





**Community High School District 94  
West Chicago, IL  
ATHLETIC PERMISSION FORM**

*This form must be completed in its entirety. Please use black or blue ink.*

- A valid physical exam must be on file in order to participate in any sport (valid for one year from the exam date).
- Section 5 on the back of this form must be completed in order to participate in any sport.

- Fee is \$100 per student, per sport. (\$300.00 cap/family) Non-refundable if athlete quits.
- Transfer students - Please fill out Section 4 on this form.
- Section 3, on this form, provides a listing of all sports offered. Please write in sport you will be participating in for each season.

**SECTION 1: GENERAL INFORMATION**

Female     Male

STUDENT NAME: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

YEAR IN SCHOOL:     FR     SO     JR     SR                      BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_                      Address                      City                      Zip  
Date of Current Physical \_\_\_\_\_

FATHER'S First Name: \_\_\_\_\_ FATHER'S Work Phone: \_\_\_\_\_

MOTHER'S First Name: \_\_\_\_\_ MOTHER'S Work Phone: \_\_\_\_\_

PARENT/GUARDIAN LAST NAME if different from student: \_\_\_\_\_

**SECTION 2: INSURANCE COVERAGE**

*School District 94 Board Policy **REQUIRES** parents/guardians to certify that their daughter/son is covered for athletic participation by either family insurance, student accident insurance or football participation insurance.*

MY DAUGHTER/SON IS COVERED BY THE FOLLOWING FAMILY INSURANCE PLAN:

