

# Sacred Heart

## First Aid & Emergency Procedures

**First Aid and Emergency Procedures:** In case of illness or injury, first aid will be administered. If it is determined the student needs to go home, to the doctor's office or to the emergency room, the parents named above are contacted to come pick up the child. If a parent cannot be immediately reached, the caregiver listed above will be called. If a parent and the caregiver are not immediately available, a 911 call may be made to the local public emergency authority.

**Parental consent:** I hereby give permission for first aid for illness or injury to be given to my child named above. In case of circumstances deemed to be serious by an adult at the scene, I also give permission for such medical care deemed necessary for my child's welfare.

Mother's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child/Minor Athletic Participation Release Form

### 2018-2019 Academic Year

**Please complete one copy of this 2-page form for each child and return to the school office along with the Athletic Contract by May 24, 2018.**

Child/Minor Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Important Information

The Catholic Bishop of Chicago (the "CBC") and Sacred Heart Parish (the "Parish") are committed to conducting athletic programs and activities in the safest possible manner and holds the safety of participants in the highest possible regard. Participants and parents registering their child in athletic programs must recognize however, that there is an inherent risk of injury when choosing to participate in athletic activities. The CBC and the Parish insist participants follow safety rules and instructions which have been designed to protect your safety.

Please recognize that the CBC and the Parish do not carry medical accident insurance for injuries sustained in its programs. The cost would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the CBC or the Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining medical accident insurance, the CBC and the Parish require the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

# Archdiocese of Chicago

## Child/Minor Athletic Participation Release Form 2018-2019 Academic Year

### Waiver and Release of All Claims

Please read this form carefully and be aware in registering your minor child/ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the following program(s).

**Program(s) :** Sacred Heart School Athletic Programs **Program Date:** 2018-2019 Academic Year

As the participant in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries (including death), damages, or loss which I or my minor child/ward may sustain as a result of participation in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participation in the programs, against the CBC, the Parish and their agents, servants, volunteers and employees.

I do hereby fully release and discharge the CBC, the Parish and their officers, agents, servants, volunteers and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or my minor child/ward or arising out of, connected with, or in any way associated with the activities of the programs.

In the event of any emergency, I authorize the CBC or Parish officials to secure from any licensed physician, and/or medical personnel any treatment deemed necessary from my minor child's immediate care. I agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program details.

---

**Parent/Guardian Signature**

---

**Date**

## 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>
<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays in coordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>	

# Concussion Information Sheet

## 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 Return-to-Play Policy of the IESA and IHSA 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 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/>

## **Student/Parent Consent and Acknowledgements**

By signing this form, we acknowledge we have been provided information regarding concussions.

### **Student**

Student Name (Print): \_\_\_\_\_ Grade: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent or Legal Guardian**

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current Pre-participation Physical Examination on file for all student athletes.