



## Parent and Student Agreement/Acknowledgement Form Performance-Enhancing Substance 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 ACKNOWLEDGMENT 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 Substances 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 understand that testing may occur during selected IHSA state series events or during the school day. 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 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 substances use and may be asked to submit to testing for the presence of performance-enhancing substances in his/her body. I understand that testing may occur during selected IHSA state series events or during the school day. 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 Substance 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.

Parent/Guardian Name (Print): \_\_\_\_\_

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

# MORRISON HIGH SCHOOL

## Consent to Perform Drug Testing

This form must be completed and signed by each high school individual and his/her parent or legal guardian planning on participating in at least (1) extracurricular activity. Eligibility for participation will not be granted until this form has been signed and returned to Morrison High School.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Number of Extracurricular Activities students plans on participating in : \_\_\_\_\_

### Statement of Random Drug-Testing Consent

By signing this form, I affirm the following:

- I am aware of the Morrison High School and Morrison Community School District #6 Random Drug Testing policy.
- I am aware that failure to sign this consent form will prohibit my son and/or daughter from participating in any extracurricular activity at Morrison High School until such time as a signed consent form is returned to the high school..
- I was provided an opportunity to review the procedures for the testing program and understand the test procedures, penalties for a non-negative result, and my rights/rights of my student to challenge a non-negative test result as well as the right to appeal any penalties imposed based on such result.
- I agree to allow a trained technician to test my student if his /her corresponding number is randomly chosen in order to remain eligible for participation in extracurricular activities at Morrison High School.
- I agree that my student will provide a urine sample to the testing technician upon request. I understand that if my student fails or refuses to do so, he/she will be immediately suspended from all extra-curricular activities outlined in the Morrison High School Extracurricular Code of Conduct.
- I understand that this consent form and the results of any drug test are completely confidential and will be shared only with the testing technician, testing lab/medical resource officer, athletic director, coach, principal, student, and his/her parents and/or legal guardian.
- I understand that test results will not be made part of my students permanent school record and cannot be used as evidence in any criminal proceeding.

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

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

# MHS

## Concussion Information Sheet

### **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 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 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/>

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Student-Athlete Name Printed

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Student-Athlete Signature

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Date

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date



## 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:

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|--|--|
| <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> |
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### Signs observed by teammates, parents and coaches include:

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| <ul style="list-style-type: none"><li>• Appears dazed</li><li>• Vacant facial expression</li><li>• Confused about assignment</li><li>• Forgets plays</li><li>• Is unsure of game, score, or opponent</li><li>• Moves clumsily or displays incoordination</li><li>• Answers questions slowly</li><li>• Slurred speech</li><li>• Shows behavior or personality changes</li><li>• Can’t recall events prior to hit</li><li>• Can’t recall events after hit</li><li>• Seizures or convulsions</li><li>• Any change in typical behavior or personality</li><li>• Loses consciousness</li></ul> |
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**MORRISON HIGH SCHOOL  
EXTRA-CURRICULAR PARTICIPATION/WAIVER FORM**

_____ Student Last Name		_____ Student First Name	
_____ Address		_____ Phone	
		Foreign Exchange Student Yes _____ No _____	
_____ Birthdate	_____ Grade		
_____ Mother's Name	_____ Address	_____ Phone	
_____ Father's Name	_____ Address	_____ Phone	
_____ Legal Guardian	_____ Address	_____ Phone	

Does the student reside full-time with parents. Custodial parent or court appointed legal guardian within the boundaries of this district? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Date of last physical exam

\_\_\_\_\_  
Emergency Contact

First activity for which this form was initiated \_\_\_\_\_

**INSURANCE WAIVER**

- In order to participate in extra-curricular activities in the Morrison Schools, each participant must have a current accident insurance policy in force which will cover him/her during the entire school year.
- Parents who have a current accident insurance policy in force which covers their student must file the statement with the high school office. (Parents who do not have a current accident insurance policy may purchase a plan from a local or area insurance agent).

**DISCLAIMER OF LIABILITY**

- The Morrison School District, its staff and the extra-curricular departments do not assume any liability for any injuries incurred while a student is participating in extra-curricular activities or while the student is enroute to or from any activity.
- Students participating in extra-curricular activities and a user of the equipment and facilities of the Morrison School District do so at his/her own risk. Students who elect to participate must recognize that injuries may occur which could be crippling for life.
- The Morrison School District and its staff shall not be liable for any damages arising from personal injury sustained by the participant. The participant and his/her parents assume full responsibility for any damages or injuries which may occur during practice, events, travel from and to events and so hereby fully and forever exonerate and discharge the Morrison School District, its extra-curricular departments, its staff, its Board of Education, employees and agents from any and all claims, demands, damages, right of action, causes of action present or future whether the same be known, anticipated, or unanticipated resulting from or arising out of participation in an event and is use of school facilities or while an extra-curricular member.

**CONFIRMATION OF INSURANCE**

- I understand the Disclaimer of Liability. I have an insurance policy which covers my son/daughter while engaged in extra-curricular programs of the Morrison School District.

Name of Insurance Company \_\_\_\_\_

**PARENT PERMIT**

I give permission for my son/daughter to participate in all extra-curricular programs except:  
(Please list any activity for which you do not give permission \_\_\_\_\_)

**EXTRA-CURRICULAR CODE:**

We also confirm that all information stated herein is correct and acknowledge that we have read and fully understand the Morrison High School Extra-Curricular Policy and support any penalties which may be enacted. (Policy may be kept by parents.)

**PARENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_