



# NAPERVILLE NORTH HIGH SCHOOL ATHLETIC INFORMATION/RELEASE FORM

<b>SPORT</b>		<b>SCHOOL YEAR (circle one)</b>			
		FR	SO	JR	SR
<b>PLAYER NAME</b>		<b>SCHOOL ID # (required)</b>			
<b>STREET ADDRESS</b>					
<b>CITY</b>		<b>ZIP</b>		<b>HOME PHONE</b>	

<b>MOTHER'S NAME</b>		<b>FATHER'S NAME</b>	
<b>MOTHER'S ADDRESS (only if different then player)</b>		<b>FATHER'S ADDRESS (only if different then player)</b>	
<b>DO BOTH PARENTS LIVE IN DISTRICT 203?</b>		<b>SCHOOL ATTENDED LAST YEAR</b>	
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>			
<b>PLEASE LIST ANY MEDICAL CONDITIONS OR CONCERNS WE SHOULD BE AWARE OF:</b>			
<b>EMERGENCY CONTACT NAME</b>		<b>EMERGENCY PHONE NUMBER</b>	

**\*\*\*\*\*A PENALTY CHARGE OF \$25.00 WILL BE ASSESSED FOR ALL RETURNED CHECKS\*\*\*\*\***

<b>INSURANCE INFORMATION</b>	<b>FATHER'S E-MAIL ADDRESS</b>
<p>Naperville Community Unit School District 203 maintains student school time insurance that includes any school sponsored and/or supervised activity, including athletics (including football &amp; lacrosse). If students have other insurance coverage, District insurance is secondary. The program administrators are Gerber Life. Claim forms are available in each school building.</p>	
	<b>MOTHER'S E-MAIL ADDRESS</b>
	<p>School District #203 does not assume financial responsibility for accidents incurred in athletics. Parents/guardians must give consent for their son/daughter's participation in the athletic program.</p>
<b>I HEREBY GIVE MY SON/DAUGHTER MY CONSENT TO PARTICIPATE IN:</b>	
<b>SPORT</b>	<b>PARENT/GUARDIAN SIGNATURE</b>

<b>EMERGENCY MEDICAL INFORMATION</b>	
<p><i>If I can not be reached, and if in the judgment of school authorities immediate medical attention is indicated, authorize responsible school personnel to send my son/daughter to an available doctor or hospital.</i></p>	
<b>DOCTOR PREFERENCE</b>	<b>HOSPITAL</b>
<p><b><i>It is my understanding that a current physical MUST be on file with the Athletic Office.</i></b></p> <p><b><i>By affixing my signature to this form, I do affirm that I have read and reviewed the <u>Revised Co-Curricular Participation Code</u> in its entirety and understand all the rules governing participation at Naperville North High School.</i></b></p> <p><b><i>By signing below, we also agree to random testing in accordance with the <u>IHSA's Steroid Testing Policy</u> and have read the <u>Concussion Information Sheet</u>.</i></b></p> <p><b><i>No student-athlete may participate in IHSA State series without this consent.</i></b></p>	
<b>PARENT/GUARDIAN SIGNATURE</b>	<b>DATE</b>
<b>STUDENT SIGNATURE</b>	<b>DATE</b>

**COMPLETE BOTH SIDES & RETURN TO ATHLETIC OFFICE  
WITH COPY OF CURRENT PHYSICAL!!!!!!!**

<b>FOR NNHS ATHLETIC DEPARTMENT USE</b>



## Personal Information Request Form (Cell #s)

Program/Class: \_\_\_\_\_ Naperville North Athletics \_\_\_\_\_

Name of District staff: \_\_\_\_\_ Coach of Student's Team \_\_\_\_\_

In order to more effectively communicate with our student-athletes the coaches would like permission to call/text your child regarding schedule changes, etc.

Please complete the information below and return prior to try-outs.

**INFORMATION:** (If you have questions about the use of this information, please contact the staff person directly.)

Student name: \_\_\_\_\_

Cell number: \_\_\_\_\_

**Approval to:** Yes No

Please copy us on texts sent to our student :

**Text**

My/our cell number(s): \_\_\_\_\_

**Call**

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



### 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"><li>• Headaches</li><li>• “Pressure in head”</li><li>• Nausea or vomiting</li><li>• Neck pain</li><li>• Balance problems or dizziness</li><li>• Blurred, double, or fuzzy vision</li><li>• Sensitivity to light or noise</li><li>• Feeling sluggish or slowed down</li><li>• Feeling foggy or groggy</li><li>• Drowsiness</li><li>• Change in sleep patterns</li></ul> | <ul style="list-style-type: none"><li>• Amnesia</li><li>• “Don’t feel right”</li><li>• Fatigue or low energy</li><li>• Sadness</li><li>• Nervousness or anxiety</li><li>• Irritability</li><li>• More emotional</li><li>• Confusion</li><li>• Concentration or memory problems (forgetting game plays)</li><li>• Repeating the same question/comment</li></ul> |
|--|--|

**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. 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.

#### PARENTS/GUARDIANS!!!!

For current and up-to-date information on concussions you can go to:

[www.cdc.gov/ConcussionInYouthSports/](http://www.cdc.gov/ConcussionInYouthSports/)



## **IHSA Performance-Enhancing Substance Testing Policy**

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program 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 program implementation in the IHSA Schools Center.

IHSA PES Testing Program

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>

## **IHSA Steroid Testing Policy Consent to Random Testing**

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our 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](http://www.IHSA.org). We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at <http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.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 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.

#### 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>.