Sports Permission Slip and Information Form

Student's Name: _____ Birth Date: _____

School Attending: _____ Grade Year: _____

Address: _____

County/State Born In: _____

Years participated in each sport (include this year): _____

Parents' Name: _____ Phone Number: _____

In case of emergency notify: _____

Relationship: _____ Phone Number: _____

IF parents cannot be reached, NOTIFY _____

Relationship: _____ Phone Number: _____

I hereby give permission for my child listed above to participate in athletics at their attending school.

(Please check below the sports for which this permission is granted.)

____ Football	____ Boys Basketball	____ Baseball
____ Softball	____ Girls Basketball	____ Volleyball
____ Boys Track	____ Girls Track	____ Cheerleading
____ Cross Country	____ Soccer	____ Dance
____ Golf	____ Other _____	

Parent/Guardian Signature: _____

Date: _____

Student Accident Insurance Waiver

Reference: North Boone Community Unit School District 200 School Board Policy

"Accident insurance is required of all students who participate in school athletic programs. A written statement from the parent or guardian shall be required if the athlete is not to be covered through the purchase of school insurance. This shall be a signed waiver showing that they have insurance coverage at home."

Option #1 -

Student's Name _____

I hereby waive the need to purchase student accident insurance. We have ample coverage through a family policy.

Parent/Guardian Signature _____ Date _____

OR

Option #2 -

Student's Name _____

I have purchased the optional insurance offered through North Boone Community Unit School District #200.

Parent/Guardian Signature _____Date_____

IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet

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

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

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

Concussion Information Sheet (Cont.)

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

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

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. IHSA Policy requires athletes to provide their school with written clearance from either a physician licensed to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches prior to returning to play or practice following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion and not cleared to return to that same contest. In accordance with state law, all IHSA member schools are required to follow this policy.

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

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

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 7/1/2011 Reviewed 4/24/2013, Reviewed 7/16/2015

IHSA Sports Medicine Acknowledgement & Consent Form

IHSA Performance-Enhancing Substance Testing Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for program implementation in the IHSA Schools Center.

IHSA PES Testing Program
http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20PES%20policy%20final.pdf

IHSA Banned Drug Classes
http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf

insert Consent Language here (w/o signature lines)

IHSA Steroid Testing Policy Consent to Random Testing

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf

IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements
By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf.

Each year IHSA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.

Agreement to Participate

On District letterhead

Each student and his or her parent/guardian must read and sign this *Agreement to Participate* each year before being allowed to participate in interscholastic sport(s) or intramural athletics. The completed *Agreement* should be returned to the Coach.

Student name (printed) _____

1. I wish to participate in the interscholastic sport(s) or intramural athletics that are circled: baseball, basketball, cheerleading, cross country, field hockey, football, golf, gymnastics, lacrosse, soccer, softball, swimming/diving, tennis, track, volleyball, wrestling, other (identify sports) _____. (Another *Agreement* must be signed if the student later decides to participate in a sport not circled above.)
2. Before I will be allowed to participate, I must provide the School District with a certificate of physical fitness (if participating in interscholastic sport(s), the Pre-Participation Physical Examination Form serves this purpose), show proof of accident insurance coverage, and complete any forms required by the Illinois High School Association (IHSA).
3. I agree to abide by all conduct rules and will behave in a sportsmanlike manner. I agree to follow the coaches' instructions, playing techniques, and training schedule as well as all safety rules.
4. I understand that Board policy 7:305, *Student Athlete Concussions and Head Injuries*, requires, among other things, that a student athlete who exhibits signs and symptoms, or behaviors consistent with a concussion or head injury must be removed from participation or competition at that time and that such student will not be allowed to return to play unless cleared to do so by a physician licensed to practice medicine in all its branches or a certified athletic trainer.
5. I am aware that with participation in sports comes the risk of injury, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the highest risk. I am aware that participating in sports involves travel with the team. I acknowledge and accept the risks inherent in the sport(s) or athletics in which I will be participating and in all travel involved. I agree to hold the District, its employees, agents, coaches, School Board members, and volunteers harmless from any and all liability, actions, claims, or demands of any kind and nature whatsoever that may arise by or in connection with my participating in the school-sponsored interscholastic sport(s) or intramural athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

_____ _____

Student signature Date

To be read and signed by the parent/guardian of the student:

1. I am the parent/guardian of the above named student and give my permission for my child or ward to participate in the interscholastic sport(s) or intramural athletics indicated. I have read the above *Agreement to Participate* and understand its terms.
2. I acknowledge having received the attached *Concussion Information Sheet.*
3. I understand that all sports can involve many **risks of injury**, and I understand that the degree of danger and seriousness of risk vary significantly from one sport to another with contact sports carrying the higher risk. I am aware that participating in sports involves travel with the team. In consideration of the School District permitting my child to participate, I agree to hold the District, its employees, agents, coaches, Board members and volunteers harmless from any and all liability, actions, claims or demands of any kind and nature whatsoever that may arise by or in connection with the participation of my child in the sport(s) or athletics. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above indicated sport or athletics.

______________________________ ______________________

Parent/Guardian signature Date

<u>Emergency Contact Information</u>

Name: ____________________ Relationship to student: ____________

Day phone number: ____________ Evening phone number: ____________

Cell phone number: ____________ Other: ____________________

Name: ____________________ Relationship to student: ____________

Day phone number: ____________ Evening phone number: ____________

Cell phone number: ____________ Other: ____________________

Name: ____________________ Relationship to student: ____________

Day phone number: ____________ Evening phone number: ____________

Cell phone number: ____________ Other: ____________________

Name: ____________________ Relationship to student: ____________

Day phone number: ____________ Evening phone number: ____________

Cell phone number: ____________ Other: ____________________

Student _____

Medical Information for the Coach

Grade_____

Does your athlete have a medical condition which their coach should know about?_____

Allergies: Bee Stings____ How Treated: Benadryl and /or Epi-Pen (carried by athlete?____)

Other Allergies? How treated:

Asthma: Athlete carries_____Inhaler.

Signs of asthma emergency

If no relief from emergency inhaler coach will notify parent/guardian at this number:*

Seizures: Tonic/Clonic(Grand Mal) Absence(Petite Mal)

Date of Last seizure:_____

Medication currently taking:_____

Symptoms coach should look for which may signal onset:_____

What might be a trigger:_____

Diabetes: Is athlete Type I or Type II Pump delivery or Injection of Insulin?

Symptoms or **low** blood sugar:

Symptoms of **High** blood sugar:

Other Medical Condition coach should be aware of for the safety of the athlete?

#1 contact number: Name_____Number_____

#2 contact number: Name_____Number_____

***If no contacts made with above numbers, 911 will be activated.**

****if medical condition changes during the season parent must update this form/notify Coach immediately.**

Person completing this document: Name_____Date____

Relationship to athlete:_____