



### Combining Contract

The Jordan - Elbridge Central School District will combine with the Fulton City School District School District (Host) based on the approval of each school's Board of Education to compete in the sport/gender of:

Ice Hockey

for the following level(s)  
(please circle appropriate level(s))

Varsity    JV    Freshmen    Modified

This document confirms the combination of the above two schools for athletic competition in the stated sport for the following school year: 2020-2021

Date that this proposed combination was approved by your league: N/A - Section Sport

[Signature]  
Superintendent

Jordan-Elbridge    1/26/21  
School                                  Date

\_\_\_\_\_  
Superintendent (Host)                                  School                                  Date

**Please Note:**

- This contract must be completed before any competition begins for the season.
- The Host School is responsible for gathering the required signatures and sending copies to the merged school, league president and sport coordinator. The completed packet is then submitted to the Section Office for approval.

C:    Sports Coordinator  
     Section III Office  
     League President

**FOR OFFICE USE ONLY**

Received \_\_\_\_\_  
Executive Committee Approval \_\_\_\_\_  
NYSPHSAA notified \_\_\_\_\_

Jordan Elbridge  
Athletics  
COVID-19 Return to  
Play Protocol  
2020 – 2021

## **Jordan Elbridge Athletics COVID-19 RTP Protocol**

COVID-19 Parent Letter & Physician Clearance

To the parent/guardian of \_\_\_\_\_ : Date: \_\_\_\_\_

Your child has reported to a Jordan Elbridge High School athletic trainer that he/she has been diagnosed, exposed to, or has symptoms of COVID-19. Jordan Elbridge CSD requires that your child to be evaluated and cleared by a physician and to be symptom free before beginning the COVID-19 Return to Play protocol (RTPP). The Jordan Elbridge Athletics RTPP has been developed based on current research and has been approved by the team physician. The Jordan Elbridge Athletics RTPP will be updated as additional information becomes available.

### **COVID-19 Management**

- Individuals who report a positive COVID-19 diagnosis with no symptoms should stay at home and should not be allowed on campus until the criteria for return has been met.
- In order to begin the Jordan Elbridge CSD RTPP it may be recommended that the patient have a normal ECG. Medical clearance is required for any individual that has a positive COVID-19 diagnosis or is quarantined for possible COVID-19; and is at least 7 or 10 days symptom free; and (if symptomatic) 10 days since symptoms have started or (if asymptomatic) 10 days since last COVID-19 exposure or positive COVID-19 diagnosis.
- Individuals who report not experiencing symptoms but report close contact with a confirmed COVID-19 case should stay at home and should not be allowed on campus through the 10-day incubation period.
- Individuals who report a positive COVID-19 diagnosis with symptoms OR any Individuals who report experiencing symptoms & reports close contact with a confirmed COVID-19 case OR Individuals who report symptoms of COVID-19 with no close contact or confirmed COVID-19 case should stay at home and should not be allowed on campus until the following criteria is met:
  - At least ten days have passed since symptoms first appeared.
  - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications.
  - The individual has improvement in symptoms (e.g., cough, shortness of breath).
  - Medical clearance is required for any individual that has a positive COVID-19 diagnosis or is quarantined for possible COVID-19.

### **Return to Play**

Based on the recommendations of the American Academy of Cardiology an ECG is recommended for certain pediatric patients including but not limited to those who have moderate symptoms, prolonged fever and/or bedrest. Additional cardiac screening is recommended for pediatric patients who have more significant symptoms and/or have been hospitalized. The Jordan Elbridge High School COVID-19 RTPP consists of phases that must be completed before the athlete may resume interscholastic athletics. The athlete may not begin the RTPP until he/she has received written clearance from the treating physician clearing them to do so. It is the student and parent's responsibility to obtain this clearance. The COVID-19 RTPP is outlined below:

