the sale, use, or possession of alcohol or drugs on or off school grounds or at a school sponsored activity, the student-athlete will be immediately dismissed from their team for the remainder of the season, or if out-of-season, will not be allowed to play in their upcoming season.

1st offense with the consequence of out-of-school suspension:

The student-athlete will not be allowed to participate in the equivalent of 20% of the total regular season contests; however, if the consequence is for the sale, use, or possession of alcohol or drugs on or off school grounds or at a school sponsored activity, the student-athlete will be immediately dismissed from their team for the remainder of the season, or if out-of-season, will not be allowed to play the upcoming season.

1st offense with the consequence of violation(s) of the law:

The student-athlete will be dismissed from the team.

Consequences will begin at the start of the next regular season contest. *If the offense occurs at or near the end of the current season, then the athlete will serve the consequences for the remainder of their current season, including post-season games, and will carry over into the next season (fall, winter, spring) or school year.*

2nd offense with the consequence of in-school suspension:

The student-athlete will not be allowed to participate in the equivalent of 20% of the total regular season contests.

2nd offense with the consequence of out-of-school suspension:

The student-athlete will not be allowed to participate in the equivalent of 50% of the total regular season contests.

Consequences will begin at the start of the next regular season contest. *If the offense occurs at or near the end of current season, then the athlete will serve the consequence for the remainder of their current season, including post-season games, and will carry over into the next season (fall, winter, spring) or school year.*

3rd offense with the consequence of in-school or out-of-school suspension:

The student-athlete will be dismissed from the team for the remainder of the season and will not be allowed to participate on any other Shelton High School athlete teams for one calendar year beginning the date the consequence was assigned.

Appeal Process

All appeals will be made through the Shelton High School Principal. Any athlete or parent/guardian of an athlete must submit a request of appeal in writing to the Shelton High School Principal. The Shelton High School Principal will meet with the student-athlete and the student's parent/guardian. The Shelton High School Principal will then review all relevant material to the case. A decision of the appeal will be made in writing to the student's parent/guardian after the meeting and review. The decision of the Shelton High School Principal is final.

Captain's Commitment

All newly appointed sport captains must sign the additional "Captain's Contract" which holds them accountable for their actions in a leadership position throughout their tenure as a captain. Captains are considered under contract from the time that they are officially appointed by their coach until their season is completed.

Captain's Practices/Rules:

The CIAC Board of Control has issued the following statement concerning captain's practices:

The CIAC does not in any way sanction, encourage, or condone "Captain's Practice" in any sport. "Captain's Practice", depending upon the member school's involvement, may be a clear violation of eligibility Rule II D (season limitations) or certainly a violation of the spirit of Rule II D.

The Shelton High School Athletic Department clearly warns all coaches and captains that they are in no way to condone, encourage, or sanction captain's practices. Disciplinary consequences will be given to those who plan or participate in captain's practices.

Tryouts and Requirements for Participation

Your interest in athletics does not in itself qualify you to be a member of one of our teams. Prior to tryouts, you and your parents/guardian should discuss the possibility of your not being selected as a team member. You should also discuss the fact that making a team does not assure you of a certain amount of playing time. How well you have done as a member of another team has nothing to do with your participation on our high school teams. Our coaches are solely responsible for selecting team members and determining playing time.

Uniforms and Equipment

Uniforms – Will be provided by the school. Students are responsible for the uniforms once they have been issued. Students will be required to return the uniforms or pay for the replacement of any lost uniforms.

Equipment – All athletes are responsible for the proper care and security of equipment issued to them. School-furnished equipment should be worn only for contests and practice. Student-athletes who do not return equipment in good condition at the end of the season will be subject to a financial obligation and withholding of report card.

Physical Examination

Any student trying out for a team must have a current physical examination. This examination is **good for one year**. Examinations may be done by your own physician at your expense or by the school medical advisor free of charge. A sports physical is not acceptable for the required freshman physical.

All athletes must have a current valid physical form on file with the nurses' office prior to trying out or practicing with any sports team. It is our policy that an athlete's physical **must be valid for the ENTIRE season they are participating in.** Athletes will not be allowed to try out or be placed on a team roster if their physical expires any time during the season including post-season competitions. Physicals are valid for 12 months from the date of exam. Athletes must renew their physical every year. Please contact the Athletic Office for assistance if necessary.

