

## Unity High School Athletic Information Forms

The following forms must be filled out and signed before an athlete can participate in or practice a sport during the 2019-20 school year.

Please sign and fill out completely the following forms:

- The Waiver/Parent Permission form
- The IHSA Sports Medicine Acknowledgement & Consent Form
- The physical form

Physicals will be offered at three different locations this summer for athletes entering 10<sup>th</sup> through 12<sup>th</sup> grades or you can receive a physical from your doctor. It should not be hard to find a place to receive a physical. All entering 9<sup>th</sup> graders must have a physical performed by a doctor.

All of this information must be turned in on or prior to the first day of practice. Failure to do this will result in the athlete not being able to practice. If you drop it by during the summer, leave it with Lisa Maas in the superintendent's office.

If you have any questions, please contact athletic director Frank Cash at [frank.cash@cusd4.com](mailto:frank.cash@cusd4.com).

# Unity Athlete Waiver/Parent Permission Form

Name \_\_\_\_\_ Address \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Date of Physical \_\_\_\_\_

Age \_\_\_\_\_ Class \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Place Of Birth \_\_\_\_\_ County \_\_\_\_\_

Parent\Guardian Father \_\_\_\_\_ Mother \_\_\_\_\_

Parent phone \_\_\_\_\_ Parent e-mail \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any special Medical Problems/Medicine? \_\_\_\_\_

If So, Please Explain:

\_\_\_\_\_  
\_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Do you have School Insurance? \_\_\_\_\_ Family Insurance and Policy No. \_\_\_\_\_

## RELEASE OF ALL CLAIMS

In consideration of the permission granted to my child by Community Unit School District No. 4, Mendon, Illinois to participate in \_\_\_\_\_ (name of sports) during the 2019-20 school year, I hereby release and discharge Unity High School and Middle School, its agents, employees, and officers from all claims, demands, and actions which the undersigned ever had, or now has, or may have, or which the undersigned's heirs, executors, administrators, or assigns may have, or claim to have against Unity High School and Middle School for all personal injuries, known or unknown, and injuries to property caused by, or arising out of, the above-described sports activity. I further acknowledge that I have adequate medical insurance to cover any medical costs relating to injury or accident arising from participation in the above sports activity.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

Date: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

## AUTHORIZATION FOR MEDICAL TREATMENT

In case of injury to my child, permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray, examinations, and immunizations. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, I hereby authorize the treatment necessary for the best interest of my child.

Date: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_



## 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:

- |  |  |
|--|--|
| <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



## IHSA Sports Medicine Acknowledgement & Consent Form

### Concussion Information Sheet (Cont.)

#### **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. The Youth Sports Concussion Safety Act requires athletes to complete the Return to Play (RTP) protocols for their school 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.

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/>



### **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.

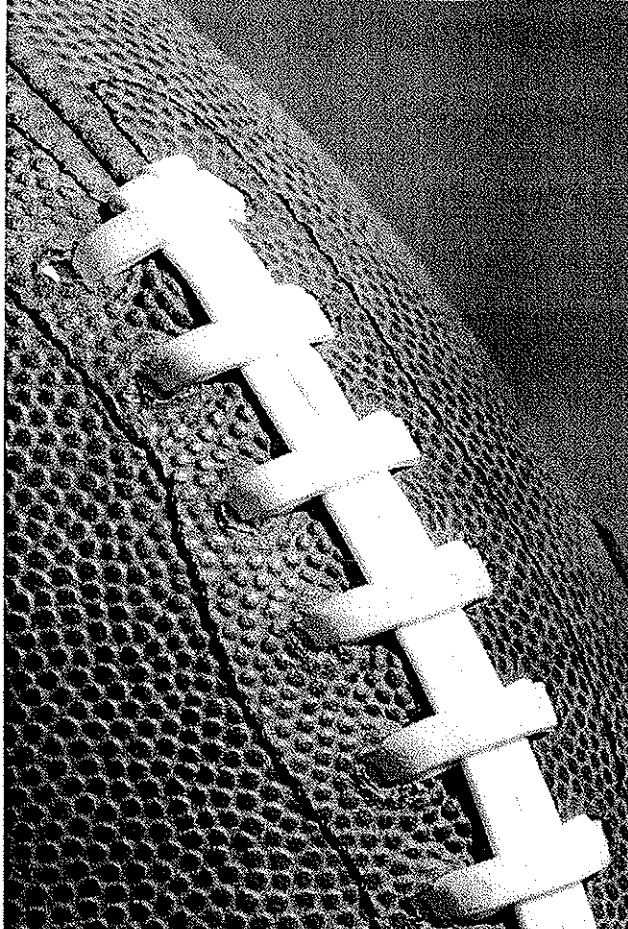
As a prerequisite to participation in IHSA athletic activities, we have reviewed the policy agree that I/our student will not use performance-enhancing substances as defined by the policy. We understand that failure to follow the policy could result in penalties being assigned to me/our student either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

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>



# FREE SPORTS PHYSICALS

## **QUINCY, IL**

**Wednesday, June 19**  
**Tuesday, July 23**  
**6:00 – 9:00 p.m.**  
**(217) 222-6550, ext. 3282**  
1118 Hampshire Street

