

Midland Park Board of Education

APPLICATION FOR USE OF SCHOOL BUILDINGS OR FACILITIES BY THE PUBLIC

| | | | |
|---|--|---|--|
| NAME OF ORGANIZATION | | ADDRESS OF ORGANIZATION | |
| PERSON TO CONTACT | | PHONE NUMBER | |
| TYPE OF FACILITY | | SCHOOL | |
| PURPOSE | | | |
| DATES | | AGREEMENT FORM FOR USE OF SCHOOL BUILDINGS /FACILITIES School facilities are primarily for the use of students. However, the Midland Park Board of Education desires to encourage the use of school buildings and facilities to worthwhile programs and activities sponsored by local organizations whose membership is comprised of at least 50% Midland Park residents. School facilities are not to be used for any purpose that violates the democratic principles and American ideals the schools are dedicated to preserve. The entire taxpaying public also should not be required to bear the expenses of special groups which use school facilities. | |
| | | Number of Participants | |
| | | Number of Midland Park Residents | |
| ROOM ARRANGEMENT REQUIRED | | FACILITY TO BE OPENED AT: _____ AND CLOSE AT: _____ _____ A.M. _____ A.M. _____ P.M. _____ P.M. | |
| EQUIPMENT REQUIRED | | | |
| NAME OF ADULT IN CHARGE OF ACTIVITY | | ADDRESS & TELEPHONE NUMBER | |
| CERTIFICATE OF INSURANCE _____ NAME OF CARRIER _____ CERTIFICATE NUMBER _____ | | LIMITS OF LIABILITY PROPERTY \$ _____ PUB. LIABILITY \$ _____ | |
| Classification of Users Class A - Student -Faculty, Continuing Education Program Groups - No Charges will be made for the use of buildings for these groups. Class B - School Affiliated Groups and Youth Service Organizations Association, Midland Park Education Association, Midland Park Association of School Administrators, Booster Club, Performing Art Parents, Boy Scouts, Girl Scouts, Midland Park Board of Recreation, and officially appointed municipal groups as well as other Civic, Social, Education, Cultural Groups. | | AGREEMENT As the official representative of the applicant, the undersigned Agrees to the use of the following facilities in accordance with the General Regulations of the Midland Park Board of Education. In consideration of this Agreement, it is understood and agreed that the Board of Education is hereby held harmless for any bodily injury or damage to property of others as a result of the use of the facilities by the using organization. | |
| PERSONNEL OVERTIME WILL BE CHARGED Note: COMMERCIAL VENTURES WILL NOT BE PERMITTED | | SIGNATURE _____ DATE _____ | |
| Copies To: Applicant | | | |
| Building Principal | | | |
| Building & Grounds Supervisor | | | |
| Building Custodian | | | |

Midland Park Board of Education

Midland Park, New Jersey

PERMIT FOR USE OF SCHOOL BUILDINGS OR FACILITIES BY THE PUBLIC

| | | |
|----------------------|-------------------|-------|
| NAME OF ORGANIZATION | PERSON TO CONTACT | PHONE |
|----------------------|-------------------|-------|

GENERAL REGULATIONS GOVERNING USE OF FACILITIES

1. School activities shall have priority in the use of school facilities. No permit for the use of school facility will be granted to any outside group until such time as the annual school activity calendar has been established and approved.
2. All reservations shall be made through the office of the Secretary of the Board, at least three weeks in advance of the proposed use. Any request of less than three weeks may be a basis for administrative rejection as untimely. The Secretary shall clear the availability of the requested facility with the school principal.
3. Any application and approval for facility use shall not constitute a landlord-tenant relationship, but shall merely constitute a permit which is revocable for good cause or transfer to another facility when required by a school need.
4. Applicants may request a particular facility, the facility shall be reserved for the organization. If, in the opinion of the Board of Education, it is determined that for the safety of the facility, or personnel that the program should be moved to another facility, the Board shall make another facility available to the organization. The Board shall attempt to make the alternate facility available as that originally requested.
5. Only Board of Education personnel may operate equipment belonging to the School District such as microphones, kitchen equipment, stage equipment, technology equipment, etc.
6. Organizations shall be responsible for the action of its members, invitees, and others using the facilities under their auspices. Abuse of the use permit shall constitute grounds for cancellation of reservations already made and refusal of new reservations.
7. If the Licensee is a "youth sports team organization," as that term is defined by N.J.S.A. 18A: 40-41.5(b), the Licensee shall provide the Licensor with a statement of compliance with the Licensor's Policy No. 2431.4 Concussion Testing and Return-to-Play" for the management of concussions and other head injuries. As defined in N.J.S.A 18A: 40-41.5(b) a "youth sports team organization" means one or more sports teams organized pursuant to a non-profit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department.
8. Pursuant to N.J.S.A. 18A:40-41.5, the Licensor shall not be liable for the injury or death of a person due to the action or inaction of the Licensee or any of the Licensee's members, agents, contractors, servants, employees, volunteers, licensees, or invitees.
9. Reservations for other than classrooms will not be accepted beyond a three month period; however, requests beyond that period will be held, and these requests will be considered at a later date.