Family Insurance Co. Name: \_\_\_\_\_ List ONE: Policy #, Group #, or ID # \_\_\_\_\_

~~~~~  
We do not have family insurance. We have purchased Student Insurance and/or Football Insurance on this date: \_\_\_\_\_

**SECTION 3: EMERGENCY MEDICAL INFORMATION**

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

*If the I nor the emergency contact person cannot be reached, I authorize school personnel to take such emergency action as may be deemed necessary.*

DOCTOR PREFERENCE: \_\_\_\_\_ DR. PHONE: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

**SECTION 3: SEASON AND SPORTS OFFERED**

FALL \_\_\_\_\_ WINTER \_\_\_\_\_ SPRING \_\_\_\_\_

**FALL SPORTS**

Cross Country – Boys  
Cross Country – Girls  
Football  
Golf – Boys  
Golf – Girls  
Soccer – Boys  
Swimming – Girls  
Tennis – Girls  
Volleyball - Girls

**WINTER SPORTS**

Basketball – Boys  
Basketball – Girls  
Cheerleading  
Gymnastics – Girls  
Swim – Boys  
Wrestling  
  
Indoor Track – Boys – January  
Indoor Track – Girls – January

**SPRING SPORTS**

Badminton – Girls  
Baseball – Boys  
Gymnastics – Boys  
Soccer – Girls  
Softball – Girls  
Tennis – Boys  
Track – Boys  
Track – Girls  
Volleyball – Boys

**SECTION 4: HIGH SCHOOL TRANSFER STUDENT INFORMATION**

Complete this section **ONLY** if you have transferred from **another high school**.

Name of School Transferred From: \_\_\_\_\_

Address of School Transferred From: \_\_\_\_\_

LIST SPORTS PARTICIPATED IN AT PREVIOUS SCHOOL AND YEARS OF PARTICIPATION:

(Example: Soccer – Frosh, Sophomore & Junior years)

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

**SECTION 5: STUDENT AND PARENT/CUSTODIAL AGREEMENT/ACKNOLEGEMENT**

IHSA PED Testing Policy & Agreement

**Parent and Student Agreement/Acknowledgement Form  
Performance-Enhancing Drug Testing Policy**

- Illinois state law prohibits possessing, dispensing, 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 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 performance-enhancing substances as defined in the IHSA Performance-Enhancing Drug Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Drug Testing Program Protocol which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). I understand and agree that the results of the performance-enhancing 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.

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

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

**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 performance-enhancing substance use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I do hereby agree to submit my child to such testing and analysis by a certified laboratory. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my student's high school as specified in the IHSA Performance-Enhancing Drug Testing Program Protocol which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). I understand and agree that the results of the performance-enhancing 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.

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

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

Relationship to student: \_\_\_\_\_

*We understand that Community High School District 94 does not assume financial responsibility for accidents/injuries incurred in athletics. We freely and with full knowledge hereby permit our daughter/son to participate in CHS athletics under these conditions. In the event of a medical emergency we grant consent for emergency medical treatment to be given to our daughter/son when not present for verbal consent. This consent extends to emergency personnel (i.e. EMT's, paramedics, physicians, nurses, certified athletic trainers, coaches, teachers, athletic directors) that would be directly involved in emergency care. By affixing my signature to this form, I affirm that I have read in the Community high School Handbook Sections 12, 13, 14, & 15 in its entirety.*

*I hereby understand all the rules and procedures governing participation in Community High School District 94 athletics.*

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Student Signature**

**REMEMBER:**

*You may participate in the sports you have chosen once this form is completed, signed, and returned to the athletic office.*

***A permission form must be completed each year.***



# 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<br>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<br>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, arrhythmic 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                                                                                                                                                               |        |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------------------------------|
| 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 |
| MEDICAL                                                                                                                                                                   | NORMAL | ABNORMAL FINDINGS                                                                  |
| Appearance<br>• Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) |        |                                                                                    |
| Eyes/ears/nose/throat<br>• Pupils equal<br>• Hearing                                                                                                                      |        |                                                                                    |
| Lymph nodes                                                                                                                                                               |        |                                                                                    |
| Heart <sup>a</sup><br>• Murmurs (auscultation standing, supine, +/- Valsalva)<br>• Location of point of maximal impulse (PMI)                                             |        |                                                                                    |
| Pulses<br>• Simultaneous femoral and radial pulses                                                                                                                        |        |                                                                                    |
