



**Hawthorne High School
Winter Sports
Parent Information Night**



WINTER SEASON

2022-2023



Introduction of Staff



Mr. Art Mazzacca- Athletic Director/Assistant Principal

**Ms. Bailey Wyrostek- Athletic Trainer
Ext. 2155**

Dr. Tom Bottiglieri- School Doctor



Winter Sports Coaching Staff



HHS Boys Basketball

Head Coach- Ryan McMann

Assistant Coach- Tom Cannon

Assistant Coach- Chris Ward

LMS Boys Basketball (Grades 7+8)

Head Coach- Chris Warner

HHS Girls Basketball

Head Coach- Todd Kenny

Assistant Coach- Ed "Mook" Iannacone

LMS Girls Basketball (Grades 7+8)

Head Coach- Bailey Hansen

Bowling

Head Coach- John LaForge



Winter Sports Coaching Staff



Winter Cheerleading

Head Coach- Katie Russo

Assistant Coach- Jennifer Trentacosta

HHS Wrestling

Head Coach- Joe Mazzacca

Assistant Coach- Matt Ambrose

Assistant Coach- Greg Carr

Assistant Coach- Bob Pasquale

LMS Wrestling (Grades 6-8)

Head Coach- Joe Walker

Indoor Track

Head Coach- Gus Schell

Assistant Coach- Angelo Guarnieri

Co-op Ice Hockey (Lakeland and Waldwick)

Head Coach- Nick Crouch (Lakeland)



Philosophy



- Hawthorne Athletics is about a “Family”
 - “Once a Bear, Always a Bear”
- Coaching is Teaching
 - Life Lessons from Athletics
 - Academics come first
 - Minimum of 30 credits from the previous year and a 70 GPA.
 - Attendance and behavior in school can affect participation in sports.
- Coaches are professionals
 - Varsity is about building character and a team but also about winning.
 - Sub-Varsity is about playing time and preparing for Varsity
 - Coaches make the best decisions possible for the program and the team.
- Student-Athletes are encouraged to speak to their coaches regarding their role and responsibilities on the team.
- Parents may contact coaches or Athletic Director at any time via phone or email.



Physicals



- All athletes must have a current (within the last 365 days) physical on file before participating in any activity.

High School Winter Physicals Due October 25

LMS Winter Physicals Due November 21

• Physicals must be completed on the NJ state forms. Universal forms will not be accepted.

• If your son/daughter uses an inhaler, the physician must complete an asthma treatment plan. This must be done YEARLY.

NJ state law that the district doctor must sign off and clear all physicals before participation

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep copy of this form in the chart.)

Date of Exam _____
Name _____ Date of birth _____
Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please identify specific allergy below.
<input type="checkbox"/> Medicines	<input type="checkbox"/> Pollens	<input type="checkbox"/> Food	<input type="checkbox"/> Stinging insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL CONDITIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections <input type="checkbox"/> Other _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Do you ever have dizziness?			29. Were you ever injured by a motor vehicle, a bicycle, an all-terrain vehicle, your bicycle, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
15. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, tendon, or tendon that caused you to miss school or practice?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability (Down syndrome or dwarfism)?			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or rheumatoid arthritis?			52. Have you ever had your menstrual period?		
			53. How often were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby verify that, to the best of my knowledge, my answers to the above questions are complete and accurate.
Signature of athlete _____ Signature of parent/guardian _____ Date _____

Physical Form - Page 1

- Make sure everything is completely filled out.
- Mark 'Yes' or 'No' for all questions 1-51 (for females 1-54).
- Any 'Yes' answer that is marked off MUST be explained on the lines to the bottom right of the page.
 - This must be filled out EVERY year.
 - If any 'Yes' answers are marked for questions 5-16 your child may need a cardiac clearance note.
 - If your child has seen a cardiologist, please provide the note with the physical packet when handing in.
 - If any 'Yes' answers are marked for asthma, please attach the Asthma Action Plan with the physical packet when handing in.
 - If you are unsure if your child will need a cardiac clearance note or if you have any other questions, please contact Ms. Wrostek, bwrostek@hawthorne.k12.nj.us
- At the bottom of the page, student AND parent/guardian signatures are required.

