

-ATHLETIC PERMIT FORM-

*****A physical exam is required for tryouts and participation in all athletic or related activities.**

Name _____ Grade _____ has been examined
on _____
(date)

He/she can participate in extracurricular sports activities as noted:

Full Participation Limited Participation No Participation

M.D. Signature _____ Phone # _____

Comments: _____

**EMERGENCY INFORMATION
To be completed by Parent**

_____	_____	_____
Mother's name	Business #	Home/Cell #
_____	_____	_____
Father's name	Business #	Home/Cell #
_____	_____	_____
Physician	Address	Phone #
_____	_____	_____
Hospital	Address	Phone #

Statement

I give parental permission to the school to allow my child to participate in the extra-curricular athletic programs at Gurrie Middle School. In the event of an emergency situation, when neither my spouse nor I can be contacted, I authorize the school administration to take emergency action as may be deemed necessary. The school district has purchased a Student Accident insurance program that covers your child for injuries incurred while participating in school sponsored and supervised activities including sports. Finally, I give my permission for him/her to ride the school bus to and from school sports activities.

Signature of parent/guardian _____

Students

Student Athlete Concussions and Head Injuries

The Superintendent or designee shall develop and implement a program to manage concussions and head injuries suffered by student athletes. The program shall:

1. Comply with the concussion protocols, policies, and by-laws of the Illinois High School Association, including its *Protocol for NFHS Concussion Playing Rules* and its *Return to Play Policy*. These specifically require that:
 - a. A student athlete who exhibits signs, symptoms, or behaviors consistent with a concussion in a practice or game shall be removed from participation or competition at that time.
 - b. A student athlete who has been removed from an interscholastic contest for a possible concussion or head injury may not return to that contest unless cleared to do so by a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer.
 - c. If not cleared to return to that contest, a student athlete may not return to play or practice until the student athlete has provided his or her school with written clearance from a physician licensed to practice medicine in all its branches in Illinois or a certified athletic trainer working in conjunction with a physician licensed to practice medicine in all its branches in Illinois.
2. Inform student athletes and their parents/guardians about this policy in the *Agreement to Participate* or other written instrument that a student athlete and his or her parent/guardian must sign before the student is allowed to participate in a practice or interscholastic competition.
3. Provide coaches and student athletes and their parents/guardians with educational materials from the Illinois High School Association regarding the nature and risk of concussions and head injuries, including the risks inherent in continuing to play after a concussion or head injury.
4. Include a requirement for staff members to notify the parent/guardian of a student who exhibits symptoms consistent with that of a concussion.

LEGAL REF.: 105 ILCS 5/10-20.53.

CROSS REF.: 4:170 (Safety), 7:300 (Extracurricular Athletics)

ADOPTED: February 27, 2012

I have read and understand the all of the above student athlete concussions and head injury policies, protocols and by-laws.

Parent Signature: _____

Date: _____