

LINCOLN-WAY CENTRAL HIGH SCHOOL

Permission to Participate

EMERGENCY INFORMATION FORM

Dear Parents/Guardians:

This form is for athletic trainer/coach/sponsor to use in the event that we are unable to contact you in an emergency. This information will be kept by the athletic trainer/coach/sponsor and will be taken to all practices and extracurricular events. Information that is given will be kept in the strictest confidence. This form enables us to provide the best care possible for our students. If you have any questions, please feel free to call the athletic department or the activity director.

Student Name: _____ ID: _____ Age: _____ Gender: _____ Birth Date: _____

Address: _____ Town/Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Person to contact in case of an emergency: _____ Phone : _____

In the event that I cannot be contacted, I GIVE MY PERMISSION for the Lincoln-Way Central High School athletic training staff/coaching staff/club sponsor to seek medical treatment for my son/daughter in the case of injury/illness which is incurred while participating in school sponsored activities.

If my child is not presently covered by my family hospitalization and medical policy, I will need the student accident policy. I understand that if I check this statement I must purchase the accident policy from the school or my child will not be permitted to participate in athletics or extracurricular activities.

(CHECK ONE) I NEED ACCIDENT INSURANCE MY CHILD IS COVERED BY A FAMILY POLICY

Parent or Guardian Signature: _____ Date: _____

IMPORTANT MEDICAL INFORMATION

Sport(s) _____ Activity(ies) _____

Previous serious injuries (fractures, concussions and surgical procedures): _____

Have you lost a paired organ? (kidney, etc.)	Yes _____	No _____
Are you epileptic?	Yes _____	No _____
Have you had any seizures?	Yes _____	No _____
Are you diabetic?	Yes _____	No _____
Are you allergic to bee stings?	Yes _____	No _____
Do you have asthma?	Yes _____	No _____
Have you ever had heat illness?	Yes _____	No _____
Do you wear glasses/contact lenses?	Yes _____	No _____
Are you allergic to any medications?	Yes _____	No _____
If yes, what medications are you allergic to?	_____	

Family Physician: _____ Phone: _____

Do you take a daily/weekly medication? Yes _____ No _____

If yes, what medications are you taking? _____

Additional information important to student's health: _____

Revised: 4/18/12

PLEASE COMPLETE OTHER SIDE...

ALL STUDENT ATHLETES AND PARENTS MUST SIGN
IHSA Parent and Student Agreement/Acknowledgement Form
Performance-Enhancing Substance Testing Policy

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

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

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

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I understand that testing may occur during selected IHSA state series events or during the school day. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my 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. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA.

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

CONCUSSION SIGN-OFF FORM

As a part of the Concussion Bill that was recently signed into law by Governor Quinn, it is now a requirement for every school to have a signed concussion form on file for each student-athlete competing at their school.

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 licenses to practice medicine in all its branches or a certified athletic trainer working in conjunction with a physician licenses 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.

Student-athlete name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date