

NEW TRIER HIGH SCHOOL ATHLETIC PARTICIPATION CONSENT FORM

Student Information

Last Name: _____ First Name: _____ ID: _____

Adviser: _____ Phone #: _____ DOB: _____

Transfer Student: Yes No School you attended last year (include city/state): _____

CIRCLE THE SPORT (ONLY ONE PER SEASON) FOR WHICH YOU WILL TRYOUT

FALL: Cheerleading, Cross Country, Golf, Boys Soccer, Football, Field Hockey, Girls Swimming, Girls Tennis, Girls Volleyball, Rowing

WINTER: Basketball, Bowling, Cheerleading, Boys Swimming, Fencing, Gymnastics, Track, Wrestling

SPRING: Badminton, Baseball, Bass Fishing, Lacrosse, Boys Tennis, Boys Volleyball, Girls Soccer, Softball, Track, Water Polo, Rowing

Parent/Athlete Consent to Participate in Interscholastic Athletics

My son/daughter has my permission to practice and compete in the interscholastic program. I assume responsibility in case of accident or injury. By signing below, I/we hereby grant consent to any/all health care providers designated by New Trier High School, District 203, to provide my child with any necessary medical care as a result of any illness/injury.

Extracurricular Code of Conduct Consent and Acknowledgement

I/we acknowledge that we have read and understand the Extracurricular Code of Conduct posted on the Athletics webpage. For more details on the Extracurricular Code of Conduct, [click here](#)

IHSA Sports Medicine Consent and Acknowledgement

Student/Parent Consent and Acknowledgement: By signing below, I/we acknowledge receipt of 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 [click here](#)

Student Signature: _____ Date: _____ School Year: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____ Relationship to student: _____

IHSA Physical Examination Requirements for Participation in Interscholastic Athletics

The Illinois High School Association requires a valid physical (or proof of a physical) to be on file with the Athletic Department. **Physicals are valid for 395 days.** If your physical expires during a season, you will be required to submit an updated and valid physical prior to returning to practice and/or competition. Physical Form [click here](#)

Medical Consent

On the basis of my examination, I approve this child's participation in sports for 395 days

YES _____ NO _____ Limited _____ Examination Date (most current date) _____

Additional comments: _____

Signature: _____
(Physician/Physician's Assistant/Advanced Nurse's Practitioner)

Print Name: _____

Forms may be submitted via fax 847-784-7797, or to your respective campus's athletic office

Questions? Contact: Erin Romano (Winnetka Campus) romanoe@NTHS.net or Jan Douaire (Northfield Campus) douairej@NTHS.net



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:

- | | |
|--|--|
| <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 |
|--|--|

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/>



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>

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>.

**NEW TRIER HIGH SCHOOL
EMERGENCY INFORMATION**

Please return to your coach by the first day of practice

Name: _____ Grade: Fr Soph Jr Sr

Date of Birth: _____ Age: _____

Sport: _____ Advisor: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____

Father's Name: _____ Mother's Name: _____

Father's Cell Phone: (____) _____ Mothers Cell Phone: (____) _____

Father's Work Phone: (____) _____ Mother's Work Phone: (____) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Number: (____) _____

Physician's Name: _____ Phone: (____) _____

Please indicate **ANY** medical conditions: allergic reactions, contact lenses (hard/soft), asthma, previous injuries, current medications (and why), etc.

I/we give consent/permission to any supervising coach of any sport in which my child is at or participating in for New Trier High School, and the right, on my behalf and in my stand, to arrange for licensed and certified physicians and/or athletic trainers to render and provide immediate treatment to my child as to injuries that may be sustained by my child while participating in such sport, whether directly or indirectly, and whether sustained during practice or in active interscholastic competition, and all without necessity of any further or additional express authorization by me other than for this authorization.

My above permission and consent also extends to the right of any such supervising coach or school personnel to arrange for immediate medical treatment by a licensed or certified physician and/or athletic trainer, and for them to apply such emergency techniques as may be necessary to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve life or limb of my child.

Signature: _____

Relationship: _____ Date: _____