PREPARTICIPATION PHYSICAL EVALUATION
THE ATHLETE WITH SPECIAL NEEDS:
SUPPLEMENTAL HISTORY FORM

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Allantoaxial instability		
X-ray evaluation for allantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

Physical Form - Page 2

- This page should be completed **WHETHER OR NOT** all answers are marked 'Yes' or 'No'.
- Please make sure this page is **NOT** left out of the physical packet when handing it in. Even if **ALL** answers are 'No' it must still be attached.
- At the bottom of the page, student **AND** parent/guardian signatures are required.

NOTE: The preparticipation physical examination must be conducted by a health care provider who 1) is a licensed physician, advanced practice nurse, or physician assistant; and 2) completed the Student-Athlete Cardiac Assessment Professional Development Module.

PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

1) Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any medication to lose weight or improve your performance?
 - Do you ever use a hot tub, sauna, or tanning bed?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

EXAMINATION	
Height	Weight <input type="checkbox"/> Male <input type="checkbox"/> Female
BP / / (/) Pulse	Vision R 20/ L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
	<input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL FINDINGS
Appearance	
• Marfan stigmata (hyperoliosis, high arched palate, pectus excavatum, aortic root dilatation, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)	
Eyes/ears/nose/throat	
• Pupils equal	
• Hearing	
Lymph nodes	
Heart	
• Murmurs (auscultation standing, supine, +/- Valsalva)	
• Location of point of maximal impulse (PMI)	
Pulses	
• Simultaneous femoral and radial pulses	
Lungs	
Abdomen	
Genitourinary (males only)	
Skin	
• HSV lesions suggestive of MRSA, tinea corporis	
Neurologic	
MUSCULOSKELETAL	
Neck	
Back	
Shoulder/arm	
Elbow/forearm	
Wrist/hand/fingers	
Hip/thigh	
Knee	
Leg/ankle	
Foot/toes	
Functional	
• Duck-walk, single leg hop	

Consider ECG, echocardiogram, and referral to cardiologist for abnormal cardiac history or exam.

Consider MRI exam if in private setting, history that party present is recommended.

Consider CT scan if evaluation or baseline neuropsychiatric testing if a history of significant concussion.

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

Only for _____ sports

Only for certain sports _____

Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the Student-Athlete Cardiac Assessment Professional Development Module is available to the school at the request of the parents. If conditions arise after the above-mentioned clearance for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) _____ Date of exam _____
Address _____ Phone _____
Signature of physician, APN, PA _____

Physical Form - Page 3

- This is the first page that should be completed by the physician performing the physical.

• What to look for?

- ALL sections under 'EXAMINATION' are filled in
 - Ex: pulse, AND both right and left vision.

Sometimes these are accidentally missed on the physician's end.

- If the physician checks off the 'cleared for all sports without restriction', 'cleared for all sports with restriction...', or 'not cleared'

- This is sometimes missed but is an important part of the physical.

- One of these boxes MUST be checked before turning in the physical to the school for final clearance.

- Is there a signature and/or stamp from the physician's office on this page?

- A signature and/or stamp should be seen on BOTH page 3 and 4. NOT ONE OR THE OTHER.

■ PREPARTICIPATION PHYSICAL EVALUATION
CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

Cleared for all sports without restriction

Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

Not cleared

Pending further evaluation

For any sports

For certain sports _____

Reason _____

Recommendations _____

EMERGENCY INFORMATION

Allergies _____

Other information _____

HCP OFFICE STAMP

[Empty box for HCP Office Stamp]

SCHOOL PHYSICIAN:

Reviewed on _____ (Date)

Approved _____ Not Approved _____

Signature: _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) _____ Title _____

Address _____ Phone _____

Signature of physician, APN, PA _____

Completed Cardiac Assessment Professional Development Module

Date _____ Signature _____

Physical Form - Page 4

- This is the second page of the physical that should be completed by the physician (and the FINAL page of the 4-page physical packet).
- Has the physician checked off the 'cleared for all sports without restriction', 'cleared for all sports with restriction...', or 'not cleared' box?
 - One of these boxes MUST be checked before turning in the physical to the school for final clearance.
 - These are the same boxes as on page 3. 1 box from both page 3 and 4 MUST be checked (it should be the same box on each page).
- Is there a stamp in the 'HCP office stamp' space or somewhere else on the page?
- Is there a physician signature or stamp below the 'HCP office stamp' box?
- Is the 'Completed Cardiac Assessment Professional Development Module' filled out?