| Lungs                                                                                                                                                                     |        |                                                                                    |
| Abdomen                                                                                                                                                                   |        |                                                                                    |
| Genitourinary (males only) <sup>b</sup>                                                                                                                                   |        |                                                                                    |
| Skin<br>• HSV, lesions suggestive of MRSA, tinea corporis                                                                                                                 |        |                                                                                    |
| Neurologic <sup>c</sup>                                                                                                                                                   |        |                                                                                    |
| MUSCULOSKELETAL                                                                                                                                                           |        |                                                                                    |
| Neck                                                                                                                                                                      |        |                                                                                    |
| Back                                                                                                                                                                      |        |                                                                                    |
| Shoulder/arm                                                                                                                                                              |        |                                                                                    |
| Elbow/forearm                                                                                                                                                             |        |                                                                                    |
| Wrist/hand/fingers                                                                                                                                                        |        |                                                                                    |
| Hip/thigh                                                                                                                                                                 |        |                                                                                    |
| Knee                                                                                                                                                                      |        |                                                                                    |
| Leg/Ankle                                                                                                                                                                 |        |                                                                                    |
| Foot/toes                                                                                                                                                                 |        |                                                                                    |
| Functional<br>• Duck-walk, single leg hop                                                                                                                                 |        |                                                                                    |

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.  
<sup>b</sup>Consider GU exam if in private setting. Having third party present is recommended.  
<sup>c</sup>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 IHSA 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.

# IHSA PERFORMANCE-ENHANCING SUBSTANCE TESTING POLICY 2015-16

## Introduction

In accordance with the work of its Sports Medicine Advisory Committee, the Illinois High School Association shall implement a performance-enhancing substance testing program for student-athletes at IHSA member schools.

## Background

The value of high school interscholastic programs is found in the over-all physical, emotional, and intellectual development of student-athletes. In that pursuit, anabolic steroids and performance-enhancing dietary substances offer no positive contribution. Rather, their use jeopardizes not only the health of student-athletes, but also impedes in their over-all development. And since this use runs counter to the purpose and value of interscholastic programs, coaches, administrators, school officials or employees, or booster club/support group members have an obligation and responsibility to provide only healthy, safe, and approved substances to student-athletes. In a national study conducted by the U.S. Department of Health in 2003, findings of the survey suggested that just over 3% of surveyed 10<sup>th</sup> and 12<sup>th</sup> graders were either currently using anabolic steroids or had within the past year of the survey. A combination of these results and increased dialogue between member schools and the IHSA brought about the realization that the membership was desirous of more direction on this issue. Furthermore, in December of 2006, member schools approved IHSA By-Law 2.170, which took effect on July 1, 2007 and identifies what schools or school officials can and can not distribute to student-athletes, a change aimed at strengthening the relationship between students and their schools by affirming the school's commitment to offering a safe environment in which their students can develop.

