

POLICY

NEW MILFORD BOARD OF EDUCATION

PROGRAM

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PREVENTION AND TREATMENT OF SPORTS-RELATED CONCUSSIONS AND HEAD INJURIES

2431.4 PREVENTION AND TREATMENT OF SPORTS-RELATED CONCUSSIONS AND HEAD INJURIES

A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. In order to ensure the safety of pupils that participate in interscholastic athletics, it is imperative that student-athletes, coaches, and parents are educated about the nature and treatment of sports-related concussions and other head injuries. Allowing a student-athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury.

X Every school district that participates in interscholastic athletics is required to adopt a policy concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes in accordance with the provisions of N.J.S.A. 18A:40-41.1 et seq. For the purpose of this Policy, "interscholastic athletics" shall be Kindergarten through twelfth grade school-sponsored athletic programs where teams or individuals compete against teams or individuals from other schools or school districts.

The school district will adopt an Interscholastic Athletic Head Injury Training Program to be completed by the team or school physician, licensed athletic trainer(s) involved in the interscholastic athletic program, all staff members that coach an interscholastic sport, designated school nurses, and other appropriate school district personnel as designated by the Superintendent. This Training Program shall be in accordance with guidance provided by the New Jersey Department of Education and the requirements of N.J.S.A. 18A:40-41.2.

The Principal or designee shall distribute the New Jersey Department of Education Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form to every student-athlete who participates in interscholastic sports. The Principal or designee shall obtain a signed acknowledgement of the receipt of the Fact Sheet by the student-athlete's parent and keep on file for future reference.

Prevention of a sports-related concussion and head injuries is an important component of the school district's program. The school district may require pre-season baseline testing of all student-athletes before the student-athlete begins participation in an interscholastic athletic program.

Any student-athlete who exhibits the signs or symptoms of a sports-related concussion or other head injury during practice or competition shall be immediately removed from play and may not return to play that day. Emergency medical assistance shall be contacted when symptoms get worse, loss of consciousness, direct neck pain associated with the injury, or any other sign the supervising school staff member determines emergency



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medical attention is needed. If available when the student-athlete is exhibiting signs or symptoms, the student-athlete will be evaluated by the school or team physician. The Principal or designee shall contact the student-athlete's parent and inform the parent of the suspected sports-related concussion or other head injury.

Possible signs of a concussion can be observed by any school staff member or the school or team physician. Any possible symptoms of a concussion can be reported by the student-athlete to: coaches; licensed athletic trainer; school or team physician; school nurse; and/or parent. The Principal or designee shall provide the student-athlete with Board of Education approved suggestions for management/medical checklist to provide to their parent and physician or other licensed healthcare professional trained in the evaluation and management of sports-related concussions and other head injuries.

A student-athlete who participates in interscholastic athletics and who sustains or is suspected of sustaining a concussion or other head injury shall be required to have a medical examination conducted by their physician or licensed health care provider. The student-athlete's physician or licensed health care provider shall be trained in the evaluation and management of concussion to determine the presence or absence of a sports-related concussion or head injury.

The student-athlete's physician or licensed health care provider must provide to the school district a written medical release/clearance for the student-athlete indicating when the student-athlete is able to return to the activity. The medical release/clearance must indicate the student-athlete is asymptomatic at rest and either may return to the interscholastic athletic activity because the injury was not a concussion or other head injury or may begin the district's graduated return to competition and practice protocol outlined in Regulation 2431.4. A medical release/clearance not in compliance with this Policy will not be accepted. The medical release/clearance must be reviewed and approved by the school or team physician.

The school district shall provide a copy of this Policy and Regulation 2431.4 to all youth sports team organizations that operate on school grounds. In accordance with the provisions of N.J.S.A. 18A:40-41.5, the school district shall not be liable for the injury or death of a person due to the action or inaction of persons employed by, or under contract with, a youth sports team organization that operates on school grounds, if the youth sports team organization provides the school district proof of an insurance policy in the amount of not less than \$50,000 per person, per occurrence insuring the youth sports team organization against liability for any bodily injury suffered by a person and a statement of compliance with the school district's Policy and Regulation 2431.4 - Prevention and Treatment of Sports-Related Concussions and Head Injuries.



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For the purposes of this Policy a “youth sports team organization” means one or more sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department.

This Policy and Regulation shall be reviewed and approved by the school physician and shall be reviewed annually, and updated as necessary, to ensure it reflects the most current information available on the prevention, risk, and treatment of sports-related concussion and other head injuries.

N.J.S.A. 18A:40-41.1; 18A:40-41.2; 18A:40-41.3; 18A:40-41.4; 18A:40-41.5

Adopted: 7 September 2010

Revised: 19 December 2011



APPLICATION FOR USE OF SCHOOL FACILITY

**NEW MILFORD BOARD OF EDUCATION
BUSINESS OFFICE, 145 MADISON AVENUE, NEW MILFORD, NEW JERSEY, 07646
PHONE #: (201)261-2952 FAX #: (201)261-8018**

**IMPORTANT: Read the regulations on the opposite side of this application before completing.
BOTH SIDES MUST BE COMPLETED PRIOR TO SUBMISSION FOR APPROVAL**

TO: _____ **SCHOOL OFFICE** **Date:** _____

The undersigned hereby makes application for use of the _____
(space requested)
in the _____ School.

Date (s) requested: _____

Hours: _____ **AM/PM** to _____ **AM/PM**
(including preparation and clean-up time)

Please specify any required equipment (i.e. specific number of chairs, tables, etc.)

