



Komarek School - Permission Slip for Athletics

1. Students in grades 6 - 8 may participate.
2. All participants must have a CURRENT sports physical on file in the Nurse's Office PRIOR to try-outs.
3. All students in grades 6 - 8 who wish to participate in one or more of the interscholastic teams at Komarek are required to pay an **annual athletic fee of \$50.00**. For those students who do not make a team, the athletic fee is refundable at the end of the school year.
4. All student-athletes are representatives of Komarek School. For this reason, they must exhibit positive behavior and sportsmanship at all times - during the school day, at practice, on the bus to and from games, and at the games themselves. (See handbook for conduct policy)
5. The coach and all adults associated with the team will expect the full cooperation and respect of all players and parents.
6. I have read and understand the concussion information sheet and filled out the Interscholastic Athletic Participation Form (attached).

All permission slips and Interscholastic Athletic Participation Forms should be returned to Ms. Banas or the school office. We look forward to many challenging, rewarding, and fun athletic seasons this school year!

Sincerely,
Ms. Banas, Komarek School Athletic Director
& Komarek School Coaches

I give my athlete, _____, in grade _____,
permission to try out for the following Komarek Interscholastic Sport Programs:

(Check All That Apply)

_____ Soccer (Co-ed)

_____ Boys Volleyball

_____ Boys Basketball

_____ Girls Volleyball

_____ Girls Basketball

_____ Cheerleading (Co-ed)

_____ Cross Country (Co-ed, 5th-8th Grade)

Parent or Guardian Signature

Date

STATE LAW REGARDING SPORTS-RELATED HEAD INJURY & CONCUSSIONS

The Illinois General Assembly now requires that all schools subject to the Illinois Interscholastic Elementary School Association adhere to a new law regarding sports-related head injuries and concussions. The law requires:

1. All Illinois schools to establish “return to sports” and “return to learn” protocols for students with concussions by the start of the 2016-2017 school year.
2. If a student athlete sustains a concussion or is suspected of sustaining a concussion during a practice or game, the law now mandates taking the student out of play or practice, and requires written certification from a licensed medical professional for “return to play” and “return to learn”.
3. That student athletes and their parents (as well as coaches, athletic directors, school nurses, physicians and others) learn about the consequences of head injuries and concussions through training programs and/or written materials.

Part I – SIGNS AND SYMPTOMS OF A CONCUSSION

- A concussion should be suspected if any one or more of the following signs or symptoms are present, OR if the coach/evaluator is unsure.

1. Signs of a concussion may include (what the athlete looks like):

- | | |
|---|--|
| ■ Confusion/disorientation/irritability | ■ Act silly/combatative/aggressive |
| ■ Trouble resting/getting comfortable | ■ Repeatedly ask same questions |
| ■ Lack of concentration | ■ Dazed appearance |
| ■ Slow response/drowsiness | ■ Restless/irritable |
| ■ Incoherent/ slurred speech | ■ Constant attempts to return to play |
| ■ Slow/clumsy movements | ■ Constant motion |
| ■ Loss of consciousness | ■ Disproportionate/inappropriate reactions |
| ■ Amnesia/memory problems | ■ Balance problems |

2. Symptoms of a concussion may include (what the athlete reports):

- | | |
|----------------------------|--|
| ■ Headache or dizziness | ■ Oversensitivity to sound/light/touch |
| ■ Nausea or vomiting | ■ Ringing in ears |
| ■ Blurred or double vision | ■ Feeling foggy or groggy |

Note: Public Act No. 99-245 requires that a coach **MUST** immediately remove a student- athlete from participating in any intramural or interscholastic athletic activity who (A) is observed to exhibit signs, symptoms or behaviors consistent with a concussion following a suspected blow to the head or body, or (B) is diagnosed with a concussion, regardless of when such concussion or head injury may have occurred. **Upon removal of the athlete a qualified school employee must notify the parent or legal guardian within 24 hours that the student athletes has exhibited the signs and symptoms of a concussion.**

Part II – RETURN TO PARTICIPATION (RTP)

Currently, it is impossible to accurately predict how long concussions will last. There must be full recovery before someone is allowed to return to participation. Illinois Law now requires that no athlete may resume participation until they have received written medical clearance from a licensed healthcare professional (Physician, Physician Assistant, Advanced Practice Registered Nurse) trained in the evaluation and management of concussions.

Concussion management requirements:

1. No athlete **SHALL** return to participation Return to Play (RTP) on the same day of concussion.
2. Any loss of consciousness, vomiting or seizures the athlete **MUST** be immediately transported to the hospital.
3. Close observation of an athlete **MUST** continue following a concussion. This should be monitored for an appropriate amount of time following the injury to ensure that there is no escalation of symptoms.
4. Any athlete with signs or symptoms related to a concussion **MUST** be evaluated from a licensed healthcare professional (Physician, Physicians Assistant, Advanced Practice Registered Nurse, Athletic Trainer) trained in the evaluation and management of concussions.

5. The athlete MUST obtain an initial written clearance from one of the licensed healthcare professionals mentioned above directing them into a well defined RTP stepped protocol similar to one outlined below. If at any time signs or symptoms should return during the RTP progression the athlete should cease activity*.

6. After the RTP protocol has been successfully administered (no longer exhibits any signs or symptoms or behaviors consistent with concussions) , final written medical clearance is required by one of the licensed healthcare professionals mentioned above for them to fully return to unrestricted participation in practices and competitions.

Medical Clearance RTP protocol (Recommended one full day between steps)

Rehabilitation stage	Functional exercise at each stage of rehabilitation	Objective
1. No Activity	Complete physical and cognitive rest until asymptomatic. School may need to be modified.	Recovery
2. Light aerobic activity	5 to 10 minutes of an exercise bike, walking or light jogging.	Increase Heart Rate
3. Moderate Activity	Moderate jogging, brief running, moderate-intensity stationary biking, moderate-intensity weightlifting (less time and/or less weight from their typical routine)	Add movement
4. Heavy, non-contact activity	Progression to heavy non-contact physical activity, such as sprinting/running, high-intensity stationary biking, regular weightlifting routine, non-contact sport-specific drills (in 3 planes of movement).	Exercise, coordination and cognitive load
5. Practice & full contact	Young athlete may return to practice and full contact (if appropriate for the sport) in controlled practice.	Restore confidence and assess functional skills by coaching staff

****If at any time signs or symptoms should worsen during the RTP progression the athlete should stop activity that day. If the athlete's symptoms are gone the next day, s/he may resume the RTP progression at the last step completed in which no symptoms were present. If symptoms return and don't resolve, the athlete should be referred back to their medical provider**** The return-to-play protocol has been provided by the Center for Disease Control and Prevention guidelines.

Concussion information for parents: <http://www.cdc.gov/headsup/youthsports/parents.html>

Head injury History

Concussion History: Yes _____ No _____ Date of injuries: _____

If yes, please explain: _____

Signatures confirm that materials/information regarding concussion information was received and understood.

Parent/Guardian (Print & Sign)

Date

Athlete (Print & Sign)

Date