Since 2005, the IHSA, through the work of its Sports Medicine Advisory Committee and in conjunction with the National Federation of State High School Associations, has attempted to increase awareness on anabolic steroid use by high school students and provided resources which schools, athletes, and parents could use to reinforce the dangers of anabolic steroids and performance-enhancing dietary substances. For a complete list of resources, interested individuals can access the IHSA's Sports Medicine Advisory Committee's Special Topics at [www.ihsa.org](http://www.ihsa.org).

Since 2008-09, over 2,000 high school student-athletes have been tested as a part of the IHSA's Performance-Enhancing Substance Testing Program. The testing program began as a post-season testing program but has evolved over the years to make any student who participates in an IHSA-sponsored or sanctioned athletic event eligible for substance testing in accordance with this policy.

## General Prohibitions

1. It shall be considered a violation of the IHSA By-law 2.170 and its subsections for any student-athlete to ingest, or otherwise use any substance of the IHSA's Banned Substance Classes, without a written prescription and medical documentation provided by a licensed physician who evaluated the student-athlete for a legitimate medical condition.
2. Violations found as a result of the IHSA's Performance-Enhancing Substance Testing program shall be penalized in accordance with this policy.
3. Violations found as a result of any other drug or substance testing conducted by a member school shall be penalized in accordance with the member school's athletic code of conduct policy.

## **Banned Substances**

A posting of banned substance classes shall be prepared annually by the IHSA Sports Medicine Advisory Committee and approved by the IHSA Board of Directors. It shall be subject to updates at any point during a school term. A complete posting of the current year's banned substance classes list can be accessed at [www.ihsa.org](http://www.ihsa.org).

## **Consent**

The association shall prohibit a student from participating in an athletic competition sponsored or sanctioned by the association unless the following conditions are met:

- The student agrees not to use any performance-enhancing substances on the association's most current banned substances classes list, and, if the student is enrolled in high school, the student submits to random testing for the presence of these substances in the student's body, in accordance with the program established by the association.
- The association obtains from the student's parent a statement signed by the parent and acknowledging: that the parent's child, if enrolled in high school, may be subject to random performance-enhancing substance testing; that State law prohibits possessing, dispensing, delivering, or administering a performance-enhancing substance in a manner not allowed by State law; that State law provides that bodybuilding, muscle enhancement, or the increase of muscle bulk or strength training through the use of a performance-enhancing substance by a person who is in good health is not a valid medical purpose; that only a licensed practitioner with prescriptive authority may prescribe a performance-enhancing substance for a person with a documented medical need; and that a violation of State law concerning performance-enhancing substances is a criminal offense punishable by confinement in jail or imprisonment.

## **Selection of Athletes to be tested**

- The method for randomly selecting Schools or Student-athletes to be tested for performance-enhancing substances will be approved by the IHSA in advance of any performance-enhancing substance testing, administered by the third party administrator and implemented by the assigned testing certified collector.
- Student-athletes in the 9th, 10th, 11th and 12th grades at IHSA member-schools are subject to random selection for performance-enhancing substance testing.
- Selection of Student-athletes will be based upon a random selection process approved by the IHSA and conducted by the third party administrator.
- Student-athletes will be randomly selected from the current IHSA Performance-Enhancing Substance Testing Student-athlete Listing Form. The IHSA Performance-Enhancing Substance Testing Student-athlete Listing Form shall be the official list of all Student-athletes in grades 9-12 participating in IHSA athletic activities. The School is required to utilize the IHSA Performance-Enhancing Substance Testing Student-athlete Listing Form, which is available for download on the IHSA web site.
- If a student is selected for substance testing and is notified and then subsequently excused from testing that day by the certified collector, the third party administrator may return at a later date to test the student-athlete.
- A substitution, who will also have been randomly selected, shall be made for a Student-athlete who is selected for performance-enhancing substance testing but is absent on the day of said testing. Randomly selected Student-athletes who do not appear for testing for reasons other than an Excused Absence will be treated as if there was a positive test result for an performance-enhancing substance and subject to applicable penalties as described later in this policy



### **School and Student-athlete Notification of Testing**

- The member school representative and testing site coordinator at a selected School will be officially notified of the performance-enhancing substance testing a minimum of twenty-four (24) hours (1 business day) but no more than forty-eight (48) hours (2 business days) before the day of testing by the third party test administrator.
