

Illini West High School
Student-Athlete/Parent Protocol

From time to time your child may have a disagreement with their coach. This may be because of playing time, role on the team or position. We feel that this can and should be a learning opportunity for your child. As an athletic department, we ask that you follow these four guidelines; in order, in dealing with our coaching staff.

1. Student-athlete must meet with the head coach.
(If an understanding is not reached.)
2. Student-athlete, and parent(s) may meet with the head coach.
(If an understanding is not reached.)
3. Student-athlete, parent(s), and Athletic Director may meet with the head coach.
(If an understanding is not reached.)
4. Student-athlete, parent(s), Athletic Director, and Principal may meet with the head coach.



Preparticipation Examination

To be completed by athlete or parent prior to examination.

Name Last First Middle Sport/Position

Social Security Number School Year

Address City/State Phone No.

Birthdate Age Class Student ID No.

Parent's Name Address

Phone No.

Person to contact in case of emergency

Phone No.

Family Doctor City/State

Phone No. City/State

Past Medical History

- | | Yes | No | If yes, please explain (what, where, when) |
|--|-----|----|--|
| 1. Presently taking medication (including birth control pills)? | | | |
| 2. Have you been diagnosed with asthma? | | | |
| 3. Have you been prescribed by a physician to use any asthma medication? | | | |
| 4. Do you have a current consent form to self-administer the asthma medication on file with your school? | | | |
| 5. Allergic to medicine, foods, bee stings? | | | |
| 6. Wears any appliances—glasses, contact lenses? | | | |
| 7. History of braces, chipped teeth, bridges? | | | |
| 8. Has ongoing medical problem? | | | |
| 9. Had serious or significant illness in past? | | | |
| 10. Any past surgical operations, accidents, non-sports or related injuries? | | | |
| 11. Any past injuries directly related to sports? | | | |
| 12. Any hospitalization not explained above? | | | |
| 13. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)? | | | |
| 14. Any serious family illness (such as diabetes, bleeding disorders, etc.)? | | | |
| 15. Heart | | | |
| Have you ever passed out during or after exercise? | | | |
| Have you ever been dizzy during or after exercise? | | | |
| Have you ever had chest pain during or after exercise? | | | |
| Do you get tired more quickly than your friends do during exercise? | | | |
| Have you ever had racing of your heart or skipped heartbeats? | | | |

Yes No

If yes, please explain (what, where, when)

Have you had high blood pressure or high cholesterol?

Have you ever been told you have a heart murmur? Has any family member or relative died of heart problems or of sudden death before age 50?

Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?

Has a physician ever denied or restricted your participation in sports for any heart problems?

Has anyone in your family had a heart attack before the age of 50?

16. Head and Nerve

Have you ever had a head injury or concussion? Have you ever been knocked out, become unconscious, or lost your memory?

Have you ever had a seizure?

Do you have frequent or severe headaches? Have you ever had numbness or tingling in your arms, hands, legs or feet?

Have you ever had a stinger, burner or pinched nerve?

17. Last tetanus shot?

18. Last eye exam?

19. Last menstrual period (if women)

Personal Habits

1. Smoking/smokeless tobacco

2. Alcohol/non-medical drugs: marijuana, cocaine, etc

3. Steroids

4. Eating Disorders - weight loss or gain?

Review of systems (Please check if you have any problems with any of the following areas of your body)

- | | | | | |
|----------------|--|----------------------|--|-------------------|
| Skin | | Lungs | | Shoulders, Arms, |
| Head | | Heart | | Hands |
| Eyes | | Abdomen | | Hips, Legs, Feet |
| Ears | | Back | | Muscles—Strength, |
| Nose | | Urination, | | Feeling |
| Mouth/Throat | | Bowel Control | | Mental, Emotional |
| Nutrition, | | Genital (including | | Fatigue |
| Weight Control | | menstrual for women) | | Other: What? |
| Neck | | | | |

I certify that the above information is correct to the best of my knowledge.

Student Signature

Parent/Guardian Signature

Both Student And Parent/Guardian Signatures Are Mandatory

Physical Examination

Height _____ Weight _____ Blood Pressure _____
 Pulse: resting _____ 15 hogs _____ after 2 minutes _____
 Visual Acuity: Eyes (R) 20/ _____ (L) 20/ _____ w/ glasses _____

Other Testing _____ Normal _____ Abnormal Findings _____

1. General _____
2. Skin _____
3. HEENT _____
4. Teeth (Dental Exam) _____
5. Neck _____
6. Lungs _____
7. Heart (Sit and Stand) _____
8. Abdomen _____
9. Genitalia _____
10. Musculoskeletal _____

- Shoulder/Arm _____
- Elbow/Forearm _____
- Wrist/Hand _____
- Back _____
- hip/Thigh _____
- Knee _____
- Shin/Calf _____
- Ankle/Leg _____
- Foot _____

11. Peripheral Pulses _____
12. Neurologic _____
13. Mental Status _____
14. Marfan Screen _____

Other Tests (optional)
 _____ Auditory _____ U/V _____ EKG _____
 _____ % Body Fat _____ Drug Screen _____ Chest X-Ray _____
 _____ Hgb/Hct _____ SMAc _____ Tanner Stage _____

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.
 Yes _____ No _____ Limited _____

Additional Comments: _____

Examination Date _____ Physicians Signature _____
 _____ Physician's Assistant Signature* _____
 _____ Advanced Nurse Practitioner Signature* _____

* effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

Student's Name _____ School Name _____

Consent Form to self administer asthma medication
 (not needed if current form is already on file with school)

Parent Consent

I, _____ do hereby give my son/daughter, _____ permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Parent Signature _____ Date _____

Physician Consent

As a patient under my care, _____ is prescribed to self-administer the following asthma medication.