10. When any kitchen or kitchen equipment is used for serving refreshments, cafeteria employees of the Board must be on duty. Fees will be charged accordingly.
11. **ALCOHOLIC BEVERAGES AND GAMBLING ARE NOT PERMITTED** on school property, including all playing fields, at any time. Any infractions of either of the above, shall constitute grounds for cancellation of reservations already made and refusal of new reservations. No food/drink allowed in the August C. DePreker Media Center.
12. Setting up of equipment(chairs, scenery, decorations, etc.) shall be done outside of school hours and must not conflict with school activities or programs.
13. Central Office Administrators, the Principal, Assistant Principal and the Buildings & Grounds Supervisor shall have free access to all areas of the school facilities at all times, including periods when facilities are used by non-school organizations.
14. Building regulations (safety, health, and use) applicable to any facility shall be adhered to by using organizations.
15. Smoking is not permitted anywhere in school buildings or on school grounds.
16. Organizations shall be responsible for the cost of repairing any damage or defacement of buildings and equipment from misuse by the organizations or their guests. The Board of Education will determine the cost of such damage and the amounts to be paid.
17. No nails, screws, attachments, etc. of any kind are to be applied to walls or woodwork of any school facility.
18. During and following periods of inclement weather, Board of Education personnel shall make the final determination on whether a field is playable.
19. All fees are to be made payable to Midland Park Board of Education.
20. It is the responsibility of the using organizations to arrange and pay for any police protection required. If an attendance of more than 200 is expected, the organization shall have police assistance in the parking of automobiles. Under no circumstances shall parking be permitted on the right side of the circular drive to the entrance of the building at the Midland Park High School. At Godwin and Highland School no parking will be permitted on the macadam areas to the rear and sides of the two elementary school buildings.

| USE CHARGES | |
|---|-----------------|
| Custodial Personnel | \$ _____ |
| Cafeteria Personnel | \$ _____ |
| Equipment Personnel | \$ _____ |
| Stage Crew | \$ _____ |
| Other Charges | \$ _____ |
| Total Estimated Charge | \$ _____ |
| No Charges Due | \$ _____ |
| TO BE PAID WITHIN 30 DAYS OF USE | |

| ADMINISTRATIVE DETERMINATION | |
|---|-------|
| Facility is not available on dates requested | _____ |
| Facility is available | _____ |
| Facility is available with the following stipulations | _____ |

 Approval Date Building Principal Signature

COPIES TO: APPLICANT, BUILDING PRINCIPAL, BUILDING & GROUNDS SUPERVISOR, AND THE BUILDING CUSTODIAN

 SECRETARY, BOARD OF EDUCATION DATE

**Statement of Compliance with the Midland Park Board of Education Policy No. 2431.4
"Prevention And Treatment Of Sports-Related Concussions and Head Injuries"**

I, _____,

on behalf of _____

(hereinafter referred to as "Licensee"), hereby certify to the following:

1. The Midland Park Board of Education (hereinafter referred to as the "Licensor") and the Licensee are Parties to a Use of Public School Facilities Agreement (hereinafter referred to as the "Agreement") entered into on _____, for the purpose of permitting the Licensee to utilize the _____ (hereinafter referred to as the "Facilities") for the purpose of _____.
2. In accordance with N.J.S.A. 18A:40-41.5 (a) (2), the Licensee has read and hereby agrees to comply with Board Policy No. 2431.4, "Prevention And Treatment Of Sports-Related Concussions And Head Injuries," a copy of which is attached and made a part hereof in connection with its use of the Facilities as provided in the Agreement.

