

**Skokie School District 73½ Certificate of Physical Fitness for Participation in Athletics
School Year 2018-2019**

Students are given the opportunity to participate in the following sports: Soccer, Basketball, Cheerleading, and Volleyball. **This form must be filled out and turned in prior to any participation.**

Student Name:	Grade:
Date of Birth:	

Medical Permission (For DOCTOR to complete):

An annual physical is required for athletic participation. Physicals must be dated after June 1st in order to be valid for the entire school year to follow.

Student's Medical History: Heart Condition Yes No
 Allergies Yes No
 Diabetes Yes No
 Epilepsy Yes No
 Asthma Yes No
 Other: _____

Any injuries and/or surgical procedures during the past year? (include dates) _____

Has the student's physical activity been restricted during the past year? Yes No

(If yes, include reason and duration): _____

Is the student currently taking any medication? Yes No

If yes, please provide name of medication frequency, dosage, and reason for taking:

On the basis of the examination today, I find this student physically fit for athletic participation in interscholastic sports for 395 days from this date.

A.P.N. or Physician's Office Stamp (Required)

_____ Date _____

(Signature of Licensed Physician, Advanced Practice Nurse, Physician's Assistant)

Name _____ Address _____ Phone _____

You must also submit the Skokie School District 73 ½ Permission and Insurance Form for Athletics.

Skokie School District 73 ½ Permission and Insurance Form for Athletics 2018-2019

Students are provided the opportunity to participate in the following sports: Soccer, Basketball, Cheerleading, and Volleyball. This form must be completed and submitted to the school health office prior to any participation each school year.

Student Name _____ Grade _____ Date of Birth ____/____/____

Parent/Guardian Permission (For Parent to Complete)

My child has permission to practice and compete in athletics at McCracken School. I realize that such activity involves the potential for injury which is inherent in all sports. I acknowledge that even with the best coaching, use of protective equipment, and strict observance of rules, injuries are still a possibility.

In consideration of the School District permitting my child to participate in the above sport or activity, I agree to hold the Skokie School District 73½, its employees, agents, coaches, school board members, and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with the participation of my child in the above sport or activity. I assume all responsibility and certify that my child is in good physical health and is capable of participation in the above mentioned sport activity. No need exists to limit his/her participation. I will notify you of any changes in his/her physical condition. I am aware that participating in sports involves traveling with the team.

I acknowledge having read and received the attached Concussion Information Sheet on the reverse.

Parent/Guardian Signature: _____ Date: _____

Emergency Information

In the event reasonable attempts to contact me at the locations listed below are unsuccessful, I, as parent or legal guardian of the above student, do hereby authorize: (1) the treatment by a licensed medical physician of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and (2) the transfer of my child/ward to any hospital reasonably accessible.

This release form is completed and signed with the purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent/Guardian Name (please print):	
Address:	
Home Phone:	Business Phone:
Cell Phone:	Other Phone:
Additional Emergency Contact	
Name:	
Home Phone:	Business Phone:
Cell Phone:	Other Phone:
Physician:	Phone:
Dentist:	Phone:

Insurance Release

All participants in athletics **must** have insurance. If you do not have insurance, please call the school office and make arrangements to purchase the insurance provided through the school. Application forms to purchase school insurance are available in the school office.

I have read the information on the school's accident insurance program and do not wish to purchase this insurance. I believe that my present accident insurance provides adequate coverage. Please list your insurance carrier and policy number below:

 (Insurance Company) (Policy Number) (Parent/Guardian) (Date)

Parent/Guardian Signature: _____ Date: _____

You must also submit the Skokie School District 73 ½ Certificate of Physical Fitness for Participation in Athletics.

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
- * Amnesia
- * "Pressure in head"
- * Nausea or vomiting
- * Fatigue or low energy
- * Neck pain
- * Sadness
- * Balance problems or dizziness
- * Blurred, double, or fuzzy vision
- * Irritability
- * Sensitivity to light or noise
- * More emotional
- * Feeling sluggish or slowed down
- * Confusion
- * Feeling foggy or groggy
- * Concentration or memory problems
- * Drowsiness (forgetting game plays)
- * Change in sleep patterns
- * Repeating the same question/comment
- * Nervousness or anxiety
- * "Don't feel right"

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
- * Loses consciousness
- * 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

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/>