COLLINSVILLE HIGH SCHOOL ATHLETICS INFORMATION SHEET

STUDENT INFORMATION:

FULL NAME: _____ Birth Date: _____

GRADE: □9th □ 10th □ 11th □12th SPORT: _____ PHONE: _____

HOME ADDRESS: _____
(Street, City, State, & Zip)

MEDICAL INFORMATION:

ALLERGIES: _____ MEDICATIONS: _____

EXISTING MEDICAL CONDITIONS/CONCERNS: _____

EMERGENCY CONTACT INFORMATION:

RELATIONSHIP: □ Father □ Mother □ Guardian □ Grandparent □ Other_____

FULL NAME: _____

WORK PHONE: _____ CELL PHONE: _____
(Include Area Code) (Include Area Code)

UNDERSTANDING OF CONCUSSION IN SPORTS

I have read the concussion info at: http://www.ihsa.org/Resources/SportsMedicine/ConcussionManagement.aspx. I understand the importance of recognizing the symptoms of a concussion. I understand and accept the responsibility of reporting such symptoms to the proper school and medical professionals.

PARENT/GUARDIAN INITIALS_____ STUDENT INITIALS_____

MEDICAL AUTHORIZATION

TO WHOM IT MAY CONCERN:

I, the undersigned, being the parent or legal guardian of _____ do hereby grant to any hospital, emergency center, doctor, nurse, and/or paramedic authorization to grant treatment to my child, when accompanied by or escorted to the treatment facility by a teacher, coach, teacher's aide, principal, or any member of Collinsville Unit District #10 Board of Education. Further, should the attending physician determine after examination that life-saving surgery or other life saving procedures might be necessary; permission is hereby extended to the above parties to grant it. Additionally, I agree to hold harmless such personnel and the Collinsville Unit District #10 Board of Education by action of granting said permission.

_____ _____
Signature of Parent/Guardian of Above-Named Child Date