



Connecticut State Department of Education

Platt Technical High School

600 Orange Avenue Milford, CT 06461

Phone: (203) 783-5300 Fax: (203) 783-3970 E-mail: platt@ct.gov

www.cttech.org/platt

June 21, 2017

Attention all Platt Tech Athletes:

We offer a variety of fall, winter and spring sports including SOCCER, VOLLEYBALL, FOOTBALL, CROSS COUNTRY, CHEERLEADING, INDOOR TRACK, BASKETBALL, ICE HOCKEY (with the Milford Indians), OUTDOOR TRACK, SOFTBALL, BASEBALL, TENNIS, and GOLF.

In order to participate in any sport here at Platt you will need to have a completed sports physical, permission slip, concussion informed consent form, and sudden cardiac arrest informed consent form on file. In addition, all student athletes and their parents must take the CIAC Concussion Course on our website.

**** All forms and permission slips are available at www.cttech.org/platt/index.htm or from the school nurse ****

Sports physicals are good for thirteen months from the date of the physical. If you even think you may want to participate in a sport, please contact your physician to have the form filled out (if you have had a physical within the past year) or to make an appointment for a new physical. This is especially important if you wish to join a fall sport, in particular volleyball, cross country, cheerleading, soccer or football, as these sports begin before school starts. Summers are typically very busy for physicals, so book your appointment as soon as possible.

You may obtain a physical from your private physician, clinic, or at your local health department (in the town in which you reside). Please keep in mind that for safety reasons, no student is allowed to **TRY-OUT or PRACTICE** with a team without the appropriate medical clearance. No exceptions will be made.

Please feel free to call me or our school nurse if you have any questions or concerns.

Sincerely,

Susan Murphy
Athletic Director
(203) 783-5307

FALL SPORTS STARTING DATES AND TIMES:

Cheer	Try-outs 8/21 at 5:00 in the gym	
Volleyball	Try-outs 8/24 at 3:00pm in the gym	Mandatory parents meeting TBA
Cross Country (Boys & Girls)	Try-outs 8/24 at 3:00pm in the lobby	Mandatory parents meeting TBA
Boys Soccer	Try-outs 8/24 at 3:00pm soccer field	Mandatory parents meeting 8/23 5:00 Library
Girls Soccer	Try-outs 8/24 at 3:00pm soccer field	Mandatory parents meeting TBA
Football	Try-outs 8/14 at 11:00am baseball field	Mandatory parents meeting (Var./JV) 7/27 6:00pm

For further information regarding football, please e-mail Jimmy Benjamin at: jjbenjamin99@yahoo.com

Freshmen football parents meeting TBA

**PLATT TECH ATHLETIC
BOOSTER CLUB
2017 - 2018**

The Platt Tech Athletic Booster Club is eager for your membership. We are seeking support from parents, families, faculty and alumni. Our goal is to boost school spirit and to raise funds for our athletic program. Our success depends on active involvement and support from all of you. Becoming a member of our booster club will help support our teams as well as make you eligible for discounts and season passes.

Admission for games (football, basketball and wrestling):


Without Membership:
\$5.00 adult / \$3.00 seniors & students

With Membership:
\$3.00 adult / \$1.00 seniors & students

Season Passes: (available with paid membership)
\$75.00 per season admission free
\$100.00 per school year admission free

Please make your check payable to the "Platt Tech Athletic Club" and send it along with the portion below to:

**Sue Murphy
Platt Technical High School
600 Orange Avenue
Milford, CT 06461**

 *****
cut here

The Annual Fee Schedule is as follows: *(circle one)*
Family \$20.00 *or* Individual \$10.00

Name: _____

Address: _____

Phone #: _____

Student Name: _____

**ATTENTION - ATTENTION -
ATTENTION**

**Platt Tech's 25th Annual 5K Road Race
November 5th, 2017**

**Walk starts at 9:15
Run starts at 10:00**

**Great Food - Massages - Raffle
Prizes - T-Shirts - Goodie Bags
...and lots more.**

**All proceeds support the Platt Tech
Athletic Program**

Put November 5th on your calendar now!!

**That is the date for the 25th Annual Platt Tech
5K Road Race**

**This is the major fundraiser for our
Athletic Program**

We are currently seeking sponsorships. If you or your company would like to sponsor this year's race, please send a check made out to "Platt Tech Athletic Club" along with a company logo. Sponsorships start at \$100.

All runners will be given a t-shirt with all of our sponsors on it.

 *****
cut here

____ Yes, I would like to help sponsor the road race, my check and company logo are enclosed.

Please send your logo and a check made out to the
Platt Tech Athletic Club

**Mail to:
Sue Murphy
Platt Technical High School
600 Orange Avenue
Milford, CT 06461**



To the Parents and Athletes of Platt Tech:

The school year is quickly winding down and summer is ready to begin, I want to make you familiar with the process in order to participate in high school athletics for the 2017-2018 school year and their summer conditioning programs.