- The member school representative, testing site coordinator, and/or any other school personnel notified of a performance-enhancing substance testing event are required to keep such notification confidential. Failure of a member school representative, testing site coordinator and/or any other school personnel so notified to keep such notification information confidential will be considered a violation of this policy and subject the member-school to possible sanctions in accordance with section 1.460 of the IHSA Constitution.
- Upon notification of testing, the member school representative will be required to provide an accurate and current list of all Student-athletes in grades 9-12 who are currently participating or who have participated in IHSA athletic activities at the school during the current school year to the third party test administrator for Student-athlete random selection. The member school representative will be required to submit the list within the time frame specified by the third party test administrator in their notification. The member-school is required to utilize the IHSA Performance-Enhancing Substance Testing Student-athlete Listing Form, which will be available for download on the IHSA web site. The IHSA has the authority to perform audits to ensure that schools are providing complete and accurate Performance-Enhancing Substance Testing Student-athlete Listing Forms to the third party test administrator.
- Upon arrival at the School, the Performance-Enhancing Substance testing certified collector will provide the member school representative with a list of the randomly selected Student-athletes for performance-enhancing substance testing. The randomly selected Student-athletes will be notified of performance-enhancing substance testing by the member school representative. The member school representative will notify the Student-athlete in person to report immediately to the Collection Station.
- Upon notification the member school representative will have the Student-athlete read and sign the IHSA Student-athlete Notification Form. The time of notification will be recorded on the form. The Student-athlete will report for performance-enhancing testing immediately upon notification. Failure of the Student-athlete to report immediately may be found by the Certified collector to be a violation of this protocol.
- School Personnel will be available in the Collection Station at all times to certify the identity of Student-athletes who cannot provide photo identification and will be responsible for security of the Collection Station at all times.

### **Administration of tests**

Specimens shall be collected by an independent third party administrator and forwarded to a performance-enhancing substance testing laboratory with current certification from the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services, the World Anti-Doping Agency, or another appropriate national or international-certifying organization.

### **Specimen Collection Procedures**

The methodology for taking and handling samples shall be in accordance with current legal standards and shall be reviewed annually as a part of this policy. A full explanation of the collection protocols are outlined in Appendix A of this policy.

### **Sufficiency of results**

A positive result will be any result reported as positive by the accredited laboratory. The Medical Review Officer (MRO) may grant a Medical Exception to a student-athlete who is able to produce documentation showing a legitimate medical need and a prescription from a licensed physician for a banned substance. Results reported as positive by the laboratory shall maintain positive status even though a sanction may not be applied to the student-athlete.

### **Appeal process**

If the certified laboratory reports that a student-athlete's sample has tested positive, and the IHSA Medical Review Officer confirms that there is no legitimate medical reason for a positive result, a penalty shall be imposed unless the student-athlete proves, by a preponderance of evidence, that he/she bears no fault or negligence for the violation. Appeals shall be heard in accordance with IHSA By-law 1.460 before the IHSA Board of Directors.

### **Penalties**

1. Any person who tests positively in an IHSA administered test, or any person who refuses to provide a testing sample, or any person who attempts to alter the integrity or validity of the urine specimen, or any person who reports his or her own violation, or any other breach of the IHSA protocol as determined by the independent third party administrator shall immediately forfeit his or her eligibility to participate in IHSA competition for a period of 365 days from the test results are reported to the student and the school. Any such person shall also forfeit any individual honor earned while in violation. The student may apply for reinstatement of his/her athletic eligibility no sooner than 90 calendar days of the suspension following successful completion of an approved educational program and testing negative in a subsequent substance test administered by the association's third party test administrator. The costs of the educational program, and the additional substance test, are the responsibility of the student.

Additionally, the IHSA reserves the right to conduct follow-up substance tests, in accordance with the procedures outlined in this policy, on any such person who tests positive for a banned substance class in an IHSA administered test.

2. Under the provisions of Article 1.460 of the IHSA Constitution, the Executive Director will evaluate each positive test result situation on a case by case basis to determine if a team/school penalty is appropriate.

3. Under the provisions of Article 1.460 of the IHSA Constitution, the Executive Director will evaluate each positive test result situation on a case by case basis to determine if a coach at a member school knowingly violated the rules of the testing program and if a subsequent penalty against any such coach is appropriate.

4. Under the provisions of Article 1.460 of the IHSA Constitution, appeals will be heard by the IHSA Board of Directors.

### **Reporting of Results**

In reporting results of IHSA administered substance tests, the accredited laboratory will forward all completed substance test results to the third party administrator. The third party administrator will forward all negative results to the designated IHSA representative. Upon receipt of negative test results, the IHSA will notify member schools of those results.

