

# New Trier High School Emergency Information

Name: \_\_\_\_\_ Year in School: ☐ Fr ☐ Soph ☐ Jr ☐ Sr

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sport: \_\_\_\_\_ Advisor: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Work Phone: (\_\_\_\_) \_\_\_\_\_

Father's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Mothers Cell Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Work Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Please indicate **ANY** medical conditions: allergic reactions, contact lenses (hard/soft), asthma, previous injuries, current medications (and why), etc.

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I give my consent/permission to any supervising coach of any sport in which my child is at or participating in for New Trier High School, and the right, on my behalf and in my stand, to arrange for licensed and certified physicians and/or athletic trainers to render and provide immediate treatment to my child as to injuries that may be sustained by my child while participating in such sport, whether directly or indirectly, and whether sustained during practice or in active interscholastic competition, and all without necessity of any further or additional express authorization by me other than for this authorization.

My above permission and consent also extends to the right of any such supervising coach or school personnel to arrange for immediate medical treatment by a licensed or certified physician and/or athletic trainer, and for them to apply such emergency techniques as may be necessary to my child where the same, in their judgment, is deemed appropriate by reason of any injury sustained by my child, and where the same, in their judgment, is deemed reasonably necessary to preserve life or limb of my child.

**We have reviewed the provided information, on page two of this document, regarding the Management of Concussions in Sports.** For further information please visit the National Federation for High School (NFHS) website and click on A Parent's Guide to Concussion in Sports.



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

Signature Parent/Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

# Sports Medicine



ILLINOIS HIGH SCHOOL ASSOCIATION

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• [www.ihsa.org](http://www.ihsa.org) • Phone: 309-663-6377 • Fax: 309-663-7479 •

## IHSA Protocol for Implementation of NFHS Sports Playing Rule for Concussions

**“Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the contest and shall not return to play until cleared by an appropriate health care professional.”**

The above language, which will appear in all National Federation sports rule books for the 2010-11 school term, reflects a strengthening of rules regarding the safety of athletes suspected of having a concussion, but not a revision in primary responsibilities in these areas. Previous rules required officials to remove any athlete from play who was “unconscious or apparently unconscious.” This revised language reflects an increasing focus on safety, given that the vast majority of concussions do not involve a loss of consciousness. However, the revised language does not create a duty that officials are expected to perform a medical diagnosis. The change in rule simply calls for officials to be cognizant of athletes who display signs, symptoms, or behaviors of a concussion from the lists below and remove them from play.

**NOTE: The persons who should be alert for such signs, symptoms, or behaviors consistent with a concussion in an athlete include appropriate health-care professionals, coaches, officials, parents, teammates, and, if conscious, the athlete him/herself.**

### Definition of a Concussion

A concussion is a traumatic brain injury that interferes with normal brain function. An athlete does not have to lose consciousness (be “knocked out”) to have suffered a concussion.

### Behavior or signs observed indicative of a possible concussion

- Loss of consciousness
- Appears dazed or stunned
- Appears confused
- Forgets plays
- Unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Shows behavior or personality changes
- Can't recall events prior to or after the injury

### Symptoms reported by a player indicative of a possible concussion

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

This protocol is intended to provide the mechanics to follow during the course of contests/matches/events when an athlete sustains an apparent concussion. For the purposes of this policy, appropriate health care professionals are defined as: physicians licensed to practice medicine in all its branches in Illinois and certified athletic trainers.

1. During the pre-game conference of coaches and officials, the official shall remind the head coaches that a school-approved appropriate health care professional will need to clear for return to play any athlete removed from a contest for an apparent head injury.
2. The officials will have no role in determining concussion other than the obvious situation where a player is unconscious or apparently unconscious as is provided for under the previous rule. Officials will merely point out to a coach that a player is apparently injured and advise the coach that the player should be examined by the school-approved health care provider.
3. If it is confirmed by the school's approved health care professional that the student did not sustain a concussion, the head coach may so advise the officials during an appropriate stoppage of play and the athlete may re-enter competition pursuant to the contest rules.
4. Otherwise, if an athlete can not be cleared to return to play by a school-approved health care professional as defined in this protocol, that athlete may not be returned to competition that day but is subject to return to play protocols established by the athlete's school.
5. Following the contest, a Special Report shall be filed by the contest official(s) with the IHSA Office through the Officials Center.
6. In cases where an assigned IHSA state finals event medical professional is present, his/her decision to not allow an athlete to return to competition may not be over-ruled.

Additional information regarding concussion has been made available to IHSA member schools and licensed officials and can be accessed on the IHSA Sports Medicine website at <http://www.ihsa.org/initiatives/sportsMedicine/index.htm>.