Physical Requirements

If a student participating in SHS athletics goes to a physician for an injury or ailment which may affect his/her ability to be actively involved with the team, **a note of release from a physician must be presented to the Coach and/or Athletic Trainer** before the athlete can return to practice or play. Unfortunately, a note or verbal clearance from a parent/guardian will not suffice due to liability issues.

Injury

All injuries which occur while participating in scheduled activities should be immediately reported to the trainer/coach. If the injury requires medical attention by a doctor or treatment center, it will be necessary to have an injury report completed within 24 hours. Once a physician treats the athlete, he/she must obtain the doctor's permission to return to the activity in writing. Please refer to the "Return to Play policy" found on the Shelton High Athletics website and/or contact the trainer for a copy.

ImPACT Test

All Shelton High School student-athletes are now required to take the ImPACT concussion management baseline test before participating in athletics. The ImPACT Test is a baseline computer test that measures reaction time, memory, and cognitive assessment. The test is given to athletes before participating in any sport. There is no cost for the test. The results of the test are confidentially stored on a secure computer server and are only released to a student's doctor or the SHS athletic trainer in the event that an athlete sustains a concussion during play.

Insurance

Athletes are covered by school insurance that is designed to supplement any insurance coverage that their parents might have. This policy does not cover any out-of-season activity. It is a mistake to assume that all medical expenses will be covered by this supplemental policy.

Transportation To and From Practices

Athletes wishing to participate in a Shelton High School athletic program must make arrangements with parents or relatives to secure transportation to and from practice. Athletes should inform the person who is to pick them up the time that the practice session will end. Athletes who live within walking distance of the school may use this method of transportation to and from practice. Athletes must plan to arrive for practice on time.

Transportation To and From Games

Transportation to and from away games is provided by Shelton High School. Athletes are required to travel by that mode of transportation to away games only. Athletes are not allowed to use their own transportation or that of a friend or relative. Once again, the athlete must travel by bus or other carrier prescribed by the Director of Athletics. Further, all athletes traveling by bus or any other transportation as sanctioned by the Athletic Department to away games will return by the same carrier.

All students participating in field trips, away games and other official, school-sponsored, group events for which transportation is provided, are expected to travel to the event and return to school together, on school transportation. All participants are to remain under the supervision of the teacher(s), coach(s), other school officials(s), or designated chaperone(s) at all times, until they return to school. When school transportation is provided, participating students must ride it both ways; parents, chaperones, and others must not drive students to or from the site of the event by private transportation. **Exceptions to this rule may be allowed only with advance written permission from the Athletic Director or Principal, who will grant exceptions only for emergencies, extreme hardships, or other unusual, extenuating circumstances.**

Varsity Awards

Varsity letters are participation awards presented to athletes who complete the season, are in good academic standing, and satisfy the minimum requirements listed below. Athletes who have qualified for two varsity letters in the same sport are eligible to receive a varsity jacket. The Board of Education does not provide funding for varsity awards. Awards are provided by the various clubs that support our athletic programs, provided ample funds are available.

Specific Sports Letter Requirements

- Baseball/Softball: play in fifty percent of varsity games
- Basketball: play in fifty percent of varsity games
- Cross Country: place seventh or better in one-half of the dual meets; in the top 20 in a Housatonic Division meet, or in the top 30 in a Conference meet
- Field Hockey: play in fifty percent of varsity games
- Football: play in fifty percent of varsity games
- Golf: play in fifty percent of varsity matches
- Indoor Track: Qualify for Class "LL" standard
- Lacrosse: play in fifty percent of varsity games
- Soccer: play in fifty percent of varsity games
- Swimming: earn a total of 25 points
- Tennis: play in fifty percent of varsity matches
- Track & Field: earn a total of 20 points or qualify for Class "LL" standard
- Volleyball: play in fifty percent of varsity games
- Wrestling: play in sixty percent of varsity matches

Varsity Jacket Policy

Student-athletes who earn a varsity letter and are at least a member of the Junior Class are eligible for a varsity jacket. Student-athletes who earn two varsity letters in the same sport are also eligible for a varsity jacket, regardless of grade.

