



**INTERSCHOLASTIC ATHLETICS PARENT CONSENT and the PARENT and  
STUDENT UNDERSTANDING OF CONCUSSION INFORMATION**

The student and his/her parent/guardian must read and sign this form each year before trying-out and participating in interscholastic athletics or sports. This completed *Consent Form* must be returned to the School Nurse.

**STUDENT NAME (Print)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

***To be read by the Student and Parent/Guardian:***

1. I wish to participate in interscholastic athletics.
2. 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.
3. I understand that I must maintain academic eligibility and proper behavior standards as set by School District 59 in order to participate in interscholastic athletics.
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. I have read the information about Student Athlete Concussions and Head Injuries in this document.

***To be read by the Parent/Guardian:***

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 athletics or sport(s).
2. I understand that students who participate in interscholastic athletic programs, in tryouts, or regularly scheduled games, matches, and/or meets, must have a physical examination from a licensed physician, an advanced practice nurse, or a physician assistant in the last twelve months, and a "Certificate of Child Health Examination" form on file in the school's Health Office prior to participation. The cost of the physical examination is the responsibility of the parent/guardian.
3. I understand I must show proof of accident insurance coverage for the student.
4. 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 whosever that may arise by or in connections 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.

5. I understand that my child must maintain academic eligibility and proper behavior standards as set by School District 59 in order to participate in interscholastic athletics.

6. I acknowledge having received and reviewed the following *Concussion Information* with my child.

**CONCUSSION INFORMATION (Ref. 105 ILCS 5/10-20.53, P.A. 97-204)**

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"> <li>● Headaches</li> <li>● “Pressure in head”</li> <li>● Nausea or vomiting</li> <li>● Neck pain</li> <li>● Balance problems or dizziness</li> <li>● Blurred, double, or fuzzy vision</li> <li>● Sensitivity to light or noise</li> <li>● Feeling sluggish or slowed down</li> <li>● Feeling foggy or groggy</li> <li>● Drowsiness</li> <li>● Change in sleep patterns</li> </ul>	<ul style="list-style-type: none"> <li>● Amnesia</li> <li>● “Don’t feel right”</li> <li>● Fatigue or low energy</li> <li>● Sadness</li> <li>● Nervousness or anxiety</li> <li>● Irritability</li> <li>● More emotional</li> <li>● Confusion</li> <li>● Concentration or memory problems (forgetting game plays)</li> <li>● Repeating the same question/comment</li> </ul>
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**Signs observed by teammates, parents and coaches include:**

<ul style="list-style-type: none"> <li>● Appears dazed</li> <li>● Vacant facial expression</li> <li>● Confused about assignment</li> <li>● Forgets plays</li> <li>● Is unsure of game, score, or opponent</li> <li>● Moves clumsily or displays incoordination</li> <li>● Answers questions slowly</li> <li>● Slurred speech</li> </ul>	<ul style="list-style-type: none"> <li>● Shows behavior or personality changes</li> <li>● Can’t recall events prior to hit</li> <li>● Can’t recall events after hit</li> <li>● Seizures or convulsions</li> <li>● Any change in typical behavior or personality</li> <li>● Loses consciousness</li> </ul>
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**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/>

**HEALTH INSURANCE INFORMATION**

Health Insurance Provider \_\_\_\_\_

Group No. \_\_\_\_\_ Identification No. \_\_\_\_\_

***Parent/guardian and student must sign to indicate agreement to these conditions and that you have both read the Concussion Information.***

**School** \_\_\_\_\_

**Grade** \_\_\_\_\_

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Signature of Student

Date

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Name of Student (Please Print)

Date

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Signature of Parent/Guardian

Date

**RETURN THIS SIGNED FORM TO THE NURSE AT THE SCHOOL HEALTH OFFICE.**