



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:

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| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 |
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Signs observed by teammates, parents and coaches include:

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| <ul style="list-style-type: none">• 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 |
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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. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school 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.

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/>



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IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy 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 policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA.

IHSA PES Policy

<http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18 PES policy.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.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 Substance 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>.



HSHS
Athletes Advantage
Sports Medicine

AUTHORIZATION

I hereby authorize St. Joseph's Hospital, of the Hospital Sisters of the Third Order of St. Francis, St. Joseph's Hospital, Breese, of the Hospital Sisters of the Third Order of St. Francis or other affiliates of Hospital Sisters Health System, and the members of its staff (collectively, "Hospital") as follows (please check all that apply before signing the form):

- ☐ To release all information concerning my health care, injury, rehabilitation, treatment, and health status during my training for and participation in my school's athletics to my parents or guardians, coaches, and school personnel. I understand such information will be used to advise such persons of my health or injury status for further medical treatment and restrictions on my ability to participate in athletics.

This authorization will expire six (6) years after the date below or sooner by my revocation. I understand I may revoke this authorization at any time. Revocation must be made in writing and sent to St. Joseph's Hospital 9515 Holy Cross Lane, Breese, IL 62230, Attention: Sports Medicine. Revocation will not affect any action Hospital took in reliance on this authorization prior to its revocation.

I will receive no compensation for authorization for the release of this information. Hospital will not condition treatment, payment, enrollment, or eligibility for benefits on the execution of this authorization form. The information used or disclosed may be subject to redisclosure by the person or entity receiving such information and thus is no longer protected by the federal privacy regulations.

I have read this authorization, fully understand its contents, and agree to be bound by its terms. I acknowledge and represent I am 18 years of age or older and have the right to contract in my own name that I am legally authorized to sign for the student athlete named below.

Student-Athlete Printed Name

School

Signature

Relationship to Student Athlete

Date of Signature

Please return signed forms to the school. If you have any questions or concerns, please call the HSHS Athletes Advantage Sports Medicine program at (618) 526-5437



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CONSENT

I understand that St. Joseph's Hospital, of the Hospital Sisters of the Third Order of St. Francis, St. Joseph's Hospital, Breese, of the Hospital Sisters of the Third Order of St. Francis or other affiliates of Hospital Sisters Health System (collectively, "Hospital"), when requested, from time to time, will provide staff to offer sports medicine services to the student athletes during practices, meets, and games. I understand Hospital staff are not employed, controlled, or supervised by my school.

I hereby request and authorize Hospital staff to provide and perform such medical care, therapy, tests, procedures, or other services considered advisable for my health and wellbeing during my training for and participation in my school's athletics. I acknowledge that no guarantees have been made as to the result of treatments or examinations performed by Hospital staff and that unforeseen results may occur.

In the event of an injury or accident to me during participation in an athletic activity, I acknowledge that Hospital staff or school officials, as appropriate, are authorized to seek immediate medical attention, including ambulance services and assistance to the nearest medical facility.

I have read this authorization, fully understanding its contents, and agree to be bound by its terms. I acknowledge and represent I am 18 years of age or older and have the right to contract in my own name that I am legally authorized to sign for the student athlete named below.

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WHS Student Health Form

Scan the QR code, or visit the following link to fill out the Google student health form:

<https://forms.gle/Yq1sRdunkMBE7yRs5>

****NOTE: This form MUST BE COMPLETED for all the following athletes**

1. Freshmen
2. Transfer/New athletes or athletes who did not complete the form last year
3. Have information that needs to be updated (*Emergency contacts, allergies, injuries, medical information, etc.*)