The Shelton Board of Education is not responsible for the purchase of varsity jackets. Individual team booster clubs and the SHS Fathers' Club may be able to help offset the cost of jackets, provided funds are available; however, students are ultimately responsible for the purchase of their own jacket.

Home Games - Live Video Feed

Live Video Feed is available for all HOME games held in Finn Stadium and Murray Gymnasium. Parents, friends, and fans of SHS Athletics can subscribe for a minimal fee to the NFHS Network to watch all home games streamed live to their computer, tablet, or mobile phone through the NFHS Network. Details can be found on the Athletic page of the SHS website and at www.nfhsnetwork.com (search for Shelton High School).

Hazing Policy (SBOE #5131.91)

I. Purpose

The purpose of the policy is to promote an educational environment free from hazing. Hazing activities of any type are inconsistent with the educational goals of the school district and are prohibited.

II. General Statement of Policy

The Board of Education strictly prohibits any form of hazing of students; whether on or off school grounds. As used in this policy, the term "hazing" includes any activity in which any student humiliates, degrades, physically or mentally abuses any other student, or engages in any behavior likely to have a detrimental effect on a student's physical or emotional health, for the purpose of initiation into or membership in or affiliation with any organization which is in any manner related to school or to a school-sponsored activity, regardless of the subject's willingness to participate. Such conduct includes, but is not limited to, the following: whipping; beating; branding; forced calisthenics; coerced consumption of any food, liquor, beverage, drug, or other substance; or any coerced treatment or activity that is likely to adversely affect the physical health or emotional health and safety of any student, or that subjects such student to emotional distress, including extended isolation and any deprivation of sleep or rest.

III. Disciplinary Consequences

Any student who engages in any form of hazing will be subject to exclusion from all school-sponsored activities (including athletic programs and other extracurricular activities). In addition, any student who engages in any form of hazing will be subject to disciplinary action, including suspension and/or expulsion from school, in accordance with the Board's Policy on Student Discipline.

IV. Reporting Procedures

The reporting procedure for any hazing incident will be:

- A. Any person who believes he or she has been the victim of hazing or any person with knowledge or belief or conduct, which may constitute hazing, should report the alleged acts immediately to the building principal or to an assistant principal for investigation and other appropriate action.
- B. Any other employee of the Shelton Board who receives a report of alleged hazing shall inform the building principal or assistant principal immediately for investigation and other appropriate action.

V. Retaliation

The school district will discipline or take appropriate action against any student, teacher, administrator, volunteer, contractor, or any employee of the school district who retaliates against any person who makes a good faith report of alleged hazing, or against any person who testifies, assists, or participates in a proceeding or hearing relating to such hazing. Retaliation includes but is not limited to, any form of intimidation, reprisal, or harassment.

SHELTON HIGH SCHOOL
Concussion
Student and Parent Informed Consent Form
2018-19

This consent form was developed to provide students and parents with current and relevant information regarding concussions and to comply with Connecticut General Statutes (C.G.S.) Chapter 163, Section 149b: *Concussions: Training courses for coaches. Education plan. Informed consent form. Development or approval by the State Board of Education* and Section 10-149c: *Student athletes and concussions. Removal from athletic activities. Notification of parent or legal guardian. Revocation of coaching permit.*

What is a Concussion?

National Athletic Trainers Association (NATA) - *A concussion is a "trauma induced alteration in mental status that may or may not involve loss of consciousness."*

Centers for Disease Control and Prevention (CDC) - *"A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth."* -CDC, Heads Up: Concussion

http://www.cdc.gov/headsup/basics/concussion_what.html

Even a "ding," "getting your bell rung," or what seems to be mild bump or blow to the head can be serious" -CDC, Heads Up: Concussion Fact Sheet for Coaches http://www.cdc.gov/concussion/HeadsUp/pdf/Fact_Sheet_Coaches-a.pdf

