

STUDENT'S NAME: _____

GRADE: _____

Valid for the Following Dates: July 1, 2020 through June 30, 2021



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.

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>.

PARENT & STUDENT ACKNOWLEDGMENTS

I give permission for _____ (*Name of Student*) to participate in **CIRCLE THE SPORT(S)**: Football, Volleyball, Cheerleading, Basketball, Baseball, Softball, Track, Strength & Conditioning (including weight training), golf, wrestling, other _____.

ATHLETIC WAIVERS AND AGREEMENTS

Parent / Guardian: The following items are statements that require your reading and signature. Please check either yes or no for each statement.

- | Yes | No | |
|-------|-------|---|
| _____ | _____ | 1. <u>Athletic Handbook:</u> I/We intend to review the contents of the <u>Athletic Handbook.</u> It is my/our responsibility to read and review this document with my child. |
| _____ | _____ | 2. <u>Rules & Regulations:</u> I agree to abide by all the rules and regulations set down by my individual coach and the athletic director. |
| _____ | _____ | 3. <u>Photo Release:</u> The district from time to time allows coverage of activities and events. I/We give permission for our child's picture/video and name to be used in informational news coverage and educational purposes, including the District web site. |
| _____ | _____ | 4. <u>Student Awards/Honor Information:</u> The district from time to time announces listings of students receiving awards and honors. I/We give permission for our child's name to be released for the purpose of identifying students who excel. |
| _____ | _____ | 5. <u>Equipment:</u> I agree to assume full responsibility for all equipment issued to me, and to confine the use of that equipment to practice, games or meets. I will further agree to pay for any and all equipment, which I may lose, misplace, or damage through carelessness or intent. |
| _____ | _____ | 6. <u>Travel:</u> I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child to participate in the sport and travel with the team |

Your signature gives permission for all of the statements above.

Parent Name (print): _____

Parent Signature: _____

Date: _____

Student Name (print): _____

Student Signature: _____

Date: _____

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.

STUDENT'S NAME: _____

DOB: _____

Parent Name (print): _____

PARENT / STUDENT ATHLETIC CONSENT FORM

ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I understand the risk inherent in sports. He/she is insured by our family policy with:

PERSONAL / FAMILY INSURANCE INFORMATION

Name of Company: _____

Policy Number: _____

Name of Policy Holder: _____

EMERGENCY PERMISSION FORM

Please list any health problems that your child has that might be significant to a physician evaluation or that someone providing supervision to the child should be aware of:

Please list any allergies to medications, etc.: _____

Has student been prescribed an inhaler or EpiPen? _____

Is student presently taking medication? _____ **If so what type?** _____

Is student allergic to bee stings? _____

Does student wear contact lenses? _____ **Please list date of last Tetanus shot:** _____

DOCTOR NAME: _____ **HOSPITAL PREFERENCE:** _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to the principal or official representative to secure medical care, automobile or ambulance transport to the closest hospital or the nearest hospital facility. Additionally, I give permission to physicians selected by the coaches, staff, or volunteers of the Warren School District to hospitalize, secure proper treatment for, and to order injection/anesthesia, and/or surgery for the person named above. I/We will be responsible for the emergency medical charges upon receipt of statement

Emergency Phone Number: (____) _____ **Relationship to Student:** _____

Parent Signature: _____

Emergency permission form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed. I certify all the above information is correct.