Fallston Middle School Intramurals 2021-2022

The intramural activities offered for this school year are flickerball, indoor soccer, volleyball, basketball, table tennis and badminton. The dates for each intramural are listed on the <u>Intramural Calendar which is posted online</u> (Fallston Middle School > For Students > Activities > Intramurals). Dates are subject to be changed; the most current intramural calendar will be found online. The activity will be held from 2:45 PM until 3:45 PM. Please <u>arrange transportation for your child to be picked up at 3:45 PM.</u> Any students that are picked up late will be given a reminder of the pick-up time. If late pick-ups continue, your student may lose the opportunity to participate in the intramural program.

In order to participate in intramurals, a permission slip must be signed and returned to a physical education teacher on or prior to the first day of staying to participate in intramurals. In order to maintain the safety of our students, no student may be allowed to participate without a signed permission slip.

Mrs. Heuman					
FMS Intramural Director	Email for questions: Chelsea.Heuman@hcps.o				
Fallston Middle School Intramurals 2021-2022					
I acknowledge that I have read and understand Sudden Cardiac Arrest (SCA) Information S Concussion Awareness Information S	tion Sheet				
Student Name Printed	Student Signature Date				
 Sudden Cardiac Arrest (SCA) Information S Concussion Awareness Information S My student (indicated above) has my at Fallston Middle School from September 1 	Sheet y permission to participate in the after-school intramural progra				
Parent Name Printed	Parent Signature Date				
Any medications or medical conditions we shou medications in the nurse's office because intran	,,				
Emergency contact names and numbers (list in o					
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Sudden Cardiac Arrest (SCA) Information for Parents and Student Athletes

Definition: Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs.

SCA in student athletes is rare; the chance of SCA occurring to any individual student athlete is about one in 100,000. However, student athletes' risk of SCA is nearly four times that of non-athletes due to the increased demands on the heart during exercise.

Causes: SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Other possible causes of SCA are a sudden blunt non-penetrating blow to the chest and the use of recreational or performance-enhancing drugs and/or energy drinks.

Warning Signs of SCA

- SCA strikes immediately.
- SCA should be suspected in any athlete who has collapsed and is unresponsive.
 - No response to tapping on shoulders
 - o Does nothing when asked if he/she is OK
- No pulse

Emergency Response to SCA

- Act immediately; time is most critical to increase survival rates.
- Recognize SCA.
- Call 911 immediately and activate EMS.
- Administer CPR.
- Use Automatic External Defibrillator (AED).

Warning signs of potential heart issues: The following need to be further evaluated by your primary care provider.

- Family history of heart disease/cardiac arrest
- Fainting, a seizure, or convulsions during physical activity
- Fainting or a seizure from emotional excitement, emotional distress, or being startled
- Dizziness or lightheadedness, especially during exertion
- Exercise-induced chest pain
- Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- Extreme tiredness or shortness of breath associated with exercise
- History of high blood pressure

Risk of Inaction: Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

Information used in this document was obtained from the American Heart Association (www.heart.org), Parent Heart Watch (www.paretnheartwatch.org), and the Sudden Cardiac Arrest Foundation (www.sca-aware.org). Visit these sites for more information.

Frequently Asked Questions about Sudden Cardiac Arrest (SCA)

What are the most common causes of Sudden Cardiac Arrest (SCA) in a student athlete?

SCA is caused by several **structural** and **electrical** diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are **inherited**, which means the tendency to have these conditions is passed from parents to children through the genes. Some of these conditions are listed below.

- 1. Hypertrophic cardiomyopathy (HCM): HCM involves an abnormal thickening of the heart muscle and it is the most common cause of SCA in an athlete.
- 2. Coronary artery anomalies: The second most common cause is congenital (present at birth) abnormalities of coronary arteries, the blood vessels that supply blood to the heart.
- 3. Other possible causes of SCA are:
 - a. Myocarditis: an acute inflammation of the heart muscle (usually due to a virus).
 - b. Disorders of heart electrical activity such as:
 - i. Long QT syndrome.
 - ii. Wolff-Parkinson-White (WPW) syndrome.
 - iii. Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT).
 - c. Marfan syndrome: a condition that affects heart valves, walls of major arteries, eyes, and the skeleton.
 - d. Congenital aortic valve abnormalities.
- 4. Commotio Cordis: concussion of the heart from sudden blunt non-penetrating blow to the chest
- 5. Use of recreational, **performance-enhancing** drugs, and **energy drinks** can also bring on SCA.

How can we minimize the risk of SCA and improve outcomes?

The risk of SCA in student athletes can be minimized by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, performed by the athlete's medical provider.

- 1. It is very important that you **carefully and accurately complete the personal history and family history section** of the "Pre-Participation Physical Evaluation Form" available at http://www.mpssaa.org/HealthandSafety/Forms.asp.
- 2. Since the majority of these conditions are inherited, **be aware of your family history**, especially if any close family member:
 - a. had sudden unexplained and unexpected death before the age of 50.
 - b. was diagnosed with any of the heart conditions listed above.
 - c. died suddenly /unexpectedly during physical activity, during a seizure, from Sudden Infant Death Syndrome (SIDS) or from drowning.
- 3. **Take seriously the warning signs and symptoms of SCA**. Athletes should notify their parents, coaches, or school nurses if they experience any of these warning signs or symptoms.
- 4. Schools in Maryland have AED policies and emergency preparedness plans to address SCA and other emergencies in schools. Be aware of your school's various preventive measures.
- 5. If a cardiovascular disorder is suspected or diagnosed based on the comprehensive pre-participation screening evaluation, a referral to a child heart specialist or pediatric cardiologist is crucial. Such athletes will be excluded from sports pending further evaluation and clearance by their medical providers.



Office of Athletics and Physical Education

CONCUSSION INFORMATION SHEET

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your student-athlete reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- "Pressure in head"
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- "Don't feel right"
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

<u>Signs observed by teammates, parents</u> and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can't recall events prior to hit
- Can't recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



CONCUSSION INFORMATION SHEET

What can happen if my child keeps on playing with a concussion or returns to soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student- athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The Harford County Public School System requires the consistent and uniform implementation of well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

And

"...may not return to play until the athlete is evaluated by a licensed heath care provider trained in the evaluation and management of concussion and received clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion Remember it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: http://www.cdc.gov/Concussion