

SOUTHWESTERN

COMMUNITY UNIT SCHOOL DISTRICT NO. 9

Administrative Offices – 305 North Maple Street, Brighton, Illinois 62012

“Southwestern Students Succeed”

KYLE HACKE
Superintendent

Phone (618) 372-3813
Fax (618) 372-4681

PARENTAL AUTHORIZATION FOR STUDENT TRANSPORTATION FOR in FOOTBALL, BASEBALL, BASKETBALL, TRACK, VOLLEYBALL, CHEERLEADING, BOWLING, CROSS COUNTRY, GOLF, TRAP SHOOTING, WEEK NIGHT, WEEK NIGHT AND SATURDAY EXTRA-CURRICULAR ACTIVITIES

I/We, _____, the parent(s) of _____, a student in his/her _____ year at Southwestern High School/Middle School during the 2020-2021 school year, consent to my/our child's participation in FOOTBALL, BASEBALL, BASKETBALL, TRACK, VOLLEYBALL, CHEERLEADING, BOWLING, CROSS COUNTRY, GOLF, TRAP SHOOTING, WEEK NIGHT (ride home with parent or approved parent vs. opposed to team bus) AND SATURDAY EXTRA-CURRICULAR ACTIVITIES offered by Southwestern High School/Middle School (“the activity”), during the 2020-2021 school year. I understand that Southwestern Community Unit School District No. 9 offers the activity to students attending Southwestern High School/Middle School, but may not provide for transportation of students to and from practices, games, meets, competitions or other events related to the activity which are not held on the Southwestern High School/Middle School campus.

I/We further understand that I/we may be solely responsible for providing transportation of my/our child to and from practices, games, meets, competitions or other events related to the activity in a suitable vehicle or vehicles. In the event I/we are not able to provide transportation, I/we designate the following adult(s) to drive my/our child to such competitions:

Name

Address

Name

Address

Name

Address

I/We understand and agree that Southwestern Community Unit School District No. 9 is in no way responsible for any accidents, injuries, damages or other liabilities, whether to person or property otherwise, that arise out of, are related to, or are in any way connected to travel to and from the activities described above. I/we further understand and agree to assume all responsibility for my/our child's travel hereunder and agree to release and hold harmless Southwestern Community Unit School District No. 9 from any and all incidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of, are related to or are in any way connected to such transportation, and agree to indemnify the School District for the same in the event the District incurs damages for the same.

Dated this _____ day of _____, 20 ____.

Parent Signature

Parent Signature

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I/we further understand that any person who provides transportation to any student who is not his or her own child must provide the School District with a certificate of insurance evidencing coverage for bodily injury, medical, property damage and uninsured motorist coverage in amounts of at least \$100,000 per person and \$300,000 per occurrence. If I/we transport any student other than my/our child, I/we will provide the School District with such a certificate of insurance.

I/we understand and agree that Southwestern Community Unit School District No. 9 is in no way responsible for any accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of, are related to, or are in any way connected to travel to and from the activities described above. I/we further understand and agree to assume all responsibility for my/our child's travel hereunder and agree to release and hold harmless Southwestern Community Unit School District No. 9 from any and all accidents, injuries, damages or other liabilities, whether to person or property or otherwise, that arise out of, are related to or are in any way connected to such transportation, and agree to indemnify the School District for the same in the event the District incurs damages for the same.

Dated this _____ day of _____, 20 ____.

Parent Signature

Parent Signature

*Parents who plan to take their son, daughter or approved student home with them must locate the coach after each extra-curricular activity to sign the student(s) out.

Medical Treatment Consent Form/Emergency Contact

ABOUT THIS FORM: When a doctor determines that a true emergency exists, a child may be treated without parental consent. However, in a situation where a delay would not risk the child's health, the treating Emergency Center must make every effort to contact a parent or guardian.

Please complete this form and leave it with a caregiver, 18 years or older, you have named to act on your behalf. If your child needs emergency care in your absence, that caregiver may present this form to the treating Emergency Center staff.

I (name) _____ of (city) _____, county of _____, state of _____, do hereby state that I am the _____ natural parent or _____ legal guardian having legal custody of (child's name) _____, a minor, age _____ born (date) _____, who resides with me at (address) _____.

I authorize (name) _____ or _____, an employee of the Southwestern School District in the city of Brighton, county of Macoupin, State of Illinois to consent to any X-ray, examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed in the State of Illinois, when such medical or surgical treatment is necessary.

Signed: _____ Date: _____

Child's physician, contact number: _____

Parents' physician, contact number: _____

Hospital Preference: _____

Child's allergies, if any: _____

Medical Conditions: _____

Medication child is taking: _____

Date of child's last tetanus shot: _____

Insurance Name & Policy Number: _____

Parent/Guardian: _____ Cell/Work # _____

Parent/Guardian: _____ Cell/Work # _____

Home Phone Number: _____

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____



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:

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



IHSA Sports Medicine Acknowledgement & Consent Form

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/>



IHSA Sports Medicine Acknowledgement & Consent Form

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>.



Post-concussion Consent Form
(RTP/RTL)



Date _____

Student's Name _____ Year in School 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), the written statement of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA) and, if any, the return-to-play and return-to-learn recommendations of the treating physician, athletic trainer, advanced practice nurse (APN), or physician assistant (PA), as the case may be.

Student's Signature _____

Parent/Guardian's Name _____

Parent/Guardian/s Signature _____

For School Use only

Written statement is included with this consent from treating physician, advanced practice nurse (APN), physician assistant (PA) 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.

Cleared for RTL

Cleared for RTP

Date _____

Date _____