In the event of positive test results, however, the third party administrator will forward all positive substance test results to the MRO to determine if a medical exception is to be granted to the student-athlete. In such cases, the following shall serve as this policy's medical review process:

1. The third party administrator will notify the MRO of the positive test result. At this time, the IHSA will also be notified that a positive test result has occurred.

2. The MRO will have 48 hours from the time of their notification of the positive test result to contact the student's parent(s)/legal guardian(s). If the MRO is unable to establish contact within 48 hours, the submission time outlined in #3 shall begin.

3. The student's parent(s)/guardian(s) have 48 hours from the time of their notification of the positive test result from the MRO to respond and provide appropriate documentation/materials. If appropriate documentation is not submitted within the prescribed time period, a medical exception shall be denied.

4. Upon receipt of appropriate documentation, the MRO shall have five (5) business days to review submitted documentation/materials and make any final determination whether a medical exception shall be granted or denied.

5. Final determination will be forwarded to the third party administrator and then to the IHSA.

6. If a medical exception is not granted by the MRO for a Student-athlete with a positive finding on Specimen A, Specimen B will automatically be tested. The third party test administrator will notify the member school representative by telephone as soon as possible of the initial positive finding on Specimen A. The telephone contact will be followed by a letter (marked "confidential"), which will be mailed to the member school representative. The third party test administrator will, during the telephone conversation, advise the member school representative that Specimen B will be tested.

#### **Specimen B**

- For Student-athletes not granted a medical exception and with a positive finding on Specimen A, there is no penalty imposed until completion of analysis of Specimen B.
- The third party test administrator will contact the Parent by telephone as soon as possible and notify them of the positive finding in reference to Specimen A and that Specimen B will be tested. The telephone contact will be followed by a letter (marked "confidential"), which will be mailed to the Parent.
- The third party test administrator will, during the telephone conversation, advise the Parent that Specimen B will be tested. The third party test administrator also will inform the Parent that the Student-athlete may have representation at the Laboratory for the testing of Specimen B and that the Student-athlete in question is not subject to penalty until completion of analysis of Specimen B.
- Notification by the Parent of the intent to have representation at the Laboratory must be given to the third party test administrator within 48 hours (2 business days) of being advised that Specimen B will be tested. Notification of the desire to have a representation at the Laboratory can be accomplished via telephone, fax, e-mail or in writing to the third party test administrator.
- If the Parent desires representation for the Student-athlete at the Laboratory, they must present themselves, or, upon appropriate permissions for confidentiality being granted, their representative, at the Laboratory, at an appointed date and time, within 2 business days of the notification of intent to have representation. Any expenses associated with travel to the Laboratory for this purpose are the responsibility of the Student-athlete or their Parent. If the Parent of the Student-athlete cannot arrange for such representation, the Laboratory will arrange for a Surrogate to attend the testing of Specimen B.
- The Surrogate will not otherwise be involved with the analysis of the Specimen.

- At the testing for Specimen B, the Student-athlete, the Parent, their representative or the Surrogate will verify by signature as to the Specimen Bar Code on Specimen B, that the Specimen Bar Code seal is intact, and that there is no evidence of tampering. If the Specimen Bar Code seal on Specimen B does not match, is not intact or there is evidence of tampering, Specimen B will not be tested and will be discarded by the Laboratory. The result for that Specimen Bar Code will be reported to the third party test administrator as negative and the Student-athlete will not be subject to penalty. In this scenario, the IHSA may require that the third party test administrator collect another Specimen from the Student-athlete.
- Specimen B findings will be final. The Laboratory will inform the third party test administrator of the results.
- For Student-athletes who have a Specimen B negative finding, no further action will be taken and the Student-athlete will not be subject to penalty. Negative results for Specimen B will be communicated in the same manner that negative results for Specimen A are communicated. For Student-athletes who have a Specimen B positive finding, the third party test administrator will contact the IHSA, the Parent and the member school representative by telephone as soon as possible and notify each of the Specimen B positive finding,
- Upon notification of the Specimen B positive finding, the IHSA Executive Director shall notify the school of the student's and/or school's penalty for the positive test result.
- A positive finding may be appealed by the Student-athlete or by the Parent on the Student-athlete's behalf to the IHSA.
- Specimens with negative results are kept for five (5) business days and then discarded by the Laboratory. Specimens with positive results are kept by the Laboratory for a minimum of one (1) year.

### **Confidentiality**

Results of all tests shall be considered confidential and, unless required by a court order, shall only be disclosed to the student, his or her parents/legal guardian, the principal, assistant principal(s), and athletic director(s) of the school attended by the student.