Medication _____

Purpose _____

Dosage _____

Time/Special Circumstances _____

Physician Signature _____ Date _____

IHSA Steroid Testing Policy Consent to Random Testing

In January 2008, the Illinois High School Association's Board of Directors approved a plan developed by the IHSA's Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing dietary supplements of teams and individuals qualifying for state finals competition.

Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the association's banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA By-law 2.170 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if the student or the student's team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student's parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at http://www.ihsa.org/initiatives/sportsmedicine/files/IHSA_banned_list-2007-08.pdf.

Signature of student-athlete _____ Date _____

Signature of parent-guardian _____ Date _____



Illini West School District #307
600 Miller Street, Carthage, IL 62321

Phone: (217) 357-2136

Fax: (217) 357-3569

Joey Dion, Athletic Director

Students

Exhibit – Authorization for Medical Treatment

To be submitted to the Superintendent. (please print)

Student

Sport/Activity

Parent/Guardian

Home Phone

Home Address

Cell Phone

Physician

Physician Phone

Medical Information: *(list allergies, medications, conditions and any known restrictions)*

Date of last Tetanus Shot:

Date of Birth:

INSURANCE INFORMATION

Does your son/daughter have medical insurance?

If yes, list the name of the insurance company:

Insurance Policy Number:

RELEASE FOR TREATMENT

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

Parent Name (print)

Signature of Parent/Guardian

Date

**ILLINI WEST HIGH SCHOOL
INSURANCE WAIVER**

**DECLINATION BY PARENT OR GUARDIAN OF OPPORTUNITY
TO PURCHASE INSURANCE UNDER THE SCHOOL PROGRAM
FOR PROTECTION IN ATHLETIC CONTESTS**

_____, a student in the Illini West High School District #307, Hancock, Henderson and McDonough Counties, Illinois, and the undersigned, constituting the parents or legally appointed guardian, do hereby certify that said student IS PROTECTED BY AN INSURANCE CONTRACT against loss or damage by injury in any athletic contests or practices conducted by said school district, its agents or employees to the extent equal to or superior to the plan of insurance offered by said district. The undersigned, as student, and his/her parents or legally appointed guardian, do hereby waive any and all right, claims, or demands that he/she now have or which may arise in the future for and on behalf of said child against said school district, its agents or employees growing out of or by reason of said school district, its agents or employees permitting participation by said student in any athletic contests or practices sponsored or directed by said school district, its' agents or employees without the protection of the plan of insurance made available by said district to said student.

In consideration of said school district, its' agents or employees permitting the above named pupil to participate in an athletic contest, practices, or contests sponsored or conducted by said school district, its agents or employees, the undersigned do hereby agree to save said school district and its agents or employees harmless from any loss or damage to the above named student or the undersigned as its parent or legally appointed guardian by reason of the failure to have in force for the protection of said child the plan of insurance for protection against loss or damage of a child in athletic contests or practices offered by said school district.

Dated: _____.

Parent or Guardian Signature



**Illini West High School
Athletic Code Agreement**

1. It is realized that participation in athletics, contact or non-contact, involves a certain amount of risk for injury. Knowing this I give my son / daughter _____ permission to compete in _____.
(Student Name) (Name of Sport)

2. I understand that my son / daughter is responsible for all equipment issued. If any of the equipment issued is not returned immediately at the close of the season, we shall reimburse the Illini West School District for the cost of the equipment. In addition, no athletic awards will be distributed to an individual until all equipment is returned or paid for.

3. The Illini West Athletic Department does not advocate the use of performance enhancing supplements of any kind. Hard work, sufficient rest and proper nutrition provide an athlete with the safest and most appropriate avenue for success.

4. Whereas good sportsmanship is a major concern of the Illini West Athletic Department, a season commitment with athletes, students, parents / guardians, and coaches is being made for the purpose of promoting good conduct at all athletic events.

ALL CONCERNED AGREE:

- A. To live up to a high standard of good sportsmanship at all times.
- B. Treat opponents and their fans with respect.
- C. To respect the judgment of the contest officials.
- D. To refrain from profane and abusive language, and obnoxious behavior.
- E. To always set a good example for others to follow.
- F. To remember that an athletic event is only a game and that the participants are not professionals, but students attempting to do their best.

I acknowledge that I have read and understand the Athletic Code for participation in athletics at Illini West High School. I agree to comply with the terms of the Athletic Code and all rules set forth by the Illini West Athletic Department in letter and in spirit.

(Signature of Parent / Guardian)

(Date)

(Signature of Athlete)

(Date)



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 Protocol. I have read this form and understand that I may be asked to submit to testing for the presence 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 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 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

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/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date