Asthma Treatment Plan – Student

(This asthma action plan meets NJ Law N.J.S.A. 18A:40-12.8) (Physician's Orders)



(Please Print)

Name	Date of Birth	Effective Date
Doctor	Parent/Guardian (if applicable)	Emergency Contact
Phone	Phone	Phone

HEALTHY (Green Zone)



You have **all** of these:
 • Breathing is good
 • No cough or wheeze
 • Sleep through the night
 • Can work, exercise, and play

Take daily control medicine(s). Some inhalers may be more effective with a "spacer" – use if directed.

MEDICINE	HOW MUCH TO take and HOW OFTEN to take it
<input type="checkbox"/> Advair [®] HFA	<input type="checkbox"/> 45, <input type="checkbox"/> 115, <input type="checkbox"/> 230 _____ 2 puffs twice a day
<input type="checkbox"/> AeroSpan [™]	<input type="checkbox"/> 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Albesco [™]	<input type="checkbox"/> 80, <input type="checkbox"/> 160 _____ 2 puffs twice a day
<input type="checkbox"/> Dulera [®]	<input type="checkbox"/> 100, <input type="checkbox"/> 200 _____ 2 puffs twice a day
<input type="checkbox"/> Flovent [®]	<input type="checkbox"/> 44, <input type="checkbox"/> 110, <input type="checkbox"/> 220 _____ 2 puffs twice a day
<input type="checkbox"/> Qvar [®]	<input type="checkbox"/> 40, <input type="checkbox"/> 80 _____ 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Symbicort [®]	<input type="checkbox"/> 80, <input type="checkbox"/> 160 _____ 1, <input type="checkbox"/> 2 puffs twice a day
<input type="checkbox"/> Advair Diskus [®]	<input type="checkbox"/> 100, <input type="checkbox"/> 250, <input type="checkbox"/> 500 _____ 1 inhalation twice a day
<input type="checkbox"/> Asmanex [™] Twisthaler [®]	<input type="checkbox"/> 110, <input type="checkbox"/> 220 _____ 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Flovent Diskus [®]	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 250 _____ 1 inhalation twice a day
<input type="checkbox"/> Pulmicort Flexhaler [®]	<input type="checkbox"/> 90, <input type="checkbox"/> 180 _____ 1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Pulmicort Respules [®] (Budesonide)	<input type="checkbox"/> 0.25, <input type="checkbox"/> 0.5, <input type="checkbox"/> 1 _____ 1 unit nebulized <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Singulair [®] (Montelukast)	<input type="checkbox"/> 4, <input type="checkbox"/> 5, <input type="checkbox"/> 10 mg _____ 1 tablet daily
<input type="checkbox"/> Other	_____
<input type="checkbox"/> None	_____

Triggers

Check all items that trigger patient's asthma:

- Colds/flu
- Exercise
- Allergens
 - Dust, stuffed animals, carpet
 - Pollen - trees, grass, weeds
 - Mold
 - Pets - animal dander
 - Pests - rodents, cockroaches
- Odors (Irritants)
 - Cigarette smoke & second hand smoke
 - Perfumes, cleaning products, scented products
- Weather
 - Sudden temperature change
 - Extreme weather - hot and cold
 - Ozone alert days

- Foods: _____
- _____
- _____
- _____
- Other: _____
- _____
- _____
- _____

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

And/or Peak flow above _____

Remember to rinse your mouth after taking inhaled medicine.

If exercise triggers your asthma, take _____ puff(s) _____ minutes before exercise.

