

Cathedral High School Athletics
Required Forms
2017-2018

Instructions for: (1) IHSAA Physical and Consent Form

submit before participating in ANY sports related activity (conditioning, weights, open fields)

(2) Cathedral Consent and Release Form

submit before participating in ANY sports related activity (conditioning, weights, open fields)

General Information:

- (1) There are a total of five (5) pages that must be submitted to the Cathedral Athletic Office before your student is cleared to participate. The first four pages make up the IHSAA Physical and Consent form. The last page is the Cathedral Consent and Release Form.
- (2) Signatures are required everywhere on the form that there is an (X).
- (3) After completing the forms they may be ONLY submitted in the following ways:
 - (a) Directly to the Cathedral Athletic Office
 - (b) Mailed to: Cathedral High School
Athletic Office
5225 E 56th St.
Indianapolis, IN 46226
 - (c) Scan and email to Cathedral Athletic Trainer at: mhunker@gocathedral.com
 - (d) Faxed to Cathedral Athletic Department: 317-543-5054
- (4) **We recommend that you keep a copy of all forms for your records.**

Specific Information and Instructions:

- (1) IHSAA Physical and Consent Form (first 4 pages):

Medical History (page 1): To be completed by parent and signed by BOTH parent/guardian AND student.

Physical Examination (page 2): Must be completed and signed **AFTER April 1st, 2017** by a physician with an unlimited license to practice, nurse practitioner or physician assistant.

Consent and Release Certificate (page 4): Requires signatures of BOTH parent/guardian AND student.
- (2) Cathedral Consent and Release Form: Requires signature of parent/guardian AND student. This form includes the Sudden Cardiac Arrest and Concussion Acknowledgement required by Indiana law. Please read the "Cathedral Concussion Information Sheet" and the "Cathedral Sudden Cardiac Arrest Information Sheet" before signing. Both documents can be found in this packet and on the Cathedral Athletics Website at www.gocathedralathletics.com

The nine required pages follow this page.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to examination. The examiner should keep a copy of this form in the chart.)

Date of Exam _____
 Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



(The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.

^bConsider GU exam if in private setting. Having third party present is recommended.

^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____
- Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians). (The physical examination must be performed on or after April 1 by a physician holding an unlimited license to practice medicine, a nurse practitioner or a physician assistant to be valid for the following school year.) – IHSAA By-Law 3-10

Name of physician (print/type) (MD, DO, NP, or PA) _____ Date _____

Address _____ Phone _____

Signature of physician (MD, DO, NP, or PA) _____ License # _____



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf – See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete – See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

PREPARTICIPATION PHYSICAL EVALUATION CONSENT & RELEASE CERTIFICATE



I. STUDENT ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. I have read the IHSAA Eligibility Rules (*next page or on back*) and know of no reason why I am not eligible to represent my school in athletic competition.
- B. If accepted as a representative, I agree to follow the rules and abide by the decisions of my school and the IHSAA.
- C. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved, and agree to release and hold harmless my school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agree to take no legal action against my school, the schools involved or the IHSAA because of any accident or mishap involving my athletic participation.
- D. I consent to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me, including but not limited to any claims or disputes involving injury, eligibility or rule violation.
- E. I give the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use my picture or image and any sound recording of me, in all forms and media and in all manners, for any lawful purposes.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION. (to be signed by student)