Here is the process, please make sure to read all directions on all the forms. If you have any questions, please do not hesitate to call or email at any time.

- Make sure an updated physical has been handed into the school nurse.
- Make sure to complete the sports permission form and return to Mrs. Murphy.
- Obtain the CIAC Concussion Fact and Sign-Off Sheet. (from the website or Mrs. Murphy)
- Obtain the CIAC Sudden Cardiac Arrest Fact and Sign-Off Sheet. (from the website or Mrs. Murphy)
- Take the CIAC required Concussion Course online and complete the quiz, complete with student and parent names. When you complete this course, your information will be forwarded to Platt Tech

Here is the link to the concussion training and quiz:

<https://sites.google.com/a/cthss.org/concussion/>

If you do not have internet access, we can arrange time at our school. This process is required for the entire state, and as mentioned before is a state law, so we must be sure to follow it as written by the state legislature.

If you have any questions, please contact me.

Thanks,

Sue Murphy, Athletic Director
Phone: (203) 783-5307
E-mail: Susan.Murphy@ct.gov

Platt 
Technical High School
600 Orange Avenue, Milford, CT 06461

Connecticut Technical High School System Interscholastic Permission

School: _____

Date Received _____

PARENT/GUARDIAN: PLEASE COMPLETE

This form plus a physical exam form must be on file with the School Nurse before the student may practice or play a sport. Physical exams are valid for 13 months from the date of exam. A new permission form is also required every 13 months.

Section 1: To Be Completed by Student

Student Agreement:

Name: _____ Date of Birth: _____

Grade _____ Shop _____ Sport(s): _____

This application to compete in supervised interscholastic athletics for the above school is entirely voluntary on my part. I certify that I have not violated any of the eligibility rules and regulations of the Connecticut Interscholastic Athletic Conference (CIAC).

Signature of Student: _____ Date: _____

Section 2: To Be Completed by Parent/Guardian

Parent/Guardian's Permission: I give my consent for the above student to participate in interscholastic athletics and to accompany the team, as a member, on trips to any interscholastic games and consent to the necessary transportation for such trips.

I understand that high school athletics involve the potential for injury which is inherent with any sport. I am aware that even with the best coaching, supervision, protective equipment and strict observation of the rules that there is still a potential for injury. On rare occasions, injuries could result in total disability or death.

Signature of Parent/Guardian _____ Date: _____ Email Address: _____

Home Address: _____ Phone: (H) _____ (W) _____ (C) _____
(street address, city, zip code)

Emergency Contact #1 Info: Name: _____ Relationship _____

Address: _____ Phone: (H) _____ (W) _____ (C) _____
(street address, city, zip code)

Emergency Contact #2 Info: Name: _____ Relationship _____

Address: _____ Phone: (H) _____ (W) _____ (C) _____
(street address, city, zip code)

**Student and Parent Concussion Informed Consent Form
2017-18**

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_whatish.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.**

4.1.0

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, i.e. 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.

Section 4. Local/Regional Board of Education Policies Regarding Concussions

***** Attach local or regional board of education concussion policies *****

I have read and understand this document the "Student and Parent Concussion Informed Consent Form" and understand the severities associated with concussions and the need for immediate treatment of such injuries.

Student name: _____ Date _____ Signature _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)

References:

1. NFHS. Concussions. 2008 NFHS Sports Medicine Handbook (Third Edition). 2008: 77-82.
<http://www.nfhs.org>
http://journals.iww.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.

School Name _____

**Sudden Cardiac Arrest
Student & Parent Informed Consent Form
2017-18**

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)

I have read and understand this document the "Student & Parent Informed Consent Form" and understand the severities associated with sudden cardiac arrest and the need for immediate treatment of any suspected condition.

Student name: _____ Date _____ Signature _____
(Print Name)

I authorize my child to participate in _____ for school year _____
(Sport/Activity)

Parent/Guardian name: _____ Date _____ Signature _____
(Print Name)

Sources:

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

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

Acknowledgement Form, Student Transportation Vehicle Rider's Handbook

Student Transportation Use and Access Agreement

By signing the student/parent acknowledgment signature page of the student handbook, I, as a rider of the CTHSS's Student Transportation Vehicle, acknowledge that I have read, accept and agree to abide by the Student Transportation Use and Access Agreement Policy of the CTHSS and with the following preconditions of my use of the CTHSS Student Transportation Use and Access Agreement Policy:

As parent/guardian of _____ - I hereby (student/s name) acknowledge that I have read the CTHSS Student Transportation Vehicle Rider's Handbook 2012-2013 and agree to discuss the rules and procedures with my child/children. I understand that transportation of my child/children is a privilege and will treat it as such. I further understand that if my child/children miss the Student Transportation Vehicle either to school or home, I am responsible for their transportation. My child/children agree to follow all rules and policies in the handbook.

Parent/guardian signature: _____

Printed name: _____

Student signature: _____

Printed name: _____

Date: _____