

CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (Current and Potential): _____

School: _____ Grade: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that an interscholastic student athlete, in grades 5-12, who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries, and at least twenty-four hours have passed since the injury occurred.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian for the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian)

(Date)

MICHIGAN CITY MIDDLE SCHOOL ATHLETIC PERMIT FORM

Name _____ Date of Birth ____/____/____ Gender ____
Parent(s)/Guardian(s) _____ Parent Email _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Permission

Yes, my son/daughter has permission to practice and compete in the Michigan City Middle Schools interscholastic sports program during fall, winter, and/or spring. I understand that he/she must be passing at least five classes when a periodic eligibility check is done, and have passed at least five classes with a 1.5 GPA in the previous term to be allowed to compete. I assume responsibility in case of accident or injury, including responsibility for any insurance coverage.

Parent/Guardian Signature _____ **Date** _____

Seasonal Transportation & Medical Release

I understand I must observe all school rules while on the bus and at competitions. _____
Student Signature

I give my permission for my child to travel to competitions on school authorized vehicles, and I authorize the coach to secure needed medical treatment in case of an emergency in the event I cannot be reached.

Emergency Contact Name _____ Phone Number _____

Parent/Guardian Signature _____ **Date** _____

Student-Athlete Handbook

I have read and I understand and agree to abide by the policies, rules, and regulations set forth in the Michigan City Area Schools Student-Athlete Handbook.

Parent/Guardian Signature _____ **Student Signature** _____ **Date** _____

Emergency Medical Authorization

Whenever _____ (*student's printed name*) is involved in a school activity or I am unavailable or otherwise unable to provide authorization directly, I grant to the Michigan City Area Schools' athletic staff the authority to act for me and to provide any required consents for the delivery of emergency medical examination, treatment and transportation, including surgical intervention, and do all other necessary things as I might or could do if I were present.

Insurance Information

Company Name _____

Member Name _____

Identification Number _____ Group Number _____

Phone Number _____

Family Physician _____ Phone Number _____

Brief Medical History (**Please** list any allergies and/or existing medical conditions) _____

Parent/Guardian Signature _____ **Student Signature** _____ **Date** _____

Concussion Release

I have read and I understand and agree to abide by the policies, rules, and regulations set forth in the IHSAA Concussion Policy, including the Return to Play Policy.

Parent/Guardian Signature _____ **Student Signature** _____ **Date** _____