Date: _____ Student Signature: (X) _____

Printed: _____

II. PARENT/GUARDIAN/EMANCIPATED STUDENT CONSENT, ACKNOWLEDGMENT AND RELEASE CERTIFICATE

- A. Undersigned, a parent of a student, a guardian of a student or an emancipated student, hereby gives consent for the student to participate in the following interschool sports **not marked out:**
Boys Sports: Baseball, Basketball, Cross Country, Football, Golf, Soccer, Swimming, Tennis, Track, Wrestling.
Girls Sports: Basketball, Cross Country, Golf, Gymnastics, Soccer, Softball, Swimming, Tennis, Track, Volleyball.
- B. Undersigned understands that participation may necessitate an early dismissal from classes.
- C. Undersigned consents to the disclosure, by the student's school, to the IHSAA of all requested, detailed financial (athletic or otherwise), scholastic and attendance records of such school concerning the student.
- D. Undersigned knows of and acknowledges that the student knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and chooses to accept any and all responsibility for the student's safety and welfare while participating in athletics. With full understanding of the risks involved, undersigned releases and holds harmless the student's school, the schools involved and the IHSAA of and from any and all responsibility and liability, including any from their own negligence, for any injury or claim resulting from such athletic participation and agrees to take no legal action against the IHSAA or the schools involved because of any accident or mishap involving the student's athletic participation.
- E. Undersigned consents to the exclusive jurisdiction and venue of courts in Marion County, Indiana for all claims and disputes between and among the IHSAA and me or the student, including but not limited to any claims or disputes involving injury, eligibility, or rule violation.
- F. Undersigned gives the IHSAA and its assigns, licensees and legal representatives the irrevocable right to use any picture or image or sound recording of the student in all forms and media and in all manners, for any lawful purposes.
- G. Please check the **appropriate space:**
 - The student has school student accident insurance. The student has football insurance through school.
 - The student has adequate family insurance coverage. The student does not have insurance.

Company: _____ Policy Number: _____

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE PROVISION.

(to be completed and signed by all parents/guardians, emancipated students; where divorce or separation, parent with legal custody must sign)

Date: _____ Parent/Guardian/Emancipated Student Signature: (X) _____

Printed: _____

Date: _____ Parent/Guardian Signature: (X) _____

Printed: _____

CONSENT & RELEASE CERTIFICATE

Indiana High School Athletic Association, Inc.
9150 North Meridian St., P.O. Box 40650
Indianapolis, IN 46240-0650

File In Office of the Principal
Separate Form Required for Each School Year



Cathedral High School Concussion Information Sheet **Concussion Information for Parents and Student Athletes**

The Indiana General Assembly and Indiana Department of Education (IC 20-34-7) have enacted laws and guidelines which require all schools to provide information on concussions to student athletes and their parents. This is in response to increased evidence that concussions, if not treated properly, can result in a prolonged recovery or possibly premature mental difficulties. The following information is provided so that you can:

- 1) Recognize the significance of concussions
- 2) Know the common signs and symptoms
- 3) Understand the proper treatment
- 4) Understand return to play criteria.

What is a concussion?

A concussion, or mild traumatic brain injury, is a disturbance in brain function caused by direct or indirect forces to the head. These forces disrupt normal brain metabolism and function. Signs and symptoms may occur immediately, or can develop hours or days later. A working diagnosis of concussion is any head injury associated with one or more of the symptoms outlined below.

What are the signs and symptoms?

Signs: Things observed by others

- Dazed or stunned appearance
- Vacant stare
- Confusion
- Forgets sports plays
- Memory loss
- Unsure of surroundings
- Answers questions more slowly
- Shows behavior or personality changes
- Balance problems
- Loss of consciousness (infrequent)
- Amnesia (unable to recall events surrounding the injury)

Symptoms: Experienced by athletes

- Headaches
- Dizziness
- Difficulty concentrating and/or focusing
- Nausea and/or vomiting
- Visual Problems
- Balance Problems
- Sensitivity to light/sound
- Memory loss
- Sleep disturbances
- Feeling slowed down
- Drowsiness
- Irritability
- Sadness
- More emotional than usual

If a student athlete experiences any signs or symptoms of a concussion or head injury, it is the responsibility of that student athlete to immediately inform the athletic trainer and his/her coach.

How is the concussion managed?

The goal of concussion management is to allow the brain to heal. This requires the following steps:

Physical Restrictions – Recovery requires limiting physical activity, especially practice, conditioning, drills, games and physical education classes.

Mental Restrictions – In athletes with significant symptoms, mental activities should also be limited to allow the brain to heal. School attendance, homework, quizzes/tests and projects may need to be modified. Texting, surfing the internet, playing video games and watching television may need to be curtailed until symptoms subside.

Neurocognitive Testing – The ImPACT test is a computerized test that documents an athlete's cognitive and speed skills. The test has been validated as an accurate measure of brain function and helps one to diagnose a concussion and know when the brain has healed following a concussion. All athletes must have a baseline test prior to participating in practice. Should an athlete sustain a concussion, a post-injury test can be performed and compared to an individualized baseline. The post injury test must be performed in the office of a physician trained in sports concussion management.

