



# Marian Catholic High School

## Athletic Training



### **Attention all parents, students and athletes:**

Please make note of the sheets below for 2018-19 students. We recommend that you **print and retain pages 2-7** for your information and records.

**Parent Athletic/Medical Awareness:** Through enrollment at Marian Catholic, you have acknowledged that you have read and understand the forms on the Marian web site ATHLETICS page that refer to concussion information/protocol and Impact Program, IHSA Performance Enhancing Testing Policy, Return to Learn / Return to Play policies and Athletic Insurance/Medical Consent policies.

This acknowledgement **and** a completed CURRENT copy of a Marian / doctor's / IHSA physical form (necessary to supply **EACH** academic year) must be filed in the Athletic Office prior to trying out or competing with a Marian Catholic athletic team.

Once again for the 2018-2019 school year, Marian Catholic High School (MCHS) Sports Medicine Department will be utilizing the Impact Concussion Program. This program is a computerized neurocognitive assessment tool, which can assist health care professionals in the diagnosis, treatment, and progression of closed head and brain injuries. HIPPA (Health Insurance Portability and Accountability Act of 1996) regulations provide federal protection for personal health information held by covered entities. Through your acknowledgement, you will be releasing all health information old and new Impact testing information to MCHS Sports Medicine Department for the purpose of assessment, treatment, and progression of your student-athletes medical related matters.

Thank you in advance for your cooperation.

## **INSURANCE**

All students who participate in interscholastic athletics at "Marian Catholic High School" MUST carry insurance. The primary carrier is the Parent's Health Benefits and Major Medical Coverage. All claims should be processed through the primary carrier.

## **HOLD HARMLESS**

I / we, as parent (s) / guardian (s) of the student, acknowledge that there is an inherent danger of injury or death when participating in athletics. I / we release Marian Catholic High School and its employees from any liability accruing from our student's participation in athletics. In the event of accident, emergency, or illness, and I / we cannot be reached immediately; I / we hereby authorize the coach or athletic trainer in charge to provide such first aid deemed necessary and advisable.

## **HOSPITAL**

If, in the judgment of school authorities, physician/medical personnel are needed and the parent(s) / guardian(s) cannot be contacted, school authorities will call the Chicago Heights Fire Department for paramedic assistance. Students will typically be transported to **ST JAMES HOSPITAL** (Lincoln Highway and Chicago Road - Chicago Heights, Illinois) if that type of care is determined. If transportation is needed, I / we, as parent (s) / guardian (s) of said student, agree that the named student may be transported in a privately owned vehicle, or in a commercial vehicle, i.e. taxi or ambulance. I / we, as parent (s) / guardian (s) of named student, agree to assume all responsibility and expenses, including transportation incurred by the handling of emergency care.

## **PARENT AND STUDENT AGREEMENT/ACKNOWLEDGEMENT FORM – Performance-Enhancing Substance Testing Policy**

- Illinois state law prohibits possessing, delivering, or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement, or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law also requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.



### **Student Acknowledgement and Agreement**

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use banned substances including but not limited to performance enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol and the policy of the school ("banned substances"). It is my responsibility to review and understand the IHSA protocol and school policy. I have read this form and understand that I may be asked to submit to testing for the presence of banned substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory selected by the school. I understand that testing may occur during selected IHSA state series events or during the school day. I further understand and agree that the results of the banned substance testing may be provided to certain individuals in my high school. I understand and agree that the results of the banned substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA and/or the school.

### **Parent/Guardian Certification and Acknowledgement**

As a prerequisite to participation by my student in IHSA athletic activities, I certify and acknowledge that I have read this form and understand that my student must refrain from banned substance use and may be asked to submit to testing for the presence of banned substances in his/her body. I understand and agree that testing may occur during selected IHSA state series events or during the school day. I do hereby consent and submit my child to such testing and analysis by a certified laboratory selected by the school. I further understand and agree that the results of the banned substance testing may be provided to certain individuals in my high school. I understand and agree that the results of the banned substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject my student to penalties as determined by IHSA and/or the school.

