

Parental Permit

Students are given the opportunity to participate in the following activities:

High School

Fall Boys Cross Country, Girls Cross Country, Girls Swimming, Football, Volleyball, Boys Golf, Girls Golf, Boys Soccer, Cheerleading, Marching Band, Flags, Drama

Winter Boys Basketball, Girls Basketball, Wrestling, Boys Swimming, Cheerleading, Pom Poms, Chorus, Speech, Jazz Band, Madrigals, Scholastic Bowl, Chess, Concert Band, Drama, Group Interpretation

Spring Boys Track, Girls Track, Softball, Baseball, Girls Soccer, Show Choir, Drama

Middle School

Fall Boys Cross Country, Girls Cross Country, Baseball, Softball, Girls Basketball, Band

Winter Boys Basketball, Wrestling, Volleyball, Cheerleading, Dance, Chorus, Speech, Chess, Drama

Spring Boys Track, Girls Track, Scholastic Bowl

To participate in HIGH SCHOOL Activities, students must pass 3 of 4 courses per semester and 3 of 4 courses every week.

To participate in MIDDLE SCHOOL Activities, students must pass ALL courses each week.

In addition to passing academic coursework, a parental and doctor's permission for athletics must be completed. Parents/Guardians must carry accident insurance or waiver for athletics. Parents/Guardians and student-participants must also sign the Activities Agreement.

Doctor's Permit

Every student participating in Illinois High School Association (IHSAA) or Illinois Elementary School Association (IESA) athletics must have a valid physical on file with the school. **Physicals MUST be valid through an entire athletic season PRIOR to participation during that sport season (ex.--physical MUST be valid entire Wrestling season to be able to START Wrestling practice/season). Physicals are valid for 1-year (365 days) from the date of examination.**

Insurance Release

Waiver

We, the undersigned parents/guardians of _____, a student at Olympia CUSD #16, Stanford, Illinois, who desires to participate in school sponsored activities for which accident insurance is required by the Board of Education, hereby certify that such student is covered by accident insurance with the following company and which policy we agree to keep in effect throughout the current school year:

Insurance Company: _____ Insurance Policy Number: _____

Premiums paid: _____

We, therefore, do not want said student included in any accident insurance plan provided by the school; and we hereby waive any claim against said school, and the officers and employees thereof for reimbursement for any expense incurred on account of any accidental injury to said student may suffer while participating in such activities.

Date: _____ Signature of Parent/Guardian: _____

School Insurance Receipt

Accident insurance has been purchased as specified by the school for the current year. The student may be issued equipment and be permitted to practice.

Insurance Plan

School Time Coverage: _____ 24 Hour Coverage: _____ Football Coverage: _____ School Verification: _____

Activities Agreement

Olympia CUSD #16 believes it is the function of the activities program to provide activities which are interesting, wholesome, and is enjoyable for all students. The overall objective of the program is to develop skills, sportsmanship, and a spirit of competitiveness for each participant. All parents/guardians and participants are asked to read and discuss the implications of participation in the high school and/or middle school activities program before signing this form.

Activities Code

(see Activities Code in Student Handbook or ask for a copy prior to signing)

As a student-participant, I have received a copy of the Olympia Activities Code and have read and understand it contents. If I choose to participate in an extracurricular activity, I will abide by these rules. In addition, I have read and understand the IHSA/IESA rules and agree to abide by those rules.

DATE: _____

Signature of Student-Participant: _____

As a parent, I have received a copy of the Olympia Activities Code and have read and understand its contents. My son/daughter has my permission to practice and compete in the activities at Olympia High School and/or Olympia Middle School. I also approve of my son/daughter abiding by all the conditions of the Activity Code and the IHSA/IESA eligibility rules (found in the High School student handbook or on-line at www.ihsa.org & www.iesa.org). In addition, I realize such activity involves the potential for injury, which is inherent in all activities. I acknowledge that injuries may occur.

Residency/Guardianship

I also verify that this student is living with his/her natural parents or legal guardians. I further understand that if my son/daughter is not living with both his/her parents, IHSA/IESA rules require the student to reside with his/her legal guardian to be able to compete athletically.

I agree to attach a copy of court filed, legal documents as proof of legal guardianship, if necessary, due to divorce, legal separation, foster parent or adoptive parent status.

In the event residency/guardianship changes during the school year the OHMS Activities Office MUST be notified immediately.

DATE: _____

Signature of Parent/Guardian: _____

Physical Examination

Height _____ Weight _____ Blood Pressure _____
 Pulse: resting _____ 15 beats _____ after 2 minutes _____
 Visual Acuity: Eyes (R) 20/ _____ w/o glasses _____ 1L 20/ _____ w/ glasses _____

Other Testing	Normal	Abnormal Findings
1. General		
2. Skin		
3. HEENT		
4. Teeth (Dental Exam)		
5. Neck		
6. Lungs		
7. Heart (Sit and Stand)		
8. Abdomen		
9. Genitalia		
10. Musculoskeletal		
Neck		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Back		
Hip/Thigh		
Knee		
Shin/Ankle		
Ankle/Leg		
Foot		
11. Peripheral Pulses		
12. Neurologic		
13. Mental Status		
14. Martin Screen		

Other Tests (optional)
 _____ Auditory _____ U/V _____ EKG
 _____ % Body Fat _____ Drug Screen _____ Chest X-Ray
 _____ Hgb/Hct _____ SMAC _____ Tanner Stage

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for one year.
 Yes _____ No _____ Limited _____

Additional Comments:

Examination Date _____ Physician's Signature _____
 Physician's Assistant Signature* _____
 Advanced Nurse Practitioner Signature* _____

* 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.