Consequences

Post -Concussion Syndrome – The majority of concussed athletes recover fully. However, some athletes that experience ongoing symptoms that last for weeks or months after the injury. These symptoms include: persistent headache, dizziness, trouble concentrating, or depression.

Second Impact Syndrome – This complication is unique to high school aged athletes, and may occur when an athlete is allowed to return to play before the brain has been completely healed. A repeat head injury, even minor in nature, may cause brain death.

What are the criteria for return to play?

Before the concussed athlete can return to play, the most current standard of care includes the following:

- The athlete must be formally evaluated by a physician trained in sports concussion management
- The athlete must be symptom-free at rest, including going through normal school days without symptoms
- Normal neurological examination administered in the office of a physician trained in sports concussion management
- Post-injury neurocognitive test (ImPACT) results have returned to baseline levels
- The athlete must be symptom-free with a supervised gradual exertional return to play protocol. The progression will be directly supervised by a Cathedral High School Certified Athletic Trainer.
- Must receive **written** clearance from a physician trained in sports concussion management which includes the use of neurocognitive testing. For further information, a list of specially trained physicians can be found by going to www.indianasportsconcussionnetwork.com or www.acaindiana.com

The Cathedral High school administration, coaches and medical staff are striving to keep your student athlete's health and safety at the forefront of the student athletic experience.

Dave Worland
Principal

Mike Hunker
Athletic Trainer

Doug Seagrave
Athletic Director

Cathedral High School Sudden Cardiac Arrest Information Sheet
Sudden Cardiac Arrest Information for Parents and Student Athletes

The Indiana General Assembly and Indiana Department of Education (IC 20-34-8) have enacted laws and guidelines which require all schools to provide information on sudden cardiac death to student athletes and their parents. The following information is provided so that you can:

- 1) Recognize the significance of sudden cardiac arrest
- 2) Know the common signs and symptoms
- 3) Understand how this can be prevented
- 4) Know what to do if the student exhibits signs and symptoms

Facts

Sudden cardiac arrest is a rare, but tragic event that claims the lives of approximately 500 athletes each year in the United States. Sudden cardiac death can affect all levels, in all sports, and in all ages levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused inflammation of the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

Warning Signs

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

Emergency Signs - Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- If an athlete collapses suddenly during competition
- If a blow to the chest from a ball, or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest.
- If an athlete does not look or feel right and you are just not sure

How can sudden cardiac arrest be prevented?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age.)

- Telling your healthcare provider during your pre-participation physical about any symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed by your healthcare provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should you do if signs of cardiac arrest develop?

- Tell your parent or guardian, your coach and your athletic trainer
- Stop exercising until seen by health care provider

Cathedral High School Athletics
Consent and Release Form
2017-2018

To be read and signed by the parent or legal guardian, and student athlete

- A. I/we authorize responsible school personnel to oversee or provide emergency medical care to participant in the event of serious injury. I/we further consent to certain health information being disclosed to school personnel, including but not limited to, coaches, school administrators, and/or staff, as necessary.
- B. Concussion and Sudden Cardiac Arrest Information Acknowledgement (IC 20-34-7 and IC 20-34-8)

Parents and Students - Please read the documents titled "Cathedral Concussion Information Sheet" and "Cathedral Sudden Cardiac Arrest Sheet". Both can be found on the Cathedral High School athletic website at www.gocathedralathletics.com. After reading these fact sheets, please acknowledge such by reading the following and Signing below.

Student: As a student athlete, I have read both fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussions and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

Parent: I, as parent or legal guardian, have read the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

- C. I/We understand the school has supplemental insurance to help cover the costs of an athletic injury. The cost for this insurance is included in student fees and is collected by the Business Office at the beginning of the school year. The insurance may cover costs not covered by the primary insurance. (Forms should be obtained through the Business Office.) Parents must initiate the process.
- D. I/We authorize and consent to the release by law enforcement and/or juvenile court authorities to school officials of records or other information, which pertain to the undersigned student, regarding an act that would be in violation of any of the rules and regulations of Cathedral High School and recognize that such records and information may be considered by school officials in determining a student's eligibility to participate in the athletic program.

Parent/Legal Guardian Signature: (X) _____

Parent/Legal Guardian Printed Name: (X) _____

Student Signature: (X) _____

Student Printed Name:(X) _____

Date: _____