### **Collection of results**

The IHSA Sports Medicine Advisory Committee shall annually compile and report the results of the testing program to the IHSA Board of Directors. In addition, the committee shall hear an annual report from its selected Medical Review Officer (MRO) and third party test administrator regarding the previous year's testing as a means of consultation prior to its determination of tested sports for the following school term.

### **Program renewal**

The IHSA Board of Directors shall annually determine whether this policy shall be renewed or discontinued.

## **Appendix A**

### **Non-SCAN® (Paper CCF) Monitored Specimen Collection Protocol**

1. Only those persons authorized by the collection crew chief or client representative/site coordinator will be allowed in the collection station.
2. Upon entering the collection station, the athlete will provide photo identification and/or a client representative/site coordinator will identify the athlete and the athlete will officially be signed into the collection station.
3. The crew chief and/or client representative may release a sick or injured athlete from the collection station or may release an athlete to return to competition or meet academic obligations only after appropriate arrangements for having the athlete tested have been made and documented.
4. The athlete will select a Paper CCF from a supply of such at the check-in area. With the collector's and/or client representative/site coordinator's assistance, print the athlete's name, grade, sport/activity, sex, high school name, name of parent/guardian, and parent/guardian phone number in the spaces provided. Instruct the athlete to wait in a specific area of the collection room for the monitor-collector.
5. A collector, serving as monitor (must be same gender as athlete), will determine the athlete's readiness to provide a specimen and then instruct the athlete to select a beaker from a supply of such. [Note: the beakers MUST be adequately secured in the collector room and closely observed by the collectors at ALL TIMES. The beakers must NOT be placed near the exit.]
6. The monitor will take the CCF from the athlete, verify the athlete's name with that printed on the CCF, and then escort the athlete to the restroom having the athlete keep the beaker in the monitor's view at all times.
7. Athletes may not carry any item other than his/her beaker into the restroom when providing a specimen. The athlete must remove all outer clothing (e.g., jackets, sweaters). Any problem or concern should be brought to the attention of the collection crew chief or client representation for documentation.
8. A collector will serve as a monitor to assure the integrity of the specimen until the designated volume of urine has been collected. The monitor must secure the room being used for the monitored collection so that no one except the athlete and the monitor can enter it until after the collection has been completed. Dyeing agents will be added to toilet bowls to prevent sample substitution and any unsupervised access to water will be eliminated during the collection process.
9. Monitors must be members of the official drug-testing crew and of the same gender as the athlete providing the specimen. The athlete is required to empty contents of all pockets (pockets should be turned inside out) and place in container to be left in a location where the athlete and the monitor can observe. The monitor must request the athlete raise his/her shirt high enough to observe the midsection area completely ruling out any attempt to manipulate or substitute a sample.
10. The monitor will instruct the athlete to rinse and dry hands (no soap).

11. The monitor will then remove one (1 of 4) of the short Specimen ID number barcodes from the upper right corner of the CCF and instruct the athlete to place the barcode label on the lid of the beaker. This should be done PRIOR to urinating into the beaker.
12. The monitor will allow the athlete to enter the stall and close the door for privacy during the voiding process. If the monitor hears sounds or makes other observations indicating and attempt to tamper with a specimen, there must be an additional collection.
13. The athlete must provide specimen volume of at least 90 mL.
14. Once a specimen is provided, the athlete is responsible for keeping the collection beaker closed and controlled. Athletes are then encouraged to wash hands with soap and water following urination. The monitor will inspect the volume and temperature of urine in the beaker and if not an adequate volume, place a line with a marker at the urine volume level on the outside of the beaker. The athlete should be instructed to secure the beaker. The monitor must NOT touch the beaker.
15. The athlete is allowed to place belongings back into his/her pockets.
16. The monitor must then escort the athlete back to the collection room keeping the athlete and his/her beaker in full view the entire time. The monitor will provide the athlete with his/her CCF and must instruct the athlete where to sit, how to maintain integrity of the specimen and CCF. The monitor should also advise on fluids and/or food.
17. Fluids and food given to athletes who have difficulty voiding must be from sealed containers (approved by the collector) that are opened and consumed in the station. These items must be free of any other banned substances.
18. If the specimen is incomplete, the athlete must remain in the collection station until the sample is completed. During this period, the athlete is responsible for keeping the collection beaker closed and controlled.
19. If the athlete has to leave, but will return to testing, any incomplete specimen will be discarded. The crew chief will document the reason for the athlete's departure as well as the time at which the athlete will return. If the athlete has to leave, and will not return, any incomplete specimen will be packaged and shipped to the laboratory. The crew chief will document the reason for departure and partial specimen.
20. If the specimen is incomplete and the athlete must leave the collection station for a reason approved by the collector, specimen must be discarded, but the collector can retain the partially completed CCF for the athlete's return and use to continue the specimen collection process.