Student's Name _____ School Name _____

Consent Form to self administer asthma medication
(not needed if current form is already on file with school)

Parent Consent

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

Parent Signature _____ Date _____

Physician Consent

As a patient under my care, _____ is prescribed to self-administer the following asthma medication:

Medication _____

Purpose _____

Dosage _____

Time/Special Circumstances _____

Physician Signature _____ Date _____

IHSA Steroid Testing Policy Consent to Random Testing

In January 2005, the Illinois High School Association's Board of Directors approved a plan developed by the IHSA's Sports Medicine Advisory Committee to implement random testing for steroids and performance-enhancing dietary supplements of teams and individuals qualifying for state finals competition.

Beginning with the 2008-09 school term, any student-athlete who ingests or otherwise uses substance from the association's banned drug classes, without written permission by a licensed physician, to treat a medical condition, violates IHSA By-law 2.175 and its subsections, and is subject to IHSA penalties, including ineligibility from competition. The IHSA will test certain randomly selected individuals and teams that participate in state series competitions for banned substances. The results of all tests shall be considered confidential and shall only be disclosed to the student, his or her parents, and his or her school.

By signing below, we consent to random testing in accordance with the IHSA's steroid testing policy. We understand that, if the student or the student's team participates in state series competitions, the student may be subject to testing for banned substances.

No student-athlete may participate in IHSA state series competition unless the student and the student's parent/guardian consent to random testing.

A complete list of the current IHSA Banned Drug Classes can be accessed at http://www.ihsa.org/initiatives/sportsMedicine/files/IHSA_banned_list-2007-08.pdf.

Signature of student-athletes _____ Date _____
 Signature of parent-guardian _____ Date _____





Preparticipation Examination

To be completed by athlete or parent prior to examination.

Name _____ Sport/Position _____
 Last First Middle
 Social Security Number _____ School Year _____
 Address _____
 City/State _____ Phone No. _____
 Birthdate _____ Age _____ Class _____ Student ID No. _____
 Parent's Name _____
 Address _____
 Phone No. _____
 Person to contact in case of emergency _____
 Phone No. _____
 Family Doctor _____ City/State _____
 Phone No. _____

Past Medical History

	Yes	No	If yes, please explain (what, where, when)
1. Presently taking medication (including birth control pills)?	_____	_____	_____
2. Have you been diagnosed with asthma?	_____	_____	_____
3. Have you been prescribed by a physician to use any asthma medication?	_____	_____	_____
4. Do you have a current consent form to self-administer the asthma medication on file with your school?	_____	_____	_____
5. Allergic to medicine, foods, bee stings?	_____	_____	_____
6. Wears any appliances—glasses, contact lenses?	_____	_____	_____
7. History of braces, chipped teeth, bridges?	_____	_____	_____
8. Has ongoing medical problem?	_____	_____	_____
9. Had serious or significant illness in past?	_____	_____	_____
10. Any past surgical operations, accidents, non-sports or related injuries?	_____	_____	_____
11. Any past injuries directly related to sports?	_____	_____	_____
12. Any hospitalization not explained above?	_____	_____	_____
13. Any known deformities (such as curvature of back, heart problems, one kidney, blindness in one eye, one testicle, etc.)?	_____	_____	_____
14. Any serious family illness (such as diabetes, bleeding disorders, etc.)?	_____	_____	_____
15. Heart			
Have you ever passed out during or after exercise?	_____	_____	_____
Have you ever been dizzy during or after exercise?	_____	_____	_____
Have you ever had chest pain during or after exercise?	_____	_____	_____
Do you get tired more quickly than your friends do during exercise?	_____	_____	_____
Have you ever had racing of your heart or skipped heartbeats?	_____	_____	_____

	Yes	No	If yes, please explain (what, where, when)
Have you had high blood pressure or high cholesterol?	_____	_____	_____
Have you ever been told you have a heart murmur?	_____	_____	_____
Has any family member or relative died of heart problems or of sudden death before age 50?	_____	_____	_____
Have you had a severe viral infection (for example myocarditis or mononucleosis) within the last month?	_____	_____	_____
Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	_____
Has anyone in your family had a heart attack before the age of 50?	_____	_____	_____
16. Head and Nerve			
Have you ever had a head injury or concussion?	_____	_____	_____
Have you ever been knocked out, become unconscious, or lost your memory?	_____	_____	_____
Have you ever had a seizure?	_____	_____	_____
Do you have frequent or severe headaches?	_____	_____	_____
Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	_____
Have you ever had a stinger, burner or pinched nerve?	_____	_____	_____
17. Last tetanus shot?	_____	_____	Date _____
18. Last eye exam?	_____	_____	Date _____
19. Last menstrual period (if women)	_____	_____	Date _____

Personal Habits

	Yes	No
1. Smoking/smokeless tobacco	_____	_____
2. Alcohol/non-medical drugs: marijuana, cocaine, etc	_____	_____
3. Steroids	_____	_____
4. Eating Disorders - weight loss or gain?	_____	_____

Review of systems (Please check if you have any problems with any of the following areas of your body):

_____ Skin	_____ Lungs	_____ Shoulders, Arms,
_____ Head	_____ Heart	_____ Hands
_____ Eyes	_____ Abdomen	_____ Hips, Legs, Feet
_____ Ears	_____ Back	_____ Muscles—Strength,
_____ Nose	_____ Urination,	_____ Feeling
_____ Mouth/Throat	_____ Bowel Control	_____ Mental, Emotional
_____ Nutrition,	_____ Genital (including	_____ Fatigue
_____ Weight Control	_____ menstrual for women)	_____ Other: What?
_____ Neck		

I certify that the above information is correct to the best of my knowledge.

Student Signature _____

Parent/Guardian Signature _____

Both Student And Parent/Guardian Signatures Are Mandatory