

**CLEVELAND HILL UNION FREE SCHOOL DISTRICT
ATHLETIC PERMISSION FORM**

The District's athletic program provides opportunities for students to be involved in various levels of athletic competition. As a District student-athlete, I:

- 1) Have read and agree to abide by the *Code of Conduct*, athletic handbook, and all applicable rules.
- 2) Have read the information provided about concussions on page 2. I will follow all rules and protocols regarding the care and treatment of concussions and returning to play.
- 3) Understand that I am responsible for all uniforms, equipment, and supplies provided by the District. I will assume financial responsibility for any items lost or damaged beyond normal use, wear, and tear.
- 4) Agree to notify the school nurse and my coach of any medical, health, physical, or other issue that could jeopardize my participation, even if it happens outside of school.
- 5) Understand that there is an inherent risk of injury while participating in athletics, which includes sustaining a concussion or other serious injury, and even death. I agree to assume all risks of participating in District athletics.

| | | |
|----------------------|------|---------------------------|
| Student-Athlete Name | Date | Student-Athlete Signature |
|----------------------|------|---------------------------|

I understand that there are inherent risks associated with athletics, which include sustaining concussions and death. As the parent or guardian of a District student-athlete, I give permission for my child to participate in athletics for the 20__-20__ school year. I have read the *Code of Conduct*, athletic handbook, and concussion information provided on page 2, and I will do everything possible to help my child abide by all codes, protocols, and rules. I further understand that the District provides secondary, excess insurance for student injuries that may not pay any costs related to an injury sustained by my child; my family insurance is primary and I will file any claim with my insurance first.

| | | |
|-------------------------|------|------------------------------|
| Parent or Guardian Name | Date | Parent or Guardian Signature |
|-------------------------|------|------------------------------|

EMERGENCY MEDICAL TREATMENT

In the event that I cannot be reached and my child requires emergency medical attention, I grant permission to a licensed physician or other emergency health care professional designated by the District athletic staff to attend to my son or daughter in an appropriate medical setting.

| | |
|------------------------------|------|
| Parent or Guardian Signature | Date |
|------------------------------|------|

CONCUSSIONS

A concussion is a mild traumatic brain injury. Concussions occur when normal brain functioning is disrupted by a blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Symptoms of a concussion may include: amnesia; confusion or appearing dazed; headache or head pressure; loss of consciousness; balance difficulty, dizziness, or clumsy movements; double or blurry vision; sensitivity to light or sound; nausea, vomiting, or loss of appetite; irritability, sadness or other changes in personality; feeling sluggish, foggy, groggy, or lightheaded; concentration or focusing problems; slowed reaction times; drowsiness; fatigue; or sleep issues.

**CLEVELAND HILL UNION FREE SCHOOL DISTRICT
ATHLETIC PERMISSION FORM (Cont'd.)**

In the event a student has suffered a concussion, a private medical provider may choose to clear the student to begin a graduated return to activities once he or she has been symptom-free and at rest for 24 hours. The District's Medical Director, however, will give final clearance for return to activity. This return to activity will, generally, consist of the following progression:

- Phase 1** - Low impact, non-strenuous, light aerobic activity such as walking or riding a stationary bike. If tolerated without return of symptoms over a 24-hour period, proceed to;
- Phase 2** - Higher impact, higher exertion, and moderate aerobic activity such as running or jumping rope. No resistance training. If tolerated without return of symptoms over a 24-hour period, proceed to;
- Phase 3** - Sport-specific, non-contact activity. Low resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to;
- Phase 4** - Sport-specific activity, non-contact drills. Higher resistance weight training with a spotter. If tolerated without return of symptoms over a 24-hour period, proceed to;
- Phase 5** - Full-contact training drills and intense aerobic activity. If tolerated without return of symptoms over a 24-hour period, proceed to;
- Phase 6** - Return to full activities without restrictions.

Students may be required to meet additional benchmarks required by their treating physician or the District Medical Director before returning to activities.