21. Upon return to the collection station, the athlete will begin the collection procedure again.
22. Once an adequate volume specimen is provided, the monitor may sign his/her name in the space provided on the CCF and also mark the appropriate temperature box. The monitor will escort the athlete to the specimen processing table.
23. A collector serving as specimen processor will verify (with the athlete verbally) the beaker/specimen and CCF Specimen ID numbers match and assure the athlete's name on the CCF is correct. The specimen collector will instruct the athlete to closely observe the specimen processing steps.

24. The specimen processor will then pour less than 5 mL of urine from the beaker into a small cup and measure the specific gravity using a refractometer.
25. If the urine has a specific gravity below 1.005 (1.010 if measured with a reagent strip), no value will be recorded on the CCF and the specimen will be discarded by the athlete with the monitor observing. The athlete must remain in the collection station until another specimen is provided. The athlete will provide another specimen.
26. If the urine is concentrated (1.005 SG or higher), the specimen processor will record the specific gravity value on the CCF and then measure the urine's pH (with pH reagents or a pH meter). If in range (4.5-7.5 inclusive), the specimen processor will record the pH value on the CCF in the appropriate area. If the athlete has a pH greater than 7.5 or less than 4.5, the specimen will be discarded by the athlete with the monitor observing. The athlete must remain in the collection station until another specimen is provided. The athlete will provide another specimen. (No more than three specimens with a pH of greater than 7.5 will be collected. The third specimen will be packaged for shipment to the laboratory.
27. Once the specimen processor has determined the specimen has a specific gravity above 1.005 and a pH between 4.5 and 7.5 inclusive, the sample will be processed and sent to the laboratory. The laboratory ultimately makes final determination of sample adequacy.
28. If the laboratory determines that an athlete's sample is inadequate for analysis, at the client's discretion, another sample may be collected.
29. If an athlete is suspected of manipulating specimens (e.g., via dilution), the client will have the authority to perform additional tests on the athlete.
30. Once a specimen has been provided that meets the on-site specific gravity and pH parameters, the athlete will select a sample collection kit from a supply of such.
31. The specimen processor will open the kit, demonstrate to the athlete the vials are securely sealed, open the plastic, and open the A vial lid. The processor will pour approximately 60 mL of urine into the "A vial" and close the lid. The processor will pour approximately 25 mL into the "B vial" and close the lid.
32. The specimen processor will securely close the lids on each vial and then seal each vial using the vial seals attached to the CCF; assuring seals are tightly adhered to the vials with no tears or loose areas.
33. The specimen processor must then collect all necessary signatures (and dates/times where indicated) on the CCF (donor, witness, and collector/specimen processor). Any deviation from the procedures must be described and recorded. If deviations are alleged, the athlete will be required to provide another specimen.
34. The specimen processor will place the laboratory copy of the CCF in the back pouch of the plastic bag and the vials the front pouch of the same bag. The bag should then be sealed by removing the cover from the glue on the flap and accurately placing the glued flap area directly over the bag opening ("railroad tracks"). The sealed bag with vials will then be placed in the sample box. The box will then be sealed with the box seal attached to the bottom right of the CCF.
35. The specimen processor will have the athlete confirm the box seal Specimen ID number is the same as the bar-coded number printed on the CCF in the upper right corner.

36. The athlete is then released by the collector.
37. All sealed samples will be secured in a shipping case. The collector will prepare the case for forwarding.
38. After the collection has been completed, the samples will be forwarded to the laboratory and copies of any forms forwarded to the designated persons.
39. The samples become the property of the client.
40. If the athlete does not comply with the collection process, the collector will notify the client representative/site coordinator and third party administrator responsible for management of the drug-testing program.





### 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



**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/>



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

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program 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 program implementation in the IHSA Schools Center.

IHSA PES Testing Program

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>

## **IHSA Steroid Testing Policy Consent to Random Testing**

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at [www.IHSA.org](http://www.IHSA.org). We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at <http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>



## IHSA Sports Medicine Acknowledgement & Consent Form

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## Acknowledgement and Consent

### Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

#### STUDENT

Student Name (Print): \_\_\_\_\_ Grade (9-12) \_\_\_\_\_

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

#### PARENT or LEGAL GUARDIAN

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

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

Relationship to student: \_\_\_\_\_

### Consent to Self Administer Asthma Medication

As a patient under my care, \_\_\_\_\_, is prescribed to self-administer the following asthma medication.

Medication \_\_\_\_\_

Purpose \_\_\_\_\_

Dosage \_\_\_\_\_

Time/Special Circumstances \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

I, \_\_\_\_\_, do hereby give my son/daughter, \_\_\_\_\_, Permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date