Section 1. Concussion Education Plan Summary

The [Concussion Education Plan and Guidelines for Connecticut Schools](#) was approved by the Connecticut State Board of Education in January 2015. Below is an outline of the requirements of the Plan. The complete document is accessible on the CSDE Web site: <http://www.sde.ct.gov/sde/cwp/view.asp?a=2663&q=335572>

State law requires that each local and regional board of education must approve and then implement a concussion education plan by using written materials, online training or videos, or in-person training that addresses, at a minimum the following:

1. The recognition of signs or symptoms of concussion.
2. The means of obtaining proper medical treatment for a person suspected of sustaining a concussion.
3. The nature and risks of concussions, including the danger of continuing to engage in athletic activity after sustaining a concussion.
4. The proper procedures for allowing a student athlete who has sustained a concussion to return to athletic activity.
5. Current best practices in the prevention and treatment of a concussion.

Section 2. Signs and Symptoms of a Concussion: Overview

A concussion should be suspected if any one or more of the following signs or symptoms are present, or if the coach/evaluator is unsure, following an impact or suspected impact as described in the CDC definition above.

Signs of a concussion may include (i.e. what the athlete displays/looks like to an observer):

- Confusion/disorientation/irritability
- Trouble resting/getting comfortable
- Lack of concentration
- Slow response/drowsiness
- Incoherent/ slurred speech
- Slow/clumsy movements
- Loses consciousness
- Amnesia/memory problems
- Acts silly/combative/aggressive
- Repeatedly ask same questions
- Dazed appearance
- Restless/irritable
- Constant attempts to return to play
- Constant motion
- Disproportionate/inappropriate reactions
- Balance problems

Symptoms of a concussion may include (i.e. what the athlete reports):

- Headache or dizziness
- Nausea or vomiting
- Blurred or double vision
- Oversensitivity to sound/light/touch
- Ringing in ears
- Feeling foggy or groggy

State law requires that a coach **MUST** immediately remove a student-athlete from participating in any intramural or interscholastic athletic activity who: a) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or b) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete, a qualified school employee must notify the parent or legal guardian within 24 hours that the student athlete has exhibited signs and symptoms of a concussion.**

Section 3. Return to Play (RTP) Protocol Overview

Currently, it is impossible to accurately predict how long an individual’s concussion will last. There must be full recovery before a student-athlete is allowed to resume participating in athletic activity. Connecticut law now requires that no athlete may resume participation until they have received written medical clearance from a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.

Concussion Management Requirements:

1. No athlete SHALL return to participation in the athletic activity on the same day of concussion.
2. If there is any loss of consciousness, vomiting or seizures, the athlete MUST be immediately transported to the hospital.
3. Close observation of an athlete MUST continue following a concussion. The athlete should be monitored for an appropriate amount of time following the injury to ensure that there is no worsening/escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion MUST be evaluated by a licensed health care professional (physician, physician assistant, advanced practice registered nurse (APRN), athletic trainer) trained in the evaluation and management of concussions.
5. The athlete MUST obtain an initial written clearance from one of the licensed health care professionals identified above directing her/him into a well-defined RTP stepped protocol similar to the one outlined below. If at any time signs or symptoms return during the RTP progression, the athlete should cease activity*.
6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions), final written medical clearance is required by one of the licensed health care professionals identified above for the athlete to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (Recommended one full day between steps)

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling maintaining intensity ,<70% of maximal exertion; no resistance training	Increase Heart Rate
3. Sport specific exercise No contact	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add Movement
4. Non-contact sport drills	Progression to more complex training drills, ie. passing drills in football and ice hockey; may start progressive resistance training	Exercise, coordination and cognitive load
5. Full contact sport drills	Following final medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6. Full activity	No restrictions	Return to full athletic participation

If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete’s symptoms are gone the next day, she/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don’t resolve, the athlete should be referred back to her/his medical provider.