## **MT. STERLING, IL**

**Tuesday, June 11**  
**Tuesday, July 23**  
**1:00 – 4:00 p.m.**  
**(217) 773-3963**  
521 East Main Street

## **KEOKUK, IA**

**Thursday, July 11**  
**5:00 – 9:00 p.m.**  
**(319) 524-4300**  
1603 Morgan Street | Suite 3

**CALL TO SCHEDULE YOUR APPOINTMENT!**



**QUINCY MEDICAL GROUP**  
Orthopedics & Sports Medicine

**QUINCYMEDGROUP.COM**



## IT'S ALMOST TIME FOR YOUR SPORTS PHYSICAL!!!

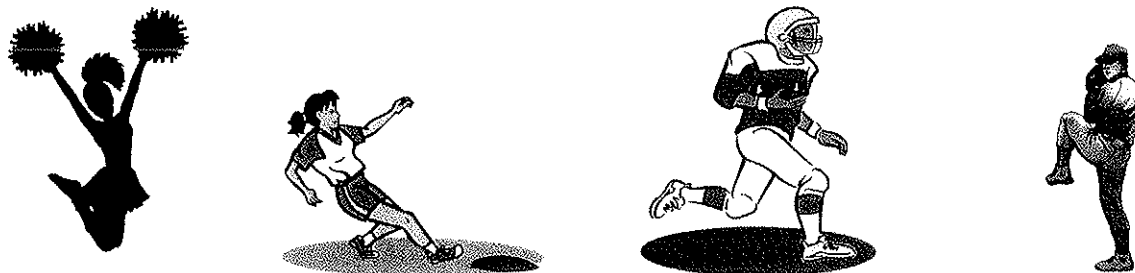
Hamilton Warsaw Clinic is offering their annual sports physical special for the 19<sup>th</sup> year! During June, July and August we are offering sports physicals for a \$10 donation back to the student's school sports programs.

This is for sports physicals only.

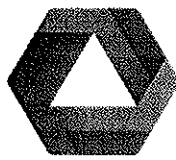
**Call soon to get your  
sports physical scheduled.**

**217-256-4100**

1102 N. Co. Rd. 700 Warsaw, IL 62379



# Get ahead of the game! SCHOOL & SPORTS PHYSICALS



**SIU MEDICINE**  
**QUINCY**

CENTER FOR  
FAMILY MEDICINE

Walk-ins or by Appointment

Open

Monday - Friday

8:30AM - 5:30PM

Open until 7pm on Wed.



SIU providing dental services at Adams County Health Department 222-8440 press 1



At the corner of 11th & Oak 612 N. 11th Street, Quincy, IL 62301 217-224-9484





# Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name \_\_\_\_\_ School Year \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_ City/State \_\_\_\_\_

Phone No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ Student ID No. \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

## HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies?  Yes  No If yes, please identify specific allergy below.  
 Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS		Yes	No
1.	Has a doctor ever denied or restricted your participation in sports for any reason?		
2.	Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3.	Have you ever spent the night in the hospital?		
4.	Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
5.	Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6.	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7.	Does your heart ever race or skip beats (irregular beats) during exercise?		
8.	Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9.	Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10.	Do you get lightheaded or feel more short of breath than expected during exercise?		
11.	Have you ever had an unexplained seizure?		
12.	Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
13.	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14.	Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15.	Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16.	Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS		Yes	No
17.	Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18.	Have you ever had any broken or fractured bones or dislocated joints?		
19.	Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20.	Have you ever had a stress fracture?		
21.	Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22.	Do you regularly use a brace, orthotics, or other assistive device?		
23.	Do you have a bone, muscle, or joint injury that bothers you?		
24.	Do any of your joints become painful, swollen, feel warm, or look red?		
25.	Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS		Yes	No
26.	Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27.	Have you ever used an inhaler or taken asthma medicine?		
28.	Is there anyone in your family who has asthma?		
29.	Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30.	Do you have groin pain or a painful bulge or hernia in the groin area?		
31.	Have you had infectious mononucleosis (mono) within the last month?		
32.	Do you have any rashes, pressure sores, or other skin problems?		
33.	Have you had a herpes or MRSA skin infection?		
34.	Have you ever had a head injury or concussion?		
35.	Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36.	Do you have a history of seizure disorder?		
37.	Do you have headaches with exercise?		
38.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39.	Have you ever been unable to move your arms or legs after being hit or falling?		
40.	Have you ever become ill while exercising in the heat?		
41.	Do you get frequent muscle cramps when exercising?		
42.	Do you or someone in your family have sickle cell trait or disease?		
43.	Have you had any problems with your eyes or vision?		
44.	Have you had any eye injuries?		
45.	Do you wear glasses or contact lenses?		
46.	Do you wear protective eyewear, such as goggles or a face shield?		
47.	Do you worry about your weight?		
48.	Are you trying to or has anyone recommended that you gain or lose weight?		
49.	Are you on a special diet or do you avoid certain types of foods?		
50.	Have you ever had an eating disorder?		
51.	Have you or any family member or relative been diagnosed with cancer?		
52.	Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		Yes	No
53.	Have you ever had a menstrual period?		
54.	How old were you when you had your first menstrual period?		
55.	How many periods have you had in the last 12 months?		

Explain "yes" answers here

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

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



# Pre-participation Examination



## PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_  
Last First Middle

EXAMINATION		NORMAL	ABNORMAL FINDINGS
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / ( / )	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
<b>MEDICAL</b>			
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart * • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) <sup>b</sup>			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic <sup>c</sup>			
<b>MUSCULOSKELETAL</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

• Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
 • Consider GU exam if in private setting. Having third party present is recommended.  
 • Consider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes \_\_\_\_\_ No \_\_\_\_\_ Limited \_\_\_\_\_ Examination Date \_\_\_\_\_

Additional Comments:

Physician's Signature \_\_\_\_\_ Physician's Name \_\_\_\_\_

Physician's Assistant Signature\* \_\_\_\_\_ PA's Name \_\_\_\_\_

Advanced Nurse Practitioner's Signature\* \_\_\_\_\_ ANP's Name \_\_\_\_\_

\*effective January 2003, the IHSAA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.