WITNESS:

LICENSEE

Dated: _____

Dated: _____

POLICY

MIDLAND PARK
BOARD OF EDUCATION

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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 and cheerleading programs, it is imperative that student-athletes, cheerleaders, coaches, and parents are educated about the nature and treatment of sports-related concussions and other head injuries. Allowing a student-athlete or cheerleader to return to play before recovering from a concussion increases the chance of a more serious brain injury.

Every school district that participates in interscholastic athletics or cheerleading programs is required to adopt a policy concerning the prevention and treatment of sports-related concussions and other head injuries among student-athletes and cheerleaders 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. For the purpose of this Policy, "cheerleading program" shall be Kindergarten through twelfth grade school-sponsored cheerleading programs.

The school district will adopt an Interscholastic Athletic and Cheerleading 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 or cheerleading program, 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 and every cheerleader who participates in a cheerleading program. The Principal or designee shall obtain a signed acknowledgement of the receipt of the Fact Sheet by the student-athlete or cheerleader'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-



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MIDLAND PARK BOARD OF EDUCATION

PROGRAM 2431.4/Page 2 of 3 PREVENTION AND TREATMENT OF SPORTS-RELATED CONCUSSIONS AND HEAD INJURIES

athletes and cheerleaders before the pupil begins participation in an interscholastic athletic or cheerleading program.

Any student-athlete or cheerleader 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 medical attention is needed. If available when the student-athlete or cheerleader is exhibiting signs or symptoms, the pupil will be evaluated by the school or team physician. The Principal or designee shall contact the pupil'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 or cheerleader to: coaches; licensed athletic trainer; school or team physician; school nurse; and/or parent. The Principal or designee shall provide the student-athlete or cheerleader 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 or cheerleader who participates in interscholastic athletics or a cheerleading program 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 pupil'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 pupil's physician or licensed health care provider must provide to the school district a written medical release/clearance for the pupil indicating when the pupil is able to return to the activity. The medical release/clearance must indicate the student-athlete or cheerleader is asymptomatic at rest and either may return to the interscholastic athletic activity or cheerleading program 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



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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.

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: 10 May 2011
Revised: 20 December 2011
25 September 2012





USDOE Blue Ribbon School of Excellence
NJDOE Star School

MIDLAND PARK PUBLIC SCHOOLS

District Administration Offices
250 Prospect Street
Midland Park, New Jersey 07432

Godwin School
Highland School
Midland Park Junior/Senior High School



Home of the Panthers

Scholastic Student Athlete Safety Act

Pursuant to N.J.S.A. 18A:40-41.5 and N.J.S.A. 2A:62A-27, the Licensor, its employee, agents and servants shall not be liable for the injury or death of a person arising from the presence of and access to an AED, as well as the action or inaction of the Licensee or any of the Licensee's members, agents, contractors, servants, employees, volunteers, licensees or invitees.

Sudden Cardiac Death Pamphlet Sign- Off

I/We acknowledge that we received and reviewed the Sudden Cardiac Death in Young Athletes pamphlet.

Name of Group/ Organization _____

Signature of Agent _____ Date _____

Website Resources

- Sudden Death in Athletes
<http://tinyurl.com/m2gjmvmq>
- Hypertrophic Cardiomyopathy Association
www.4hcm.org
- American Heart Association www.heart.org

Collaborating Agencies:

**American Academy of Pediatrics
New Jersey Chapter**
3836 Quakerbridge Road, Suite 108
Hamilton, NJ 08619
(p) 609-842-0014
(f) 609-842-0015
www.aapnj.org



American Heart Association
1 Union Street, Suite 301
Robbinsville, NJ, 08691
(p) 609-208-0020
www.heart.org



New Jersey Department of Education
PO Box 500
Trenton, NJ 08625-0500
(p) 609-292-5935
www.state.nj.us/education/



New Jersey Department of Health
P. O. Box 360
Trenton, NJ 08625-0360
(p) 609-292-7837
www.state.nj.us/health