## Jordan Elbridge Athletics COVID-19 RTP Protocol

### Jordan Elbridge High School COVID-19 RTPP

| Phase | Description   |
|-------|---|
| 1     | Athlete has been symptom free for 7 or 10 days<br>ECG Performed (if prescribed by the doctor or preferred by parent) and cleared by physician<br>Activities of daily living<br>Athlete completes above criteria without excessive fatigue or breathlessness |
| 2     | Athlete is symptom free<br>15 minutes of aerobic exercise (walking, light jogging, stationary cycle, no resistance training) at <70% of MHR.<br>Athlete completes above criteria without excessive fatigue or breathlessness                                |
| 3     | Athlete is symptom free<br>30-45 minutes of moderate activity (e.g. simple movement activities such as running drills) at <80% of MHR.<br>Athlete completes above criteria without excessive fatigue or breathlessness                                      |
| 4     | Athlete is symptom free<br>45-60 minutes of sports specific aerobic activity (including warm up) at <80% of MHR<br>Athlete completes above criteria without excessive fatigue or breathlessness   |
| 5     | Athlete is symptom free<br>Return to play with no restrictions<br>Athlete completes above criteria without excessive fatigue or breathlessness  |

Please understand for your child's safety, he/she will remain out of participation until they have been cleared by a doctor and completes the RTPP. Returning an athlete before this happens may predispose them to any other type of injury. Please do not hesitate to contact us regarding your child's condition.

