COMMUNITY UNIT SCHOOL DISTRICT No. 9
Administrative Offices – 305 North Maple Street, Brighton, Illinois 62012
"Southwestern Students Succeed"

DR. KEVIN BOWMAN Superintendent

Parent Signature

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, SOCCER, 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/N	Middle School during the 2023-2024 school year, con	sent to my/our child's participation in
FOOTBALL, BASEBALL, BASKE	ETBALL, TRACK, VOLLEYBALL,CHEERLEADI	NG, BOWLING, CROSS COUNTRY, GOLF,
SOCCER, TRAP SHOOTING, WEB	EK NIGHT (ride home with parent or approved paren	nt vs. opposed to team bus) AND SATURDAY
EXTRA-CURRICULAR ACTIVIT	IES offered by Southwestern High School/Middle Sc	chool ("the activity"), during the 2023-2024
school year. I understand that South	nwestern Community Unit School District No. 9 offer	rs the activity to students attending Southwestern
High School/Middle School, but ma	y not provide for transportation of students to and fro	om practices, games, meets, competitions or other
events related to the activity which a	are not held on the Southwestern High School/Middle	e School campus.
I/We further understand that	at I/we may be solely responsible for providing transp	portation 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	te the following adult(s) to drive my/our child to such	h competitions:
Name	Address	
Name	Address	
Name	Address	
Name	Address	
	ree that Southwestern Community Unit School D	• •
accidents, injuries, damages or o	ther liabilities, whether to person or property oth	nerwise, that arise out of, are related to, or are
in any way connected to travel to	and from the activities described above. I/we f	further understand and agree to assume all
responsibility for my/our child's	travel hereunder and agree to release and hold h	armless Southwestern Community Unit
School District No. 9 from any a	nd all incidents, injuries, damages or other liabil	lities, whether to person or property or
otherwise, that arise out of, are re	elated to or are in any way connected to such tra	nsportation, and agree to indemnify the
	ne event the District incurs damages for the same	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	io o como uno o nome o manages con uno cumo	•
Dated this day of	20	
Dated this day of _	, 20	

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 lease \$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 extracurricular activity to sign the student(s) out.

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SOUTHWESTERN HIGH SCHOOL PIASA, ILLINOIS 62079

STATEMENT OF INSURANCE AND WAIVER

	(Parents or Guardians)
of	, a student at Southwestern High School, who is a candidate
for the sponsored Southwestern athletic teams o	f said school, hereby state that there is in effect medical and
hospital insurance covering said student provide	ed by
(Name of Insurance C	Company)
The undersigned, therefore, do not want the cov	rerage provided by a group accidental policy which can be acquired
through said school at a small cost to the parent	or student. The undersigned understand that said candidate for the
Southwestern athletic teams may be injured and	hereby waives any claim against said School District, its agents, or
loss by reason of an accidental injury incurred b	y said candidate in connection with his/her participation in
Southwestern athletics.	
Dated this day of	, 20
	(Parent or Guardian)
	(Parent or Guardian)

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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.

I(name)	of (city)	, County of	, State of
do hereby state that I am the	natural parent orlegal gua	ardian having legal custody of (child's	
name)	, a minor, ag	geborn (date), who	resides with me at
(address)			I authorize
(name)	or_	f Macoupin, State of Illinois to consent to	, an employee of the
anesthetic medical or surgic	al diagnosis or treatment, and ho	spital care, to be rendered to the minor ur	o any A-ray, examination,
		ensed in the State of Illinois, when such n	
necessary.		,	Ü
G' 1		D .	
Signed:		Date:	
Child's Physician, contact nu	mber:		
Parent's Physician, contact n	umber:		
Hospital Preference:			
Child's allergies, if any:			
Medical Conditions:			
Medication's child is taking:			
Date of Child's last tetanus sl	hot:		
Insurance Name and Policy N	Number:		
Parent/Guardian:		Cell/Work #:	
Parent/Guardian:		Cell/Work #:	
Home Phone Number:			
Emergency Contact:			
Name:		Phone Number:	
Name:		Phone Number:	



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:

- 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

- 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. 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 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



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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.