CAUTION (Yellow Zone)



You have **any** of these:
 • Cough
 • Mild wheeze
 • Tight chest
 • Coughing at night
 • Other: _____

If quick-relief medicine does not help within 15-20 minutes or has been used more than 2 times and symptoms persist, call your doctor or go to the emergency room.

And/or Peak flow from _____ to _____

Continue daily control medicine(s) and ADD quick-relief medicine(s).

MEDICINE	HOW MUCH TO take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air [®] or Proventil [®] or Ventolin [®])	_____ 2 puffs every 4 hours as needed
<input type="checkbox"/> Xopenex [®]	_____ 2 puffs every 4 hours as needed
<input type="checkbox"/> Albuterol	<input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg _____ 1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Duoneb [®]	_____ 1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Xopenex [®] (Levalbuterol)	<input type="checkbox"/> 0.31, <input type="checkbox"/> 0.63, <input type="checkbox"/> 1.25 mg _____ 1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Combivent RespiMat [®]	_____ 1 inhalation 4 times a day
<input type="checkbox"/> Increase the dose of, or add: <input type="checkbox"/> Other: _____	_____

• If quick-relief medicine is needed more than 2 times a week, except before exercise, then call your doctor.

EMERGENCY (Red Zone)



Your asthma is getting worse fast:
 • Quick-relief medicine did not help within 15-20 minutes
 • Breathing is hard or fast
 • Nose opens wide • Ribs show
 • Trouble walking and talking
 • Lips blue • Fingernails blue
 • Other: _____

And/or Peak flow below _____

Take these medicines NOW and CALL 911. Asthma can be a life-threatening illness. Do not wait!

MEDICINE	HOW MUCH TO take and HOW OFTEN to take it
<input type="checkbox"/> Albuterol MDI (Pro-air [®] or Proventil [®] or Ventolin [®])	_____ 4 puffs every 20 minutes
<input type="checkbox"/> Xopenex [®]	_____ 4 puffs every 20 minutes
<input type="checkbox"/> Albuterol	<input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg _____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Duoneb [®]	_____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Xopenex [®] (Levalbuterol)	<input type="checkbox"/> 0.31, <input type="checkbox"/> 0.63, <input type="checkbox"/> 1.25 mg _____ 1 unit nebulized every 20 minutes
<input type="checkbox"/> Combivent RespiMat [®]	_____ 1 inhalation 4 times a day
<input type="checkbox"/> Other: _____	_____

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

Permission to Self-administer Medication:
 This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with NJ Law.
 This student is not approved to self-medicate.

PHYSICIAN/APN/PA SIGNATURE _____ DATE _____
 Physician's Orders
 PARENT/GUARDIAN SIGNATURE _____
 PHYSICIAN STAMP

Asthma Treatment Plan – Student Parent Instructions



The PACNJ Asthma Treatment Plan is designed to help everyone understand the steps necessary for the individual student to achieve the goal of controlled asthma.

- 1. Parents/Guardians:** Before taking this form to your Health Care Provider, complete the top left section with:
 • Child's name • Child's doctor's name & phone number • Parent/Guardian's name
 • Child's date of birth • An Emergency Contact person's name & phone number & phone number

- 2. Your Health Care Provider will** complete the following areas:
 • The effective date of this plan
 • The medicine information for the Healthy, Caution and Emergency sections
 • Your Health Care Provider will check the box next to the medication and check how much and how often to take it
 • Your Health Care Provider may check "OTHER" and:
 • Write in asthma medications not listed on the form
 • Write in additional medications that will control your asthma
 • Write in generic medications in place of the name brand on the form
 • Together you and your Health Care Provider will decide what asthma treatment is best for your child to follow
- 3. Parents/Guardians & Health Care Providers together** will discuss and then complete the following areas:
 • Child's peak flow range in the Healthy, Caution and Emergency sections on the left side of the form
 • Child's asthma triggers on the right side of the form
 • Permission to Self-administer Medication section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form
- 4. Parents/Guardians: After completing the form with your Health Care Provider:**
 • Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
 • Keep a copy easily available at home to help manage your child's asthma
 • Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

PARENT AUTHORIZATION

I hereby give permission for my child to receive medication at school as prescribed in the Asthma Treatment Plan. Medication must be provided in its original prescription container properly labeled by a pharmacist or physician. I also give permission for the release and exchange of information between the school nurse and my child's health care provider concerning my child's health and medications. In addition, I understand that this information will be shared with school staff on a need to know basis.