#### Jordan Elbridge Athletic Trainer

Rebecca DeMario, LAT, ATC

rdemario@jecsd.org

Office: (315)689-8510 ext. 1505

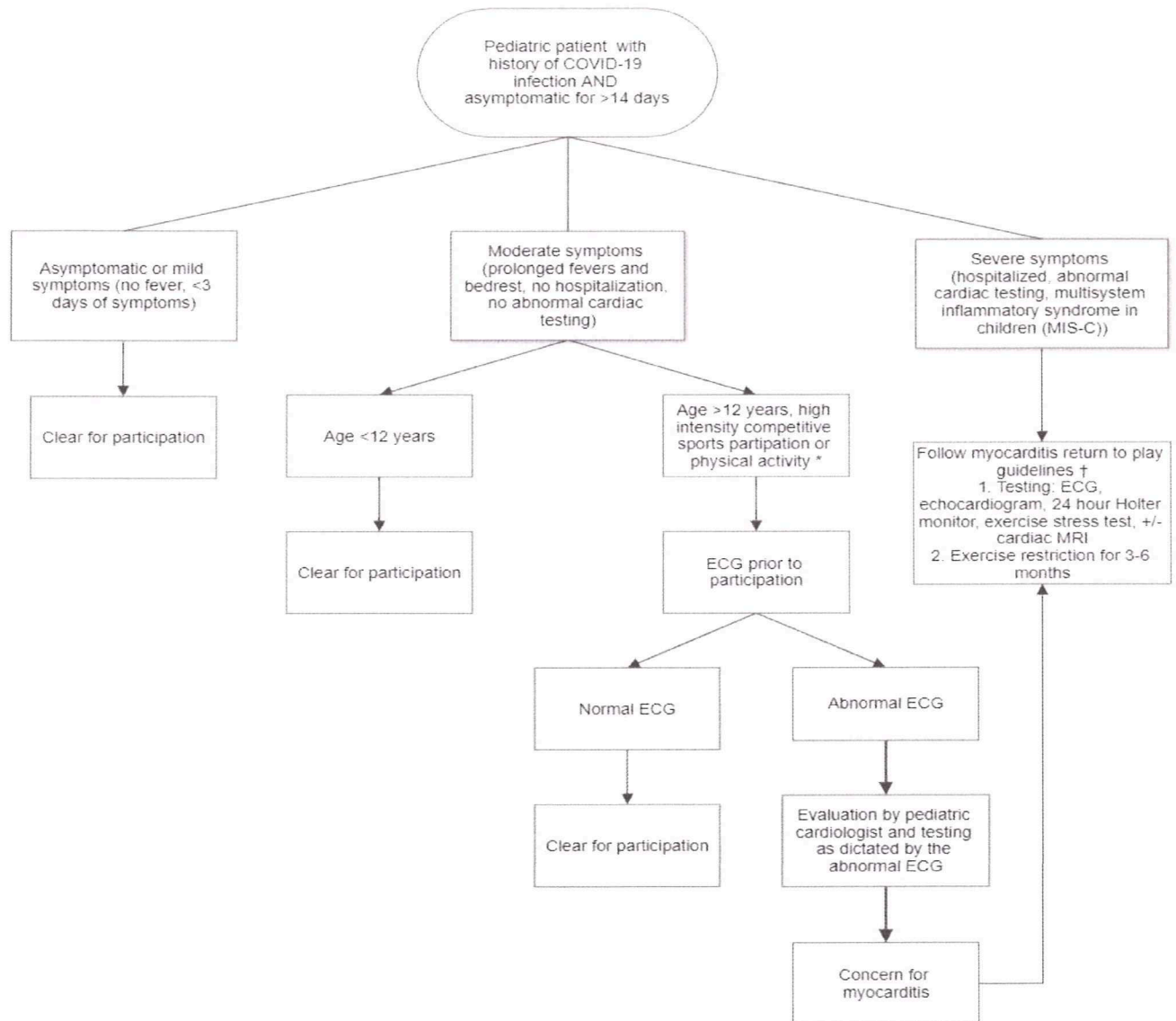
Cell: (315)374-5164



## Jordan Elbridge Athletics COVID-19 RTP Protocol

American College of Cardiology: Suggested algorithm for approaching pediatric patients with a history of a COVID infection who want to return to sports participation and physical activity.

### Return to Play After COVID-19 Infection in Pediatric Patients



<sup>2</sup> <https://www.acc.org/latest-in-cardiology/articles/2020/07/13/13/37/returning-to-play-after-coronavirus-infection>

## Jordan Elbridge Athletics COVID-19 RTP Protocol

### COVID-19 Physician Clearance Form for Athletes

Dear healthcare provider,

The Jordan Elbridge CSD Athletic Training Department has developed a COVID-19 Return-to-Play Protocol (RTPP) that considers recommendations of the UIL, NFHS, CDC, KSI, ACC, and local health authorities. Jordan Elbridge CSD employs licensed and certified athletic trainers to monitor the progress of athletes. Feel free to contact the Jordan Elbridge CSD athletic trainer if you have any questions. (Rebecca DeMario, LAT, ATC – email: [rdemario@jecsd.org](mailto:rdemario@jecsd.org), phone: (315)374-5164)

The American College of Cardiology (ACC) recommends that in certain circumstances following the diagnosis of COVID-19, a pediatric patient have a normal ECG prior to returning to participation. The patient's physician will determine if this is necessary based on his/her evaluation.

In order to begin the Jordan Elbridge CSD RTPP the patient must have a physician's clearance on file with the athletic trainer & Jordan Elbridge CSD nursing staff; and be at least 7 or 10 days symptom free; and (if symptomatic) 10 days since symptoms have started or (if asymptomatic) positive COVID-19 diagnosis.

If activity at any step results in a return of symptoms, then activity should be immediately halted. If any symptoms occur (including excessive fatigue) while going through RTPP, the athlete must return to the previous stage and progress again after a minimum of 24 hours period of rest without symptoms. Multiple incidences of return of symptoms will result in referral back to the treating physician.

