



### 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>
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**Signs observed by teammates, parents and coaches include:**

<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>
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## 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.

For current and up-to-date information on concussions you can go to:  
<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/2013-14/2013-14%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2013-14/2013-14%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/initiatives/sportsMedicine/files/IHSA\\_banned\\_substance\\_classes.pdf](http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_substance_classes.pdf)

## **Oak Lawn Community High School 2016-2017 Athletic Acknowledgement and Consent Form**

### **Acknowledgements, Consents, and Procedures**

#### **Academic Requirements**

To be eligible for athletics, a student must be enrolled in and passing **FIVE** classes during the current semester. The student must also have received credit for **FIVE** classes during the most recently completed high school semester. **(Board Policy 6:190)**

#### **Waiver and Release of All Claims**

As a participant or parent/guardian of a participant in the program, I understand and acknowledge that there are certain risks of physical injury and agree to assume the full risks of any injuries, including death, damages and loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.

I do hereby fully waive, release and discharge the school district, its board of education, board members, officers, agents, servants and employees from any and all claims or causes of action for injuries, including death, damage or loss which I may have or may accrue to me on account of participation in the program(s).

I further agree to indemnify and hold harmless and defend the school district, its board of education, board members, officers, agents, servants, and employees from and against any and all claims or causes of action resulting from injuries, including death, damage and losses sustained by me or any other participant resulting in whole or in part, directly or indirectly, by my intentional or negligent conduct or that of the participant.

#### **Student/Parent-Guardian Drug Free Acknowledgement**

The participating student athlete and parent/guardian hereby acknowledges that he/she has received and read a copy of the "Athletic Code of Conduct" and understands the prohibitions and consequences stated in that Code, promises not to use illegal drugs, tobacco, or alcohol at any time or any place during this school year, and agrees to submit to random testing for illegal drug and alcohol use, and also random drug testing by the IHSA during State Series Contests.

#### **Consent to Photograph/Videotape**

The participating student athlete and parent/guardian do hereby authorize District 229 to photograph or permit other person to videotape, film, photograph, or use photographs or negatives provided of the student athlete for the intent of promoting District 229 Athletics.

#### **Physical Education Exemptions for Juniors and Seniors**

By state law, it shall be the policy of District 229 that junior or senior students participating in interscholastic athletics may request an exemption for physical education. Please thoroughly review our exemption policies with your child before signing document.

#### **PARENT PERMISSION**

My child has my permission to practice and compete in the interscholastic sports listed above, and I also approve of my child abiding to all of the conditions of the Athletic Code of Conduct with the Acknowledgements, Consents, and Procedures, the District 229 Student Handbook, and the IHSA rules and regulations. In addition, we realize that such activity involves the potential for injury, which is inherent on all sports. We acknowledge that even with the best coaching, use of the most advance protective equipment and strict observance of rules, injuries are still a possibility. On rarer occasions, these injuries can be so severe as to result in total disability, paralysis or even death.

***Student must have all previous athletic participation fees paid in full prior to being eligible to tryout and/or participate in current season sport. Fee information is available on students' skyward account.***

By signing below, we certify that we have read, understand, and agree to abide by the District 229, OLCCHS Student Handbook and the Athletic Code of Conduct with attached Acknowledgements, Consents and Procedures.

## Acknowledgement and Consent Signature Page

### 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. By signing below you also acknowledge and give consent to all OLCCHS policies and procedures.

#### STUDENT

Student Name (Print): \_\_\_\_\_ Sport: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

#### PARENT or LEGAL GUARDIAN

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### Consent to Self Administer Asthma Medication

As a patient under my care, \_\_\_\_\_, is prescribed to self-administer the following asthma medication.

Medication \_\_\_\_\_

Purpose \_\_\_\_\_

Dosage \_\_\_\_\_

Time/Special Circumstances \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Physician**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

I, \_\_\_\_\_, do hereby give my son/daughter, \_\_\_\_\_,  
Permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

Each year IHSA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes. By signing this page you agree to both IHSA and OLCCHS policies.