Parent/Guardian Signature _____ Phone _____ Date _____

FILL OUT THE SECTION BELOW ONLY IF YOUR HEALTH CARE PROVIDER CHECKED PERMISSION FOR YOUR CHILD TO SELF-ADMINISTER ASTHMA MEDICATION ON THE FRONT OF THIS FORM.

RECOMMENDATIONS ARE EFFECTIVE FOR ONE (1) SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY

- I do request that my child be **ALLOWED** to carry the following medication _____ for self-administration in school pursuant to N.J.A.C. 6A-16-2.3. I give permission for my child to self-administer medication, as prescribed in this Asthma Treatment Plan for the current school year as I consider him/her to be responsible and capable of transporting, storing and self-administration of the medication. Medication must be kept in its original prescription container. I understand that the school district, agents and its employees shall incur no liability as a result of any condition or injury arising from the self-administration by the student of the medication prescribed on this form. I indemnify and hold harmless the School District, its agents and employees against any claims arising out of self-administration or lack of administration of this medication by the student.
- I **DO NOT** request that my child self-administer his/her asthma medication.

Parent/Guardian Signature _____ Phone _____ Date _____



RSchool



- **RSchool is the site used to register your child for any athletic program at Hawthorne High School.**
- **The link to RSchool can be easily accessed by going to the 'athletics' tab on the high school website.**

[rSchool Activity Registration](#)



HAWTHORNE HIGH SCHOOL

Home of the Bears

Home [Registration](#) Schedules

[View My Account](#)




- After clicking on 'Registration', choose either 'Hawthorne HS Athletic Registration' or 'Lincoln MS Athletic Registration'
- This will bring you to a Login page, if you already have a username and password you will be prompted to input that information. If you have not registered before you will be asked to create a login.

Login

Returning Users [I don't have an account](#)

Username Password

[Forgot your username or password?](#)

I'm not a robot  reCAPTCHA
Privacy - Terms

Sign In

- Once you create an account you will continue to use this same account for all other sport registrations and/or any of your other children that need to be registered.

- Create a username and password that you will remember.
- When logging in it will ask for your username and password, NOT your email and password.
- Make sure to check the box that says "I'm not a robot"

Sign Up


Create New Account [I already have an account](#)

Parent/Guardian First Name *

Parent/Guardian Last Name *

Username * Password *

Email *

I'm not a robot  reCAPTCHA
Privacy - Terms

Sign Up

Sign Up


Create New Account [I already have an account](#)

Parent/Guardian First Name * Courtney

Parent/Guardian Last Name * Lawler

Username * courtneylawler Password *

Email * courtneylawler0430@gmail.com

I'm not a robot  reCAPTCHA
Privacy - Terms

Sign Up

Confirm Your Activity Registration Account Inbox x

Hawthorne Online Registration <notifications@mail-oar.rschoolday.net>
to me ▾

5:08

Hello Courtney,

Your account has been created and must be activated before you can use it.
To activate the account, please click on the following link or copy-paste it in your browser.

<https://hawthorne-ar.rschoolday.com/oar/activation/NTUwNTE1MC44MzI5NTowMCAxNjExMDk0MDk5>

Regards,

Art Mazzacca
Assistant Principal/Athletic Director
Hawthorne Online Registration
Email: amazacca@hawthorne.k12.nj.us
Phone: 973-423-6431

- After filling out the required information, you will receive an email to confirm your account.
- Click the link and it will redirect you to your account on RSchool.

[Home](#) [Registration ▾](#) [Schedules](#)

Thank You For Signing Up!