**Lead Author: American Academy of Pediatrics,
New Jersey Chapter**

**Written by: Initial draft by Sushma Raman Hebbbar,
MD & Stephen G. Rice, MD PhD**

Additional Reviewers: NJ Department of Education,
NJ Department of Health and Senior Services,
American Heart Association/New Jersey Chapter,
NJ Academy of Family Practice, Pediatric Cardiologists,
New Jersey State School Nurses

Revised 2014: Nancy Curry, EdM;
Christine DeWitt-Parker, MSN, CSN, RN;
Lakota Kruse, MD, MPH; Susan Martz, EdM;
Stephen G. Rice, MD; Jeffrey Rosenberg, MD,
Louis Teichholz, MD; Perry Weinstock, MD

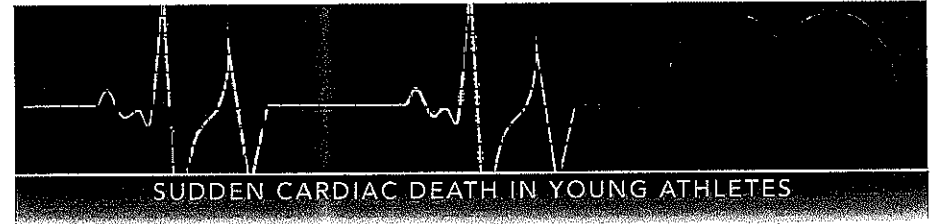
SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

The Basic Facts on Sudden Cardiac Death in Young Athletes

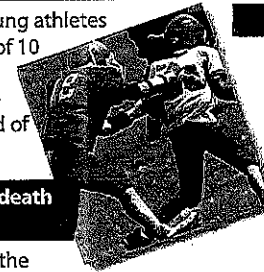


American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

**American Heart
Association**
Learn and Live



Sudden death in young athletes between the ages of 10 and 19 is very rare. What, if anything, can be done to prevent this kind of tragedy?



What is sudden cardiac death in the young athlete?

Sudden cardiac death is the result of an unexpected failure of proper heart function, usually (about 60% of the time) during or immediately after exercise without trauma. Since the heart stops pumping adequately, the athlete quickly collapses, loses consciousness, and ultimately dies unless normal heart rhythm is restored using an automated external defibrillator (AED).

How common is sudden death in young athletes?

Sudden cardiac death in young athletes is very rare. About 100 such deaths are reported in the United States per year. The chance of sudden death occurring to any individual high school athlete is about one in 200,000 per year.

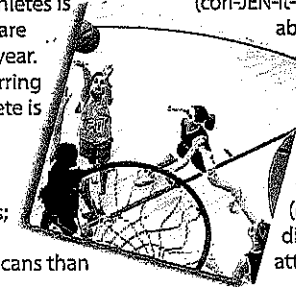
Sudden cardiac death is more common: in males than in females; in football and basketball than in other sports; and in African-Americans than in other races and ethnic groups.

What are the most common causes?

Research suggests that the main cause is a loss of proper heart rhythm, causing the heart to quiver instead of pumping blood to the brain and body. This is called ventricular fibrillation (ven-TRICK-you-lar fib-roo-LAY-shun). The problem is usually caused by one of several cardiovascular abnormalities and electrical diseases of the heart that go unnoticed in healthy-appearing athletes.

The most common cause of sudden death in an athlete is hypertrophic cardiomyopathy (hi-per-TRO-fic CAR-dee-oh-my-OP-a-thee) also called HCM. HCM is a disease of the heart, with abnormal thickening of the heart muscle, which can cause serious heart rhythm problems and blockages to blood flow. This genetic disease runs in families and usually develops gradually over many years.

The second most likely cause is congenital (con-JEN-it-al) (i.e., present from birth) abnormalities of the coronary arteries. This means that these blood vessels are connected to the main blood vessel of the heart in an abnormal way. This differs from blockages that may occur when people get older (commonly called "coronary artery disease," which may lead to a heart attack).



SUDDEN CARDIAC DEATH IN YOUNG ATHLETES

Other diseases of the heart that can lead to sudden death in young people include:

- Myocarditis (my-oh-car-DIE-tis), an acute inflammation of the heart muscle (usually due to a virus).
- Dilated cardiomyopathy, an enlargement of the heart for unknown reasons.
- Long QT syndrome and other electrical abnormalities of the heart which cause abnormal fast heart rhythms that can also run in families.
- Marfan syndrome, an inherited disorder that affects heart valves, walls of major arteries, eyes and the skeleton. It is generally seen in unusually tall athletes, especially if being tall is not common in other family members.

