

Peotone CUSD 207U Activity Code Receipt 2020-2021

I have viewed the Peotone CUSD 207U Activity Code Presentation. I am aware of the Peotone CUSD 207U Activity Code, and I understand the policies contained within the Activity Code.

I am also aware that the Concussion Awareness video is located on the Peotone High School Athletics Webpage, and it is my responsibility to view this video. I acknowledge that even with the best coaching and supervision, injuries are a possibility in any athletic endeavor or other activity. My child and I accept the risks of such participation.

Print Student-Athlete Name

Signature of Student-Athlete

Signature of Parent/Guardian

Date

(Please Write Legibly)

(Over)

Please sign the backside of this sheet also.



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>.