Before we can activate your account, we need to confirm your email address.

to your email account and look for the email from us with subject line **"Confirm Your Activity Registration Account"**. Click the link inside the email to activate your account. If you have not received an email within a few minutes, please check your spam or junk folder.

Courtney Lawler

Registration History

Family Member Info

Important Dates

Account Settings

Logout

Register

Incomplete Registration

#	Date	Activity	Student	Final Clearance	Gr	Reg. Form	Status
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- Once you have created your account, you will be brought to your 'Family Account'.
- Click on 'Register' – you may be brought directly to the registration page, or it might redirect you to the home page.



HAWTHORNE HIGH SCHOOL

Home of the Bears

Home

Registration

Schedules

View My Account

Welcome to
HAWTHORNE HIGH SCHOOL
Home of the Bears

Athletic Registration



- If you are directed back to the home page, click 'Registration' and then click either 'Hawthorne HS Athletic Registration' or 'Lincoln MS Athletic Registration'
- This will now bring you to the registration page.

Registration / Hawthorne HS Athletic Registration

Hawthorne HS Athletic Registration

- Step 1. Select Student
- Step 2. Select Activity
- Step 3. Parent/Guardian Info
- Step 4. Physical Forms
- Step 5. Medical Information
- Step 6. Others

Student Information

Select Student:
- Add New Student -

Student ID:

First Name: *

Last Name: *

Middle Initial:

Cell Phone:

Mobile Provider:
- None -

- There are six sections in the registration process.

- Please go through each section and make sure that any required space is filled out, however, the more information that you can provide, the better.

- Anything with an * is a required area.

Hawthorne HS Athletic Registration

- Step 1. Select Student
- Step 2. Select Activity
- Step 3. Parent/Guardian Info
- Step 4. Physical Forms
- Step 5. Medical Information
- Step 6. Others

Activity

Fall:

- None
- Fall 2020
 - Boys Soccer
 - Cheerleading
 - Football
 - Girls Soccer
 - Girls Tennis
 - Girls Volleyball
 - Marching Band/Color Guard No Level

Winter:

- None
- Winter 2020 - 2021
 - Basketball Boys Freshman
 - Basketball Boys JV/Varsity
 - Basketball Girls JV/Varsity
 - Bowling
 - Cheerleading
 - Indoor Track Boys
 - Indoor Track Girls
 - Wrestling

Spring:

- None

Hawthorne HS Athletic Registration

- Step 1. Select Student
- Step 2. Select Activity
- Step 3. Parent/Guardian Info
- Step 4. Physical Forms
- Step 5. Medical Information
- Step 6. Others

Parent/Guardian 1 Information

First Name: *

Last Name: *

Day Phone: *

Cell Phone: *

Address: *

City: *

State: *

Zip: *

Email: *

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Physical Date

File Upload 1: no file selected

File Upload 2: no file selected

Date of this Physical Exam:

Month:

Day:

Year:

< Previous Page Next Page >

Save and Finish Later

- One section should be skipped entirely and that is section 4, the Physical Forms.
 - These should be turned into the main office or to Ms. Wyrostek.
- Section 6 includes the Health History Update (this must be filled out before the start of EACH sport season).
- Section 6 includes several parent and student signatures, please make sure to fill ALL of them out.

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Medical Information

Primary Doctor

Name:

Address:

Phone 1:

Phone 2:

Preferred Hospital

Hospital Name:

Phone 1:

Step 1. Select Student

Step 2. Select Activity

Step 3. Parent/Guardian Info

Step 4. Physical Forms

Step 5. Medical Information

Step 6. Others

Others

NJSIAA Physical Form

Download the NJSIAA Preparticipation Physical Evaluation History Form [HERE](#).

HEALTH HISTORY UPDATE QUESTIONNAIRE

To participate on a school-sponsored interscholastic or intramural athletic team or squad, each student whose physical examination was completed more than 90 days prior to the first day of official practice shall provide a health history update questionnaire completed and signed by the student's parent or guardian.