SCHOOL FACILITY (X)

Auditorium _____
Cafeteria _____
Library _____
Classroom _____
Gym _____
Other: _____

EQUIPMENT

Chairs # _____
Tables # _____
P.A. System/Microphone _____
Stage _____
Piano _____
Other: _____

NON-EXEMPT USER FEES

HS Auditorium \$500
Gym/Cafeteria \$500
All Purpose Room \$400
School Library \$350
School Field \$300
School Classroom \$100

This application is made for the purpose of _____
(reason for use)

Name of person supervising the activity _____
(print name)

Address: _____ Phone #: _____

Charge for the use of the above facilities (if applicable) Rental Fee \$ _____ Custodial Fee \$ _____

Route for approval:

BUILDING PRINCIPAL

DIRECTOR OF BUILDINGS & GROUNDS

ATHLETIC DIRECTOR (if request is for field or gym use)

Request Granted Request Denied

BOARD SECRETARY / BUSINESS ADMINISTRATOR

I have read the rules and regulations and agree to the conditions set forth, and am submitting this application to the _____ **SCHOOL OFFICE**

APPLICANT SIGNATURE: _____

ORGANIZATION: _____

ADDRESS: _____

TELEPHONE # _____

Office Use Only: Applicant _____ Building Principal _____ Building Custodian _____ Office Copy _____

**NEW MILFORD BOARD OF EDUCATION
RULES AND REGULATIONS GOVERNING USE OF BUILDINGS AND GROUNDS**

REQUIREMENTS: All items must be furnished to the Business Office prior to any activities taking place:

1) Insurance Certificate 2) Hold Harmless Agreement 3) Signed Application for Use of Facility 4) Concussions and Head Injuries Compliance (if applicable)

Applications for use of the buildings or grounds must be presented first to the school and then to the Business Office on this form. If a fee is charged, payment must be made in full by check payable to the New Milford Board of Education prior to the use school facilities.

- ❖ IF DIFFERENT FACILITIES ARE REQUIRED FOR ANY DATE, SEPARATE APPLICATIONS MUST BE SUBMITTED FOR THAT DATE. *IF DATES ARE CANCELED OR CHANGED, THE SCHOOL OFFICE MUST BE NOTIFIED NO LESS THAN FIVE DAYS IN ADVANCE.*
- ❖ ALL REQUESTS FOR THE USE OF SCHOOL FACILITIES SHALL BE IN COMPLIANCE WITH NEW MILFORD BOARD OF EDUCATION POLICIES AND REGULATIONS.
- ❖ USE OR POSSESSION OF ALCOHOLIC BEVERAGES ON SCHOOL PROPERTY IS PROHIBITED.
- ❖ SMOKING IS NOT PERMITTED ANYWHERE IN THE BUILDINGS OR ON THE GROUNDS.
- ❖ THIS PERMIT DOES NOT ALLOW THE USE OF ANY SUPPLIES, APPARATUS, TOOLS, OR ROOMS NOT SPECIFIED ON THE APPLICATION.
- ❖ ACCIDENTS OR INCIDENTS MUST BE REPORTED IN WRITING TO THE BOARD SECRETARY BY THE PERSON SUPERVISING THE ACTIVITY ON THE NEXT SCHOOL DAY FOLLOWING THE INCIDENT / ACCIDENT.
- ❖ THE CUSTODIAN ON DUTY SHALL BE IN COMPLETE CHARGE OF SCHOOL FACILITIES.
- ❖ SCHOOL FUNCTIONS / ACTIVITIES TAKE PRIORITY OVER ALL OTHERS.
- ❖ A 10:00 P.M. CURFEW WILL APPLY ON ALL ACTIVITIES UNLESS OTHERWISE SPECIFICALLY GRANTED BY THE BOARD OF EDUCATION.
- ❖ MEETING WITH MORE THAN 100 PEOPLE IN ATTENDANCE MAY REQUIRE POLICE AND FIRE PROTECTION. IT IS THE RESPONSIBILITY OF THE REQUESTING ORGANIZATION TO MAKE THE NECESSARY ARRANGEMENTS WITH THE POLICE OR FIRE DEPARTMENTS. ALL GROUPS MUST ABIDE BY FIRE DRILL PROCEDURES AND ADHERE TO ALL FIRE DEPARTMENT REGULATIONS.
- ❖ PERMISSION WILL NOT BE GIVEN TO ANY ORGANIZATION OR GROUP WHOSE MEMBERS ARE UNDER 21 YEARS OF AGE UNLESS THERE WILL BE PRESENT AT LEAST ONE SPONSORING NEW MILFORD RESIDENT ADULT (OVER 21 YEARS OF AGE). THE NUMBER OF ADULT CHAPERONES SHOULD BE ADEQUATE TO SUPERVISE THE ACTIVITIES OR FUNCTION.

If this application is granted, the signatory, on behalf of the organization which he/she represents, agrees to leave the room in a clean and tidy condition, and to assume full liability for any loss or damage to property. The organization accepts full responsibility for the preservation of order in the building, and full responsibility for the proper observance of the regulations stipulated on this form.

Insurance Certificate Requirements

A certificate of insurance must indicate the following: Minimum protection limits of \$1,000,000 each occurrence, \$1,000,000 aggregate bodily injury liability and \$25,000 property damage liability.

Hold Harmless Agreement

The _____ does hereby release the New Milford Board of Education
(Name of Organization or Individual)

from all liability by reason of injuries sustained by any person now, or hereafter; they further covenant and agree to save and hold harmless the Board of Education of the Borough of New Milford, its agents, servants and administrators from any and all liability arising out of the use of said premises or property.

Management of Concussions and Other Head Injuries Compliance

The _____ does hereby certify that it is in compliance with the New Milford
(Name of Organization or Individual)

Board of Education Policy 2431.4 "Concussion Testing and Return-to-Play."

SIGNATURE