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82.
<http://www.nfhs.org>.
http://journals.lww.com/cjsportsmed/Fulltext/2009/05000/Consensus_Statement_on_Concussion_in_Sport_3rd.1.aspx.
2. Centers for Disease Control and Prevention. *Heads Up: Concussion in High School Sports*. http://www.cdc.gov/NCIPC/tbi/Coaches_Tool_Kit.htm.
3. CIAC Concussion Central - <http://concussioncentral.ciacsports.com/>

Resources:

- Centers for Disease Control and Prevention. *Injury Prevention & Control: Traumatic Brain Injury*. Retrieved on June 16, 2010.
<http://www.cdc.gov/TraumaticBrainInjury/index.html>
- Centers for Disease Control and Prevention. *Heads Up: Concussion in High School Sports Guide for Coaches*. Retrieved on June 16, 2014.

SHELTON HIGH SCHOOL
Sudden Cardiac Arrest
Student & Parent Informed Consent Form
2018-19

NOTE: This document was developed to provide student-athletes and parents/guardians with current and relevant information regarding sudden cardiac arrest. A new form is required to be read, signed, dated and kept on file by the student-athlete's associated school district annually to comply with Connecticut General Statutes Chapter 163, Section 10-149f: SUDDEN CARDIAC ARREST AWARENESS EDUCATION PROGRAM.

Part I – SUDDEN CARDIAC ARREST - What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A student's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

PART II - HOW COMMON IS SUDDEN CARDIAC ARREST IN THE UNITED STATES?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. It is a leading cause of death for student athletes.

According to an April 2014 study for PubMed the incidence was

- 0.63 per 100,000 in all students (6 in one million)
- 1.14 per 100,000 athletes (10 in one million)
- 0.31 per student non-athletes (3 in one million)
- The relative risk of SCA in student athletes vs non-athletes was 0.65
- There is a significantly higher risk of SCA for boys than girls

Leading causes of sudden death among high school and college athletes, according to the NCAA (on CBS News, June 28, 2012)* are heat stroke, heart disease and traits associated with sickle cell anemia. Prevention of sudden death, the same study concludes, is associated with more advanced cardiac screening with attention to medical histories and birth records, improved emergency procedures, and good coaching and conditioning practices.

PART III - WHAT ARE THE WARNING SIGNS AND SYMPTOMS?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as: fainting or seizures during exercise; unexplained shortness of breath; dizziness; extreme fatigue; chest pains; or racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

Sudden cardiac arrest is a medical emergency. If not treated immediately, it causes sudden cardiac death. With fast, appropriate medical care, survival is possible. Administering cardiopulmonary resuscitation (CPR) — or even just compressions to the chest — can improve the chances of survival until emergency personnel arrive.

(<http://www.mayoclinic.org/diseases-conditions/sudden-cardiac-arrest/basics/>)

WHAT ARE THE RISKS OF PRACTICING OR PLAYING AFTER EXPERIENCING THESE SYMPTOMS?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

REMOVAL FROM PLAY

Any student-athlete who shows signs or symptoms of SCA must be removed from athletic activity and referred to a licensed health care professional trained specifically in the treatment of cardiac care. The symptoms can happen before, during or after activity.

RETURN TO PLAY

Before returning to play, the athlete must be evaluated. Clearance to return to play must be in writing. The evaluation must be performed and written clearance be provided by a licensed medical provider.

To summarize:

- SCA is, by definition, sudden and unexpected.
- SCA can happen in individuals who appear healthy and have no known heart disease.
- Most people who have SCA die from it, usually within minutes.
- Rapid treatment of SCA with a defibrillator can be lifesaving.
- Training in recognition of signs of cardiac arrest and SCA, and the availability of AEDs and personnel who possess the skills to use one, may save the life of someone who has had an SCA.

(National Heart, Lung, and Blood Institute)

Sources:

Simons Fund - <http://www.simonsfund.org/>

Pennsylvania Department of Health - <http://www.simonsfund.org/wp-content/uploads/2012/06/Parent-Handout-SCA.pdf>

Shelton High School Athlete Return to Play Policy

In response to contemporary issues of health, safety and liability, the following policy has been placed in effect for all students wishing to participate in Shelton High School (SHS) athletics at any level.

If a student participating in SHS athletics goes to a physician for an injury or ailment which may affect his/her ability to be actively involved with the team, **a note of release from a physician must be presented to the Coach and/or Athletic Trainer** before the athlete can return to practice or play.