Since the last pre-participation physical examination, has your son/daughter:

1. Been medically advised not to participate in a sport?: *

Yes

No

If yes, describe in detail:

2. Sustained a concussion, been unconscious or lost memory from a blow the the head?: *

Yes

No

If yes, describe in detail:

3. Broken a bone or sprained/strained/dislocated any muscle or joints?: *

Yes

Courtney Lawler

Registration History

Family Member Info

Important Dates

Account Settings

Logout

[Register](#) ▾

[Incomplete Registration](#)

#	Date	Activity	Student	Final Clearance	Gr	Reg. Form	Status
School Year 2020-2021							
1425-0121	1/20/2021	Cheerleading	Lawler, Courtney	Pending	12	View	

- The name displayed at the top of the screen will be the parent's name or the family name, depending on the information that was used to create the username.
- The student's name will be listed below, if you have more than one child, they can be registered under the same family and will be displayed one after the other.
- The activity that your child is participating in will be listed on the left-hand side.
 - You will have to register your child for each activity they are participating in (Ex. Fall - Cheerleading, Winter - Basketball, Spring – Softball)
- Final clearance status will be entered as your child is cleared by an Administrator. You will be emailed with the status change of a physical.

Courtney Lawler

Registration History

Family Member Info

Important Dates

Account Settings

Logout

[Register](#) ▾

 Incomplete Registration

Register Courtney Lawler

Register New Student

			Student	Final Clearance	Gr	Reg. Form	Status
School Year 2020-2021							
1425-0121	1/20/2021	Cheerleading	Lawler, Courtney	Pending	12	View	

- To register for another activity, click on the 'Register' button and it will give you a drop-down menu.
 - Choose either 'Register
- A new registration must be done for each sport a student is participating in.
 - This ensures that a new Health History Update has been done before the start of the season. This replaces the paper version of the health history update.



Concussions



All athletes will take a baseline concussion test every two years prior to the start of their season

Any athlete suspected of having a concussion will be excluded from participation in sports until cleared by a physician who specializes in concussions (orthopedic or neurologist)

Once clearance is obtained, there is a mandatory 6-step progression back to sport



Concussion Return to Play Protocol



Rehabilitation Stage	Functional Exercise	Objective of Stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, stationary bike keeping intensity <70% of maximum predicted heart rate	Increase heart rate
3. Sport-specific exercise	Skating drills in ice hockey	Add movement
4. Noncontact training drills	Progression to more complex ice hockey drills (passing drills)	Exercise and coordination
5. Full-contact practice	After being medically cleared, player can participate in normal hockey practice	Restore confidence and functional skills
6. Return to play on the ice	Normal game	—

*Adapted from consensus statement on concussion (McCrory et al²⁷).

The athlete must complete each step with me and there must be a day or 24 hours in between each step.



Return to play (other injuries)



At any point an athlete goes to see a doctor for anything, it is required that the athlete must have a clearance note to participate. No notes from emergency rooms will be accepted.



Option 2 Physical Education



Student-athletes participating in Hawthorne High School sponsored athletic programs may earn Physical Education credits by participating on any of our athletic teams during the year.

HHS student-athletes may opt to participate in one (1) marking period of an Option 2/Study Hall during their athletic season that will replace their assigned PE class for that marking period.

Option 2 is NOT available to students during their Health marking period.



Option 2 Physical Education



If a student leaves a team for any reason during or prior to the end of the season they will immediately return to PE class.

The grade earned will appear on the student's transcript as a "P" (Pass) or an "F" (Fail).

Credit will be awarded upon verification of attendance and a passing grade indicated by the student's PE teacher and the Athletic Director.



Option 2 Physical Education



Student Eligibility by Marking Period

Marking Period 2: Winter Season for grades 9, 10, & 11

Marking Period 3: Winter Season for grades 12

Marking Period 4: Spring Season for grades 10, 11, & 12

Option 2 Portfolio Requirements



Schedules



Select a School ▾

Language ▾

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Hawthorne High School

160 Parmelee Avenue, Hawthorne, NJ 07506

📞 973-423-6415 | 📠 973-423-6422

CREATING FUTURE GENERATIONS OF LEADERS | Home of the Bears!

