



PARK RIDGE-NILES SCHOOL DISTRICT 64

Dear Parents:

District 64 strives to offer students a well-rounded school experience comprised of a strong academic program and opportunities to participate in extracurricular activities. A variety of activities are available each year to middle school students. This memo is written to alert you of the requirements for your child's participation.

Medical Requirements

The health and safety of the participants in interscholastic athletic activities is of paramount importance. Because of the strenuous nature of these activities and the amount of time commitment involved, the Board of Education has established the following requirements for all students who participate in basketball, volleyball, wrestling, cross country or cheerleading.

1. The student must maintain good academic standing.
2. The parent/guardian must annually provide written permission for the student's participation, giving the District full waiver of responsibility of the risks involved and acknowledge the rules regarding concussions.
3. Proof of physical fitness as determined by a licensed physician, an advanced practice nurse or a physician assistant who assures that the student's health status allows for active athletic participation must be provided annually.

Students will not be allowed to participate in **tryouts, practices or games** until all of these requirements are fulfilled. Please plan for your child to have a sports physical before the start of the school year if he or she plans to participate in one of these activities. **The attached form must be completed annually and must be uploaded in Powerschool to the Athletic Department Document Submission page before the start of the school year or before the specific activity begins.**

Sincerely,

Tessa Shulman
Emerson Middle School Principal

David Szwed
Lincoln Middle School Principal

**District 64 – School Sponsored Athletics
Permission Form/Health Form**

Student Information:

Student Name: _____ School: _____

Address: _____ Grade: _____ Homeroom: _____

Home Phone: _____ Mother Work Phone: _____

Father Work Phone: _____ Mother Cell Phone: _____

Father Cell Phone: _____

Another Person to Contact in an Emergency:

Name: _____ Phone: _____

Student Accident Insurance:

District 64 offers student accident insurance to all District 64 students at no additional cost. The plan provides medical coverage for all accidents occurring during school-sponsored and supervised activities, including all sports. This supplemental plan pays the reasonable and customary charges not paid by other insurance for any covered accidental bodily injury. If there is no other family medical insurance, this plan would provide the primary insurance for the covered accident. There is no deductible. In the event of an accident, claim forms can be obtained from the District 64 website: www.d64.org > Departments > Health Services > Quick Links > Student Insurance. It is the responsibility of the parent/guardian to obtain the form and complete the process.

In addition, parents may purchase non-school related accident coverage as well as dental accident coverage that go beyond the school day. Information: www.k12specialmarkets.com select *Enroll Now* > select *Illinois* > select *Park Ridge-Niles District 64*

Parent Permission:

I hereby give consent for my child to participate in the athletic activities checked below and understand the inherent risks involved.

In accordance with Illinois School Code, parents *and students* must be provided with information regarding concussions. Any athlete suspected of suffering a concussion will be removed from the game or practice immediately. No athlete may return to the activity after an apparent head injury or concussion, regardless of how mild it might seem or how quickly symptoms clear, without medical clearance. Athletes must provide the 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 prior to returning to play or practice.

I also understand that if my child is injured while at an athletic activity, the coach/ sponsor in charge may call 9-1-1 if appropriate, and I will be contacted. In signing permission, I authorize school personnel and hospital emergency room personnel to take the necessary emergency action.

I understand that students in athletic activities may travel by bus to and from other suburban communities for games/meets, but that transportation home from school following practices and games is the responsibility of the individual parent. By signing below I acknowledge I have been informed of the signs, symptoms and rules regarding concussions.

____ All Activities or limited to just:

____ Basketball ____ Volleyball ____ Cheerleading ____ Cross Country ____ Wrestling

____ Girls on the Run

I have read the attached Concussion Information Sheet & Guidelines

Signature of Parent/ Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

**District 64
School Sponsored Athletics
Permission Form/Health Form**

Student Name: _____ School: _____

Grade: _____ Homeroom: _____

Proof of Medical Examination:

The student named above has been examined by me within the past 395 days and has been found to be in satisfactory physical condition. It is my recommendation that he/she be allowed to participate in the athletic activities checked above.

Medical Practice/Group: _____ Date: _____

Name of Medical Examiner: _____ Phone: _____

Signature of Medical Examiner: _____

Concussion Information Sheet & Play Guidelines

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 minor bump on the head can be serious. You can not 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) |
|--|--|

Signs observed by teammates, parents and coaches include:

- Nausea or vomiting
- Confused about assignment
- 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
- Loses consciousness
- Repeating the same question/comment

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

**What can happen if my child keeps on playing with a concussion
or returns to the activity 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.

Illinois State Law Requiring Medical Clearance

In accordance with recent Illinois legislation, any athlete even suspected of suffering a concussion is to 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. State law 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.

If you think your child has suffered a concussion

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. When in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/headsup/youthsports/index.html>

http://www.cdc.gov/headsup/pdfs/youthsports/parent_athlete_info_sheet-a.pdf

<http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement/ConcussionResources.aspx>

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