**PHOTOGRAPH OR VIDEOTAPE CONSENT – REMINDER:** Parent (s) / guardian (s) signatures on the original school registration form apply for use of photographs / videos from athletic contests for the duration of the student's involvement.

## **CONSENT TO TREAT AND AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I / we, as parent (s) / guardian (s) of the identified student, authorize and consent to necessary treatment / care as determined by the athletic trainers employed by Athletico. I / we understand a continuing responsibility to report all injuries or illnesses immediately to the licensed trainer and to follow the direction of the physician, athletic trainer, and coach concerning the prevention, treatment, and rehabilitation of injuries. A family member can be reached at the home number listed on this form or the emergency number identified on this form in the case that additional treatment or information is required. It is understood that if there is a need to be seen by a physician and insurance requires prior approval, it will be the responsibility of the family to notify the physician.

Signature on this form authorizes the release of any and all information regarding any medical treatment received by for injury or illness while participating in extracurricular activities.

Communication between the assigned athletic trainer employed by Athletico and the physicians or athletic trainers from my home institution or organization regarding my physical condition is authorized as it relates to participation.

The Sports Medicine Team is authorized to release said information to said institution's administration and to current coaching staff members for the purpose of informing them of the playing status of named individual. The Sports Medicine Team may disclose information to the aforementioned individuals; however, this does not prevent those individuals from disclosing the information further, and the Sports Medicine Team will not be held responsible for such further disclosure of information.

This authorization is valid until and unless revoked by me in writing. A photocopy of this authorization shall be considered as valid as the original.



**Marian Catholic High School**

**Athletic Training**



## **IHSA— Performance Enhancing Substances**

The Illinois High School Association has a clear policy in regard to Performance Enhancing Substances, to which Marian Catholic High School strictly adheres.

Please use the following resources to familiarize yourself with the IHSA Policy and the various Position Statements from the National Federation of High Schools:

### **IHSA Performance-Enhancing Substance Policy:**

<http://ihsa.org/documents/sportsMedicine/2017-18/2017-18%20PES%20policy.pdf>

### **NFHS Position Statement on Appearance and Performance Enhancing Drugs**

<http://www.nfhs.org/sports-resource-content/nfhs-sports-medicine-position-statements-and-guidelines/>

### **Consent to Self Administer Asthma Medication**

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and selfadministration

of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and selfadminister the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.



### 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:**

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| <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> |
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**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. 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/ConcussionInYouthSports/>



## Marian Catholic High School Return to Learn (RTL) Protocol



### Instructions:

- Keep brain activity below the level that causes worsening of symptoms (headache, tiredness, irritability).
- If symptoms worsen at any stage, stop activity and rest.
- Seek further medical attention if your child continues with symptoms beyond 7 days.
- If appropriate time is allowed to ensure complete brain recovery before returning to mental activity, your child may have a better outcome than if he tries to rush through these guidelines
- Please give this form to teachers/school administrators to help them understand your child's recovery