ATHLETICS

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[Hawthorne High School / Lincoln Middle School Athletic Schedules](#)



[Directions to Athletic Events](#)



Schedules



Hawthorne

CALENDAR

< Today > August 2023 ▾

Week Month

Color Key: ● Home ● Away

Thursday, August 31, 2023

TIME	EVENT	DETAILS
10:00am	● Volleyball: Girls JV Scrimmage	vs. Garfield @ Garfield High School
10:00am	● Volleyball: Girls Varsity Scrimmage	vs. Garfield @ Garfield High School
6:00pm	● Football: Varsity Game	vs. North Arlington @ Hawthorne High School

Friday, September 1, 2023

Saturday, September 2, 2023

TIME	EVENT	DETAILS
10:00am	● Soccer: Boys Varsity Scrimmage	vs. Multiple Schools... @ West Milford High School

Sunday, September 3, 2023

Monday, September 4, 2023

Tuesday, September 5, 2023

COLLAPSE MENU

Q GO

« AUGUST 2023 »

SU	MO	TU	WE	TH	FR	SA
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

VIEW BY TYPE

VIEW SCHEDULES

GET THE MOBILE APP

NOTIFY ME

LOGIN

These Ads Provide Funds to Support Our School Programs



Senior Banners



- Senior Banners will be purchased through the Athletic Office.
- Banners are \$45
 - Checks need to be made payable to “Hawthorne Athletics”
- Checks must be received by November 30 in order for the Banner to be ordered, we will not be taking any late orders.
- Senior Media Day will be on Tuesday, November 28



Important Dates



First Game:

Bowling- December 5- Parkway Lanes

Boys and Girls Basketball- December 14

Wrestling- December 14 (JV), 15(Girls), 16(Varsity)- Garfield

Indoor Track- December 18- Armory Track

Ice Hockey- TBD

Senior Nights

Senior Night Games(Please arrive 30 mins. prior to game):

Girls Basketball and Winter Cheerleading - January 23, 6:00PM

Wrestling- February 9, 6:00PM

Boys Basketball - February 13, 7:00PM

All other Senior Nights will be held at Halftime of Basketball Games:

Bowling and Hockey- January 10, 7:00PM (Boys Basketball Game)

Indoor Track- January 29, 7:00PM (Boys Basketball Game)

Senior Night presentations are coordinated by the Head Coach, parents are encouraged to reach out to the head coach regarding Senior Night gifts, signs, balloons, etc.



Important information



When a parent/guardian would like to take their child home after a game/match, we ask that you email Mr. Mazzacca and your head coach ahead of time. Mr. Mazzacca will send a follow up email confirming the request. Please remember, we are responsible for your child at all times unless we hear from you.

Students are never allowed to drive themselves to or from an away game/match. Students are required to take the bus with their teammates to an away event. If there is an emergency and the student needs to be taken by a parent to an event, please email Mr. Mazzacca in advance.



Important Dates



Winter Sports Awards- Monday, March 11, 7:00PM

Senior Brunch @ The Brownstone-Sunday, June 2, 10:00AM

Cost: TBD

1st Team All County Awards Dinners @ The Tides, 7:00PM:

Girls- Monday, June 10

Boys- Wednesday, June 12

Online Ticketing, cost: \$67



Important Links



- [Hawthorne Athletics](#)
- [Sideline Store](#)
- [HHS Parent/Coach Handbook](#)
- [Schedule](#)
- [rSchool Registration](#)
- [Physical Forms](#)
- [Coaches Emails](#)
- [Varsity Letter Criteria](#)
- [NCAA Eligibility](#)
- [NJIC Website](#)



@HHSBearsSports



**Thank you everyone!
GO BEARS!!!!**

Meet the Coaches:

Boys Basketball (MS and HS)- Auditorium

Indoor Track- Room 123

Cheerleading- Room 213

HS Girls Basketball- Room 120

MS Girls Basketball- Room 122

Bowling- Room 214

Wrestling (MS and HS)- Room 225 and 227

Ice Hockey- Room 126

Once a Bear, Always a Bear!