Are there warning signs to watch for?

In more than a third of these sudden cardiac deaths, there were warning signs that were not reported or taken seriously. Warning signs are:

- 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;
- Chest pains, at rest or during exertion;
- Palpitations - awareness of the heart beating unusually (skipping, irregular or extra beats) during athletics or during cool down periods after athletic participation;
- Fatigue or tiring more quickly than peers; or
- Being unable to keep up with friends due to shortness of breath (labored breathing).

What are the current recommendations for screening young athletes?

New Jersey requires all school athletes to be examined by their primary care physician ("medical home") or school physician at least once per year. The New Jersey Department of Education requires use of the specific Preparticipation Physical Examination Form (PPE).

This process begins with the parents and student-athletes answering questions about symptoms during exercise (such as chest pain, dizziness, fainting, palpitations or shortness of breath); and questions about family health history.

The primary healthcare provider needs to know if any family member died suddenly during physical activity or during a seizure. They also need to know if anyone in the family under the age of 50 had an unexplained sudden death such as drowning or car accidents. This information must be provided annually for each exam because it is so essential to identify those at risk for sudden cardiac death.

The required physical exam includes measurement of blood pressure and a careful listening examination of the heart, especially for murmurs and rhythm abnormalities. If there are no warning signs reported on the health history and no abnormalities discovered on exam, no further evaluation or testing is recommended.

Are there options privately available to screen for cardiac conditions?

Technology-based screening programs including a 12-lead electrocardiogram (ECG) and echocardiogram (ECHO) are noninvasive and painless options parents may consider in addition to the required

PPE. However, these procedures may be expensive and are not currently advised by the American Academy of Pediatrics and the American College of Cardiology unless the PPE reveals an indication for these tests. In addition to the expense, other limitations of technology-based tests include the possibility of "false positives" which leads to unnecessary stress for the student and parent or guardian as well as unnecessary restriction from athletic participation.

The United States Department of Health and Human Services offers risk assessment options under the Surgeon General's Family History Initiative available at <http://www.hhs.gov/familyhistory/index.html>.

When should a student athlete see a heart specialist?

If the primary healthcare provider or school physician has concerns, a referral to a child heart specialist, a pediatric cardiologist, is recommended. This specialist will perform a more thorough evaluation, including an electrocardiogram (ECG), which is a graph of the electrical activity of the heart. An echocardiogram, which is an ultrasound test to allow for direct visualization of the heart structure, will likely also be done. The specialist may also order a treadmill exercise test and a monitor to enable a longer recording of the heart rhythm. None of the testing is invasive or uncomfortable.

Can sudden cardiac death be prevented just through proper screening?

A proper evaluation should find most, but not all, conditions that would cause sudden death in the athlete. This is because some diseases are difficult to uncover and may only develop later in life. Others can develop following a

normal screening evaluation, such as an infection of the heart muscle from a virus.

This is why screening evaluations and a review of the family health history need to be performed on a yearly basis by the athlete's primary healthcare provider. With proper screening and evaluation, most cases can be identified and prevented.

Why have an AED on site during sporting events?

The only effective treatment for ventricular fibrillation is immediate use of an automated external defibrillator (AED). An AED can restore the heart back into a normal rhythm. An AED is also life-saving for ventricular fibrillation caused by a blow to the chest over the heart (commotio cordis).

N.J.S.A. 18A:40-41a through c, known as "Janet's Law," requires that at any school-sponsored athletic event or team practice in New Jersey public and nonpublic schools including any of grades K through 12, the following must be available:

- An AED in an unlocked location on school property within a reasonable proximity to the athletic field or gymnasium; and
- A team coach, licensed athletic trainer, or other designated staff member if there is no coach or licensed athletic trainer present, certified in cardiopulmonary resuscitation (CPR) and the use of the AED; or
- A State-certified emergency services provider or other certified first responder.

The American Academy of Pediatrics recommends the AED should be placed in central location that is accessible and ideally no more than a 1 to 1½ minute walk from any location and that a call is made to activate 911 emergency system while the AED is being retrieved.