

MEDICAL INFORMATION FORM

Players Name _____ Date ____/____/____

Parent or Legal Guardian _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Home Phone ____-____-____ Home Phone ____-____-____

Work Phone ____-____-____ Work Phone ____-____-____

Cell Phone ____-____-____ Cell Phone ____-____-____

Alternate Emergency Name _____ Phone ____-____-____

Family Doctor _____ Phone ____-____-____

Hospital Preference : St. Anthony Swedish American Rockford Memorial

Insurance Co. _____ Policy # _____

Does your child take any Medications Y N List _____

Allergies Y N List _____ Minor Ailments _____

MEDICAL AUTHORIZATION TO TREAT, WAIVER OF LIABILITY OR DISCLAIMER

If you or the doctor of your choice, as indicated above, cannot be reached in an emergency, And if in the judgement of the school authorities immediate medical and/ or hospital attention Is indicated, do you authorize the school to send your child, properly accompanied, to an Available hospital or physician? YES _____ NO _____

As a parent and/or guardian, I authorize the treatment of my minor child by a qualified and Licensed medical doctor in the event of a medical emergency which in the opinion of the Attending physician, may endanger their life, cause physical disability, or undue discomfort If delayed. This consent is granted only after a reasonable effort has been made to reach me. YES _____ NO _____

I, the parent or guardian of _____ hereby give my consent And agree to release, indemnify, and hold harmless the ROCKFORD DIOCESE, its officials, Coaches, and representatives from any claim arising out of injury to the above named individual, I also hold harmless the ROCKFORD DIOCESE from any claim arising out of injuries Or conditions caused by refusal to obtain available medical treatment.

SIGNATURE OF PARENT OR GUARDIAN _____

Verification of Student Health

Insurance Coverage

Diocesan policy requires students involved in Athletics to be covered by parent-provided health insurance.

**STUDENTS NOT COVERED BY A HEALTH INSURANCE POLICY
MAY NOT PARTICIPATE.**

Student athlete: _____

Student athlete current grade level: _____

My child, named above, is currently covered and will be covered throughout this school year by a health insurance plan.

Parent/Legal Guardian's Signature

Date

ROCKFORD DIOCESE HEAD INJURY AND CONCUSSION POLICY

THE MANAGEMENT OF CONCUSSION AND HEAD INJURY IN YOUTH SPORTS

The State of Illinois enacted a law effective July 1, 2011, requiring IHSA member schools to adopt a policy regarding student-athlete concussions and head injuries that is in compliance with the protocols, policies, and by-laws of the IHSA. The School and its coaches shall continue to adhere to the **IHSA Protocol for Implementation of NFHS Sports Playing Rule for Concussions and the IHSA Return to Play Policy**, as they are now and may hereafter be amended. This Diocesan Policy applies to elementary schools and high schools.

Definition:

A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.

Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority of concussions occur without loss of consciousness.

Removal from Practice and Game if Suspected Injury:

When a student exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury, such as a loss of consciousness, headache, dizziness, confusion, or balance problems, or when a coach otherwise suspects a student has suffered a concussion or other head injury, the student shall be removed at that time from participation in a practice or game or other competition.

No Return to the Practice or Game without Physician Clearance:

A student who has been removed from an interscholastic contest for a possible concussion or head injury shall not be permitted to 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.

If not cleared to return to that contest, a student shall not be permitted to return to play or practice until the student has provided the 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.

Application of this Policy:

This policy and the attached appendices are to be made a part of the any agreement, contract, code, or other written instrument the School requires a student and his or her parents or guardian to sign before participating in practice or interscholastic competition.

Procedure:

The School shall educate its coaches in recognizing the signs and symptoms of and properly managing head injuries. The School shall distribute to every coach a copy of the attached, three-page "A Fact Sheet for Coaches," which can be found at http://www.cdc.gov/concussion/pdf/coaches_Engl.pdf; and the CDC Guide for Coaches which can be found at http://www.cdc.gov/concussion/pdf/Coach_Guide-a.pdf.

The School shall distribute to every parent whose student is in a youth sport the Fact Sheet for Athletes, found at http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet-a.pdf (English) and http://www.cdc.gov/concussion/pdf/Athletes_Fact_Sheet_Spanish-a.pdf (Spanish); and the Fact Sheet for

Parents, found at http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet-a.pdf (English) and http://www.cdc.gov/concussion/pdf/Parents_Fact_Sheet_Spanish-a.pdf (Spanish); and the attached 2-page Concussion Information and Release Form which must be signed and returned to the School by the parents or guardian and the student.

Every locker room in the School shall display the two attached posters, which can be found at http://www.cdc.gov/concussion/pdf/Signs_Symptoms_Poster-a.pdf and http://www.cdc.gov/concussion/pdf/Main_Message_Poster-a.pdf.

Effective: 1 October 2011

Concussion Information

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"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
Signs observed by teammates, parents and coaches include:	
<ul style="list-style-type: none"> • Appears dazed • Confused about assignment • Moves clumsily or displays incoordination • Slurred speech • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality 	<ul style="list-style-type: none"> • Vacant facial expression • Forgets plays • Is unsure of game, score, or opponent • Answers questions slowly • Shows behavior or personality changes • 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:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

**ROCKFORD DIOCESE
HEAD INJURY AND CONCUSSION POLICY
SIGNATURE FORM**

Parents and athletes are required to sign this form. Your signature indicates that you have read this policy, will read and/or view the information that is presented on different websites, and will adhere to the conditions of this policy should there be a head injury or concussion. Please return this form to your coach. No student-athlete will be allowed to participate in a practice or game until this form is completed. Cut this form along the above line and return the bottom portion to your coach.

Student-Athlete Name (print)

Student-Athlete Signature

Date

Grade level of Student-Athlete

Parent or Legal Guardian (print)

Parent or Legal Guardian Signature

Date

Adapted from the CDC and the 3rd International Conference on Concussion in Sport