

# ***STUDENT/PARENT PERMISSION FORM***

## **2024-2025**

- 1) I have received, read and understood the Parent-Athlete Handbook. ***As an athlete*** – I understand the training rules and will abide by them. I will follow the coach/sponsor’s instructions, playing techniques, training schedule as well as all safety rules. ***As a parent*** – I will enforce them with my student-athlete.
- 2) I give permission for my son/daughter to participate in the Athletic Program at Zion-Benton Twp. High School District 126.

**FALL**

- Cross Country
- Football
- Golf
- Boys’ Soccer
- Girls’ Swimming
- Girls’ Tennis
- Girls’ Volleyball
- Cheerleading (fall)
- Flag Football
- Majorettes (Fall/Winter)

**WINTER**

- Boys’ Basketball
- Girls’ Basketball
- Girls’ Bowling
- Boys’ Bowling
- Boys’ Swimming
- Boys’ Wrestling
- Girls’ Wrestling
- Cheerleading (winter)

**SPRING**

- Badminton
- Baseball
- Softball
- Girls’ Soccer
- Boys’ Tennis
- Boys’ Track & Field
- Girls’ Track & Field
- Boys’ Volleyball

- 3) I understand the Alcohol/Drug Testing Policy and agree to be subject to its terms and conditions.
- 4) I will participate in any required Parent/Student-Athlete meetings.
- 5) **Warning of Physical Risk:** I acknowledge that I am aware that participation in the above sport or activity may involve **MANY RISKS OF INJURY**. A serious injury may result in physical impairment or even death. I hereby assume all the risks associated with participation and agree to hold the District, 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 that may arise by or in connection with my participation in the above activity or sport. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent/Guardian of the Participating Student:**

- 6) I, \_\_\_\_\_, am the parent(s)/guardian(s) of the above named student. I have read the above Agreement to Participate and understand its terms. I understand that all sports can involve many **RISKS OF INJURY**. In consideration of the School District permitting my child/ward to participate in the above sport or activity, I agree to hold the District, 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 that may arise by or in connection with the participation of my child/ward 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.

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

\_\_\_\_\_  
Date



# ZION-BENTON TWP. HIGH SCHOOL DISTRICT 126

## Athlete Emergency Information

Athlete's Name \_\_\_\_\_ Year in School (circle one) 9 10 11 12

Sport(s) Participating In (list all) \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address w/City & Zip Code \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Emergency Name and # if Parents are not available:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Athlete wears contacts? \_\_\_\_\_ YES \_\_\_\_\_ NO Insurance Carrier \_\_\_\_\_

Medication(s) being taken and reason \_\_\_\_\_

Allergies (**Medication, Insect bites, Tape adhesives, etc.**) \_\_\_\_\_

Previous injuries & dates of same (**fractures, dislocations, concussions, etc.**) \_\_\_\_\_

Additional information pertinent to athlete's health (**asthma, diabetes, heart conditions, seizures, sickle cell, etc.**) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL TREATMENT

I give my consent and permission to any supervising coach of any sport in which my child is or may be participating in at Zion-Benton Twp. High School District 126, and the right, on my behalf and in my stead, to arrange for a licensed and certified physician and/or trainers to render and provide immediate treatment to my child as to injuries that may be sustained by my child while participating in such sport, whether directly or indirectly, and whether sustained during practice or in active interscholastic competition, where such injuries consist, of, but are not limited to sprains, strains, minor fractures, dislocations, lacerations, contusions, abrasions, and similar injuries, and all without necessity of any further or additional express authorization by me, other than for this authorization. My above permission and consent also extends to the right of any supervising coach or school personnel to arrange for immediate medical treatment by a licensed or certified physician and/or trainer, and for them to apply such emergency techniques as may be necessary to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve the life or limb of my child.

Name of child to whom the authorization extends \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



## IHSA Sports Medicine Acknowledgement & Consent Form 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.

| <b>Symptoms may include one or more of the following:</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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

**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:**

## IHSA Performance-Enhancing Substance Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Policy. A full copy of the policy 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 policy implementation in the IHSA Schools Center.

As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either by the my/our student's school or the IHSA. (Signature below Required)

IHSA PES Policy

<http://www.ihsa.org/documents/sportsMedicine/2017-18/2017-18 PES policy.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/current/IHSA Banned Drugs.pdf>

### ZBTHS District #126

#### Acknowledgement and Consent Form

By signing this form, we acknowledge we have been given information regarding concussions and the IHSA Performance-Enhancing Substance Policy. We consent to the use of the Sportsbrain Testing Program which is a neurocognitive online test. We understand that the Sportsbrain test will be administered early in the season to establish a baseline level and may be re-given periodically, post-concussion injury, to evaluate student-athlete readiness for return to play and return to learn. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performing-Enhancing testing policy.

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date