This must be done if doctor says, "Yes" to returning or "No". To make things easier, ask the doctor who says "No" to specify in the note the amount of time for which the athlete is to be withheld from participation. For clarification, a physician would include those in general practice (internist, pediatrician), orthopedic, chiropractor, neurologist, physician assistant, and nurse practitioner, as a few examples. The note does not have to be obtained from the same doctor originally seen. **Unfortunately, a note or verbal clearance from a parent/ guardian will not suffice due to liability issues.**

This withholding of participation will continue from one season to another. For example, an athlete injured during basketball and seen by a physician must have a note for return to play if he is to participate in baseball the next season.

To avoid any conflicts or unexpected withholdings, **it is best to get a note of clearance anytime an athlete sees a doctor.** The doctor should never refuse this request. Be careful if the doctor offers to fax the note instead of writing it on the spot. As we all know, doctors are very busy. It has been my experience that these notes, if sent at all, take several days to be faxed. This means more time out for athlete.

Lastly, if you ever have a doubt as to whether a note is needed, either get one anyway or contact me and I will help you. Thank you in advance for your cooperation in this matter and good luck in your upcoming season.

Sincerely,

Anthony Simoes
Certified Athletic Trainer - Shelton High School
203-922-3014, ext 1541 (Cell: 203-482-7351)



ImPACT Concussion Management System

What is ImPACT Testing?

Shelton High School is proud to announce that we are implementing the use of ImPACT testing software to assist our athletic trainer and your doctors in evaluating the severity and treatment of head injuries. ImPACT (immediate, post-concussion, assessment, cognitive testing) is a sophisticated research-based software tool that tests multiple aspects of neurocognitive functioning (basically how the brain works and thinks) including memory, brain processing speed, reaction time, and post-concussive symptoms.

ImPACT testing is able to show functional and physiological changes to the brain that an MRI and/or CAT scan does not show because they can only test for structural injuries. The ImPACT test also provides objective data to help determine the extent of the athlete's injury and used as a tool to help make a more accurate and safe return to play, thus preventing the lingering effects of a concussion and protects the athlete from potential catastrophic injury, such as post-concussion syndrome or second impact syndrome, from returning back to play too early.

Who needs ImPACT Testing?

Every athlete will be tested during their preseason as a part of their preseason physical to obtain baseline scores. There is no cost for the testing. Athletes need to be tested only once during their high school career to obtain their baseline score.

If an athlete sustains a concussion during a game or practice any time during their high school career, they will then be re-tested and the scores will be compared to their initial baseline. The results will be shared with the Athletic Trainer and your doctor. If you would like more information regarding the ImPACT test, please contact the Athletic Trainer or Athletic Director.

NOTICE REGARDING SPORTS PHYSICALS

To All Students and Parents of Shelton High School Athletes:

Attached is the Sports Physical form that is required of all students who plan to participate in any sports activity during the school year. This is a State of Connecticut regulation in accordance with the CIAC rules.

Any student who wishes to participate in any fall, winter and/or spring sport must have this completed and signed by a physician *before trying out or playing a sport*. ALL athletes must have a current valid physical form on file with the nurses office prior to trying out or practicing with any sports team. It is our policy that an athlete's physical **must be valid for the entire season they are participating in.** Athletes will not be allowed to try out or be placed on a team roster if their physical expires any time during the season including post-season competitions.

A current sports physical that is no more than one (1) calendar year old must be on record with the School Nurse.

Freshmen must have the **BLUE** State of Connecticut health assessment form completed by their physician. Forms can be obtained in the Clinic or at your doctor's office.

No student will be allowed to try out or practice until this requirement is completed.

ONCE COMPLETED AND SIGNED BY A PHYSICIAN, WITH PHYSICIAN'S OFFICE STAMP, PLEASE RETURN THIS FORM TO THE SHELTON HIGH SCHOOL ATHLETIC OFFICE. Forms will be forwarded to the school nurse for their retention.

If you have any questions regarding your child's eligibility, please contact the athletic office or school nurse at 203-922-3004.