#### Jordan Elbridge Athletics COVID-19 Return to Play Protocol:

| Phase | Description   |
|-------|---|
| 1     | Athlete has been symptom free for 7 or 10 days<br>ECG Performed (if prescribed by the doctor or preferred by parent) and cleared by physician<br>Activities of daily living<br>Athlete completes above criteria without excessive fatigue or breathlessness |
| 2     | Athlete is symptom free<br>15 minutes of aerobic exercise (walking, light jogging, stationary cycle, no resistance training) at <70% of MHR.<br>Athlete completes above criteria without excessive fatigue or breathlessness                                |
| 3     | Athlete is symptom free<br>30-45 minutes of moderate activity (e.g. simple movement activities such as running drills) at <80% of MHR.<br>Athlete completes above criteria without excessive fatigue or breathlessness                                      |
| 4     | Athlete is symptom free<br>45-60 minutes of sports specific aerobic activity (including warm up) at <80% of MHR<br>Athlete completes above criteria without excessive fatigue or breathlessness   |
| 5     | Athlete is symptom free<br>Return to play with no restrictions<br>Athlete completes above criteria without excessive fatigue or breathlessness  |

**Jordan Elbridge Athletics COVID-19 RTP Protocol**

Please complete the following regarding the patient's experience with COVID-19 and care plan:

Name of Patient: \_\_\_\_\_

|  |   |
|--|---|
| COVID-19 Exposure: YES or NO   | If YES: Date of MOST RECENT Exposure: _____ |
| COVID-19 Symptomatic: YES or NO  | If YES: Date of Start of Symptoms: _____    |
|  | Date of End of Symptoms: _____              |
| COVID-19 Diagnosis: YES or NO  | If YES: Date of Positive Diagnosis: _____   |
| Electrocardiogram Performed: YES or NO                                     | If YES: Results: NORMAL or ABNORMAL         |
| Echocardiogram Performed: YES or NO  | If YES: Results: NORMAL or ABNORMAL         |
| Date of Medical Clearance to begin [school] Athletics COVID-19 RTPP: _____ |   |

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**Please check one of the following regarding the COVID-19 Return-to-Play Protocol:**

Based on my evaluation of this patient:

- Athlete has had an ECG or other cardiac screening which was normal and may begin the [school] ISD COVID-19 Return-to-Play Protocol. Once the RTPP has been satisfactorily completed, this athlete may return to athletics with no restrictions.
  
- Athlete may begin the Jordan Elbridge CSD COVID-19 Return-to-Play Protocol without the need for an ECG or other cardiac testing. Once the RTPP has been satisfactorily completed, this athlete may return to athletics with no restrictions.
  
- Athlete is pending further cardiac screening and may not begin Jordan Elbridge CSD COVID-19 Return to Play Protocol. Athlete must be re-evaluated in my office on \_\_\_\_\_.
  
- Athlete may not begin Jordan Elbridge CSD COVID-19 Return to Play Protocol and must be re-evaluated in my office on \_\_\_\_\_.
  
- Athlete may not begin the Jordan Elbridge CSD COVID-19 Return to Play Protocol and will be referred to a cardiologist.
  
- Other recommendations of treating physician: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Once a physician has completed this form, return it to the athletic trainer.**

**Jordan Elbridge Athletics COVID-19 RTP Protocol**

Parent/Guardian COVID-19 Acknowledgement Form

**Athlete Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing below, I acknowledge that I have been informed of the following:

- The child listed above has been reported (check one):
  - Positive COVID-19 diagnosis with no symptoms.
  - Positive COVID-19 diagnosis with symptoms.
  - Not experiencing symptoms but reports close contact with a confirmed COVID-19 case.
  - Experiencing symptoms and reports close contact with a confirmed COVID-19 case.
  - Symptoms of COVID-19 with no close contact or positive COVID-19 case.
  - Other: \_\_\_\_\_
- Appropriate management of COVID-19
- Written medical clearance note must be provided to begin the Jordan Elbridge Athletics COVID-19 Return to Play Protocol (RTPP) and to return to participation
- Jordan Elbridge Athletics RTPP, including requirement of 7 or 10 days symptom free prior to beginning Jordan Elbridge Athletics RTPP
- Communicate with staff athletic trainer if any signs or symptoms of a COVID-19 appear, return or worsen

