



ORANGEVILLE CUSD #203

APPENDIX A (continued)



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 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.

PARENT or LEGAL GUARDIAN

Parent Name (print): _____

Parent Signature: _____ Date: _____

STUDENT

Student Name (print): _____ Grade (6-12) _____

Student Signature: _____ Date: _____

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>.

Each year IHSA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.



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APPENDIX B

PARENT / STUDENT ATHLETIC CONSENT FORM

Valid for the Following Dates: June 1, 2016 through July 31, 2017

ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT

(TO BE COMPLETED AND SIGNED BY PARENT / GUARDIAN)

I give permission for _____ (*Name of Child/Ward*) **CIRCLE THE SPORT(S) YOUR CHILD/WARD PLAN ON PARTICIPATING:** Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Softball, Strength & Conditioning (including weight training), Hockey, Track, Volleyball, Wrestling, Other (Identify Sports): _____

I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk vary significantly from one sport to another with contact sports carrying the higher risk. I understand the risk inherent in sports. He/she has athletic participation insurance coverage through the school (YES ___ NO ___); he/she is insured by our family policy with:

PERSONAL / FAMILY INSURANCE INFORMATION

Name of Company: _____

Policy Number: _____

Name of Policy Holder: _____

I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team. Additionally, I give my consent and approval for the above named student's picture and name to be printed in any high school or association athletic program.

EMERGENCY PERMISSION FORM

STUDENT'S NAME: _____ **GRADE:** _____ **AGE:** _____

SCHOOL: _____ **CITY:** _____

Please list any health problems that your child has that might be significant to a physician evaluation or that someone providing supervision to the child should be aware of:

Please list any allergies to medications, etc.: _____

Has student been prescribed an inhaler or EpiPen? _____

Is student presently taking medication? _____ If so what type? _____

Is student allergic to bee stings? _____

Does student wear contact lenses? _____ Please list date of last Tetanus shot: _____



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APPENDIX B (continued)

PARENT / STUDENT ATHLETIC CONSENT FORM (continued)

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission to physicians selected by the coaches, staff, or volunteers of the Orangeville School District to hospitalize, secure proper treatment for, and to order injection/anesthesia, and/or surgery for the person named above.

Daytime Phone Number: (where to reach you in an emergency) () -

Evening Phone Number: (where to reach you in emergency) () -

Relationship to Student: _____

Emergency permission form may be reproduced to travel with respective teams and is acceptable for emergency treatment if needed. I certify all the above information is correct.

PARENT or LEGAL GUARDIAN

Parent Name (print): _____

Parent Signature: _____ Date: _____

STUDENT

Student Name (print): _____ Grade (7-12) _____

Student Signature: _____ Date: _____

PARENT & STUDENT ACKNOWLEDGMENT OF THE ATHLETIC HANDBOOK

I hereby acknowledge that I have received and read the Orangeville School District Athletic Handbook and understand the rules and regulations within. I agree to abide by all the rules and regulations set down by my individual coach and the athletic director.

I agree to assume full responsibility for all equipment issued to me, and to confine the use of that equipment to practice, games, or meets.

I will further agree to pay for any and all equipment, which I may lose, misplace, or damage through carelessness or intent.

Parent Name (print): _____

Parent Signature: _____ Date: _____

Student Name (print): _____

Student Signature: _____ Date: _____



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APPENDIX B (continued)

ATHLETIC WAIVERS AND AGREEMENTS

Parent / Guardian: The following items are statements that require your reading and signature. Please check either yes or no for each statement.

Yes	No	
_____	_____	1. Athletic Handbook: The handbook will be distributed during the first days of practice and/or the first day of school. I/We acknowledge that I/we have received this handbook.
_____	_____	2. I/We intend to review the contents of the Athletic Handbook . It is my/our responsibility to read and review this document with my child.
_____	_____	3. Photo Release: The district from time to time allows coverage of activities and events. I/We give permission for our child's picture/video and name to be used in informational news coverage and educational purposes, including the District web site.
_____	_____	4. Student Awards/Honor Information: The district from time to time announces listings of students receiving awards and honors. I/We give permission for our child's name to be released for the purpose of identifying students who excel.
_____	_____	5. Directory Information: (name, address, phone number). I give permission to release this information for school related purposes
_____	_____	6. Insurance: All children participating in interscholastic sports or activities must be covered under a health and accident policy. As a parent/guardian of _____, I do hereby certify that my child is currently covered under a Health and accident policy as mentioned above.
_____	_____	7. Emergency Medical Treatment: The principal or official representative of my child's school is authorized to secure medical care, automobile or ambulance transport to the closest Hospital or the nearest hospital facility when I/we cannot be immediately reached at the time of emergency. I/We will be responsible for the emergency medical charges upon receipt of statement

Your signature gives permission for all of the statements above which were not preceded by "No"

Parent Name (print): _____

Parent Signature: _____ Date: _____

Student Name (print): _____

Student Signature: _____ Date: _____



ORANGEVILLE CUSD #203

APPENDIX D



POST-CONCUSSION CONSENT FORM (RTP/RTL)



Today's Date: _____

Student Name (print): _____ Year in School 6 7 8 9 10 11 12

By signing below, I acknowledge the following:

1. I have been informed concerning and consent to my student's participating in returning to play in accordance with the return-to-play and return-to-learn protocols established by Illinois State law;
2. I understand the risks associated with my student returning to play and returning to learn and will comply with any ongoing requirements in the return-to-play and return-to-learn protocols established by Illinois State law;
3. And I consent to the disclosure to appropriate persons, consistent with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), of the treating physician's or athletic trainer's written statement, and, if any, the return-to-play and return-to-learn recommendations of the treating physician or the athletic trainer, as the case may be.

Parent Name (print): _____

Parent Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Written statement is included with this consent from treating physician or athletic trainer working under the supervision of a physician that indicates, in the individual's professional judgement; it is safe for the student to return-to-play and return-to-learn.