Thank you,

John Niski
Athletic Director
Shelton High School

SPORTS PARTICIPATION HEALTH RECORD

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. THIS SIDE MUST BE COMPLETED BY PARENT & STUDENT BEFORE BEING BROUGHT TO THE DOCTOR'S OFFICE.

NAME _____ AGE _____ SEX _____ SCHOOL _____
 ADDRESS _____ PHONE _____ GRADE _____
 SPORTS BEING PLAYED (1) _____ (2) _____ (3) _____

MEDICAL HISTORY

(To be completed by the student and parent or guardian)

1. Do you have any allergies? (Drugs, Food, Insect Stings, etc)
2. Are you currently taking any drugs or medications including steroids or protein supplements? (Daily or occasionally)
3. Are you presently being treated for any conditions by a physician or other health care professional?
4. Have you ever been advised by a doctor not to participate in any sport?
5. Do you have any chronic conditions, disorders or diseases? Check those applicable.
 _____ No _____ Hepatitis (Liver disease) _____ Bleeding Disorders _____ Epilepsy (Seizures)
 _____ Asthma _____ Hypertension (High Blood Pressure) _____ Sickle Cell Anemia _____ Diabetes
 _____ Mononucleosis – Yr. _____ Handicap (Describe) _____
 _____ Other _____

Please check where applicable if you have or have had any of the following:

	Yes	No		Yes	No
Head injury, concussion, or been unconscious	_____	_____	Eye injury or retinal detachment	_____	_____
If yes, how many times _____			Blurred vision or vision in one eye only	_____	_____
Headaches more than once a week	_____	_____	Wear glasses or contact lens	_____	_____
Lack of feeling or numbness in any part of the body	_____	_____	Hearing loss or impairment in one or both ears	_____	_____
Heat exhaustion or heat stroke	_____	_____	Tubes in ears or perforated eardrum	_____	_____
Difficulty running ½ mile without stopping	_____	_____	False teeth, caps or braces	_____	_____
Chest pain, dizziness or passing out during exercise	_____	_____	Nose bleeds for no reason	_____	_____
Coughing, wheezing, or grasping for breath	_____	_____	Bruising easily or taking a long time to stop	_____	_____
With exercise of cold weather			bleeding when cut		
Smoke cigarettes or chew tobacco	_____	_____	Diarrhea more than once a week	_____	_____
Heart problem, murmur or arrhythmia	_____	_____	Black or bloody bowel movements (stools)	_____	_____
Family member with a heart attack under age 50	_____	_____	Kidney disease or dark, brown or bloody urine	_____	_____
Loss or gain or more than 10 lbs. In last year _____			Less than two kidneys or, in males, two testicles	_____	_____
Special diet for medical reasons	_____	_____	Lump (s) in arm pit or groin	_____	_____
Rash or skin problems	_____	_____	Neck, spine or low back injury or pain	_____	_____
For female participants:					
Absent or irregular monthly periods	_____	_____	Disabling cramps with your menstrual periods	_____	_____

Have you ever been hospitalized for medical or surgical reason? Yes _____ No _____

If yes, provide the following information:

REASON	YEAR	HOSPITAL
_____	_____	_____
_____	_____	_____

Please carefully list below any injury (nerve, muscle, bone or joint) that you have had, which did not allow you to participate in regular activity for a week or more.

INJURED AREA (Knee, Hamstring, Neck, Shin, etc)	YEAR (R, L)	SIDE (Fracture, Sprain, Swelling, Pinched Nerve, etc)	TYPE	RESOLVED Yes No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STUDENT AND PARENT OR GUARDIAN

We hereby state that we have reviewed this medical history and found the information supplied above to be correct to the best of our knowledge.