Stage	Home Activity	School Activity	Physical Activity
<b>Brain Rest</b>	Rest quietly, nap and sleep as much as needed. Avoid bright light if bothersome. Drink plenty of fluids and eat healthy foods every 3-4 hours. Avoid "screen time" (text, computer, cell phone, TV, video games)	No School. No homeworker take home tests. Avoid reading and studying	Walking short distances to get around is okay. No exercise of any kind. No driving
	<b>This step usually ends 3-5 days after injury. Progress to the next stage when your child starts to improve, but he may still have some symptoms</b>		
<b>Restful Home Activity</b>	Set a regular bedtime/wake up schedule. Allow at least 8-10 hours of sleep and naps if needed. Drink lots of fluids and eat healthy foods every 3-4 hours. Limit "screen time" to less than 30 minutes a day.	No School. May begin easy tasks at home (drawing, baking, cooking). Soft music and books on tape ok. Once your child can complete 60-90 minutes of light mental activity without a worsening of symptoms he may go to the next step.	Light Physical activity, like walking. No strenuous physical activity or contact sports. No driving.
	<b>Progress to the next stage when your child starts to improve and he has fewer symptoms.</b>		
<b>Return to School- PARTIAL DAY</b>	Allow 8-10 hours of sleep per night. Avoid napping. Drink lots of fluids and eat healthy foods every 3-4 hours. "Screen time" less than 1 hour a day. Spend limited social time with friends outside of school.	Gradually return to school. Start with a few hours/half day. Take breaks in a quiet room every 2 hours or as needed. Avoid loud areas (band, locker room, cafeteria, loud hallway, and gym). Use sunglasses/earplugs as needed. Sit in front of class. Use preprinted large font (18) class notes. Complete necessary assignments only. No tests or quizzes. Limit homework time. Multiple choice or verbal assignments better than lots of long writing. Tutoring or help as needed. Stop work if symptoms increase.	Light physical activity, like walking. No strenuous physical activity or contact sports. No driving.
	<b>Progress to the next stage when your child can complete the above activities without symptoms</b>		
<b>Return to School- Full Day</b>	Allow 8-10 hours of sleep per night. Avoid napping. Drink lots of fluids. Eat healthy foods every 3-4 hours. "Screen time" less than 1 hour a day. Spend limited social time with friends outside of school.	Progress to attending classes for full days of school. No more than 1 test or quiz per day. Give extra time or unlimited homework/tests. Tutoring or help as needed. Stop work if symptoms increase.	Light physical activity, like walking. No strenuous physical activity or contact sports. No driving.
	<b>Progress to the next stage when your child has returned to full school and is able to complete all assignments/tests without symptoms.</b>		
<b>Full Recovery</b>	Return to normal home and social activities.	Return to normal school schedule and course load.	May begin and must complete the MCHS return to play protocol before returning to strenuous physical activity or contact sports .

\*\*Guidelines adapted from Cincinnati Children's Hospital Return to Learn Protocol and CIF Return to Learn Protocol



## Marian Catholic High School Protocol for Return to Play After a Head Injury

After an athlete has been evaluated by an athletic trainer or physician and it has been determined that the athlete has sustained a concussion, the following protocol will be used to safely progress their return to play. Under no circumstances will this protocol be accelerated.

**There should be approximately 24 hours (or longer) for each stage, and the athlete should return to previous stages if symptoms recur. Resistance training should only be added in later stages.**

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Success Goal of Each Stage
1. No activity	Complete physical and mental rest	Recovery (symptom free at rest)
2. Biking	Stationary cycling keeping intensity <70% maximum predicted heart rate (30 min. max)	Increase heart rate without symptoms
3. Running	Running while keeping intensity <70% maximum predicted heart rate (30 min. max)	Add movement without symptoms
4. Agility Exercises	Sport-specific exercises. No head-impact activities.	Add coordination and cognition without symptoms
5. Non-contact practice	Full practice without contact	Increase exercise, coordination, and cognitive load without symptoms
	May start progressive resistance training	
6. Full contact practice	Following medical clearance participate in normal training activities	Restore confidence and assess functional skills by coaching staff without symptoms
7. Return to play	Normal game play	

Protocol established from: "Consensus statement on concussion in sport – The 3rd International Conference on concussion in sport, held in Zurich, November 2008." *Journal of Clinical Neuroscience*. (2009) 16:755–763

**Return to Participation:** It is determined that an athlete is able to return to play when they are symptom free at rest and at exertion, and have returned to a baseline state of any of the tests they were administered. **An athlete will not return to participation the same day as a concussive event. When returning athletes to play, they will follow the stepwise symptom-limited program outlined above.** Once the athlete has received clearance from a physician licensed in all branches, and/or the athletic trainer, they may return to play. If an athlete receives clearance from a physician, the athletic trainer still reserves the right to hold the athlete out of participation. **A parent's consent is not a sufficient means for an athlete to return to participation.**

Athletes who have not been cleared to participate cannot be in uniform for any games.

This protocol is implemented to promote compliance with: IHSA Return to Play Policy, IHSA Protocol for Implementation of NFHS Sports Playing Rule for Concussions, Illinois HB 0200, and City of Chicago Ordinance – Concussion Injuries in Student Athletes in Chicago Schools (Ch. 7-22 Municipal Code of Chicago) which outline that athletes exhibiting symptoms of a concussion cannot return to play until cleared by an appropriate health care professional.