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|                              |                           |      |
|------------------------------|---------------------------|------|
| Parent/Guardian Name (print) | Parent/Guardian Signature | Date |
|------------------------------|---------------------------|------|

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|                      |                   |      |
|----------------------|-------------------|------|
| Student Name (print) | Student Signature | Date |
|----------------------|-------------------|------|

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|                       |                    |      |
|-----------------------|--------------------|------|
| Staff AT Name (print) | Staff AT Signature | Date |
|-----------------------|--------------------|------|



## Jordan Elbridge Athletics COVID-19 RTP Protocol

### Jordan Elbridge Athletics COVID-19 RTP Coversheet

|  |   |
|--|---|
| Name of Athlete : _____                | Sport: _____                              |
| COVID-19 Exposure: YES or NO           | If YES: Date of LAST Exposure: _____      |
| COVID-19 Symptomatic: YES or NO        | If YES: Date of Start of Symptoms: _____  |
| COVID-19 Diagnosis: YES or NO          | If YES: Date of Positive Diagnosis: _____ |
| Electrocardiogram Performed: YES or NO | If YES: Results: NORMAL or ABNORMAL       |
| Echocardiogram Performed: YES or NO    | If YES: Results: NORMAL or ABNORMAL       |
| Date of Medical Clearance: _____       |   |

In order to begin the Jordan Elbridge CSD Return to Play Protocol the patient must have:

- A physician's clearance on file with the athletic trainer  
AND
- At least 7 or 10 days symptom free  
AND
- (if symptomatic) 10 days since symptoms have started  
OR
- (if asymptomatic) 10 days since last COVID-19 exposure or positive COVID-19 diagnosis

| Phase    | Description  | Date | Comments |
|----------|--|------|----------|
| <b>1</b> | <input type="checkbox"/> Athlete has been symptom free for 7 or 10 days<br><input type="checkbox"/> ECG Performed and cleared by physician<br><input type="checkbox"/> Activities of daily living<br><input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness |      |          |
| <b>2</b> | <input type="checkbox"/> Athlete is symptom free<br><input type="checkbox"/> 15 minutes of aerobic exercise (walking, light jogging, stationary cycle, no resistance training) at <70% of MHR<br><input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness     |      |          |
| <b>3</b> | <input type="checkbox"/> Athlete is symptom free<br><input type="checkbox"/> 30 minutes of moderate activity (e.g. simple movement activities such as running drills) at <80% of MHR<br><input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness              |      |          |
| <b>4</b> | <input type="checkbox"/> Athlete is symptom free<br><input type="checkbox"/> 45-60 minutes of sports specific aerobic activity (including warm up) at <80% of MHR<br><input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness                                 |      |          |
| <b>5</b> | <input type="checkbox"/> Athlete is symptom free<br><input type="checkbox"/> Return to play with no restrictions<br><input type="checkbox"/> Athlete completes above criteria without excessive fatigue or breathlessness  |      |          |

If activity at any step results in a return of symptoms, then activity should be immediately halted and may be referred to PCP.



JAMES FROIO  
JORDAN-ELBRIDGE CSD  
PO BOX 902  
JORDAN, NY 13080

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FINGERPRINT CLEARANCE

FOR EMPLOYMENT

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This is a notice that on 01/27/2021, **CALEB GREEN** filed his/her fingerprints with the New York State Education Department and has been cleared for employment in your school. Please note that this clearance is valid only for your school and may not be used for any other purpose, including but not limited to, employment at another school or institution. If your school no longer employs **CALEB GREEN**, you are required pursuant to Education Law and Regulations to notify OSPRA. Such notice should be made by submitting an online employment termination request or by filing a paper OSPRA 105 form, which is available on the OSPRA website.

**DEBORAH A. MARRIOTT**  
OSPRA Fingerprinting Unit

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