STUDENT SIGNATURE _____ DATE _____ PARENT OR GUARDIAN SIGNATURE _____ DAT _____

NAME _____ DATE OF EXAM _____

DATE OF BIRTH _____

GENERAL EXAM

	Normal	Abnormal Findings
APPEARANCE		
SKIN		
HEENT		
RESPIRATORY		
CARDIOVASCULAR		
- Arrhythmia		
- Murmur		
ABDOMEN		
SPINE		
NEUROLOGICAL		
GENITALIA (hernia)		
PHYSICAL MATURITY		
- (TANNER STAGE) 12345		

HEIGHT _____	WEIGHT _____
BLOOD PRESSURE _____	

SUMMARY: _____

ORTHOPEDIC EXAM

MUSCULOSKELETAL EVALUATION TO INCLUDE RANGE OF MOTION, STRENGTH, FLEXIBILITY

	Normal	Abnormal Findings
NECK		
SPINE		
SHOULDERS		
ARMS/HANDS		
HIPS		
THIGHS		
KNEES		
ANKLES		
FEET		

RECOMMENDATIONS

WEIGHT LOSS/GAIN _____
 STRENGTHENING _____
 STRETCHING _____
 CONDITIONG (Endurance) _____

MEDICATIONS _____
 SPECIAL EQUIPMENT _____
 BRACING/TAPING _____

I verify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except those listed below:

Signature Medical Doctor (M. D.) _____ Date _____ Telephone _____ Medical Doctor (Print or Stamp) _____

Athletic Participation Form

In the event that an athletic injury or illness should occur to the named student-athlete while participating in a sanctioned athletic activity at Shelton High School, and after a reasonable attempt to contact the parent/guardian, we the undersigned give permission for any duly-authorized member of the high school athletic staff including athletic director, athletic trainer, or coaches to make decisions regarding the transport/treatment of the named student-athlete. Additionally, we give permission for the athlete to receive proper/necessary care from a certified/licensed athletic trainer, physician, or other health care individual.

I give my permission for a certified/licensed athletic trainer, physician, or other health care individual to arrange for ambulance service to the nearest medical facility. I give my permission for the staff of the medical facility to render treatment, which is considered necessary, for the athlete's well-being and health.

I have read and understand the information in this document, as well as the **IMPACT** program terms of use and "**Student/Parent – Concussion Education Plan & Consent Form**", and have discussed the athletic rules and regulations with my child. I understand the severities associated with concussions and the need for immediate treatment of such injuries. Additionally, I have read and understand the information provided on "**Sudden Cardiac Arrest.**" I hereby acknowledge that I am aware that as a result of participation in athletic activity, the named student-athlete may suffer a catastrophic injury. Notwithstanding such warnings and with full knowledge and understanding of the risk involved, I give permission for my child to participate in the activity indicated.

I also give my consent for any photos which are taken of my child during any game/practice to be posted on the Shelton H.S. Athletic Department website and/or to be used in publications of the Shelton H.S. Athletic Department. These photos will only be used for that purpose and not for any commercial purpose.

*Please complete and return the attached **Athletic Participation Form** to the Athletic Office before tryouts. Your child shall not participate in sports at Shelton High School without a completed emergency/consent form on file and a current physical which extends through the entire sports season.*

Thank you,

*John Niski
Athletic Director
Shelton High School*

**** Please complete and return to Athletic Office before tryouts ****

The student shall not participate in sports without a completed emergency/consent to treat form on file.

Please use blue or black ink only!

Athletic Participation Form

Athlete Name: _____

School Year: _____ **Grade (circle one):** Frosh Soph Junior Senior

Sport(s): **FALL:** _____

WINTER: _____

SPRING: _____

Date of Birth: _____ **Parent/Guardian:** _____

Weight: _____ **Height:** _____ **Home Phone #:** _____

Home Address: _____ **Cell Phone #:** _____

Family Doctor: _____ **2nd Contact:** _____

Doctor's Phone #: _____ **Home Phone #:** _____

Previous Concussion (circle): Yes No **Cell Phone #:** _____

Allergies (circle): Yes No **List:** _____

I give my child permission to participate as a member of the above-named teams and confirm that my child and I have read and understand the attached Athletic Handbook:

(please initial)

- **Athletic Handbook:** Parent: _____ Student: _____
- **Consent to Treat:** Parent: _____ Student: _____
- **ImPact Concussion Education Plan/Consent:** Parent: _____ Student: _____
- **Sudden Cardiac Arrest Consent:** Parent: _____ Student: _____
- **Photography Consent:** Parent: _____ Student: _____

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Do not write below line:

PHYSICAL END DATE: _____

IMPACT TEST DATE: _____