

There are 6 requirements for participation in extra-curricular athletic programs in the Oregon School District. These items must be completed and the necessary paperwork turned into the Oregon Athletic office (1101 Jefferson St.) for High School sports and to DLR Junior High for junior high sports before participation is permitted.

Before the student will be allowed to tryout, practice, warm-up, etc.

they are required to have the following on file in the designated office listed above.

- _____ 1. An **Extra-Curricular Activities Consent Form** signed by both the parent and the student. High School students also must complete the IHSA random drug testing consent form that is with the Oregon Consent form.
- _____ 2. A **concussion information sheet** signed by both the parent and the high school/junior high student. This is now a requirement for the junior high as well.
- _____ 3. A completed **IHSA physical form** filled out to its entirety by parent, student, and physician. Physicals are good for 365 days only. For freshmen and new students to the district, a copy of the school physical may be submitted if the physician has marked the physical as OK for Interscholastic Sports

Before the student is allowed to compete in any contest, the following must be completed.

- _____ 4. **Participation fees** must be paid in the appropriate offices in the junior high and athletic offices. Current fees are \$75 per sport for high school sports with a limit of \$150 per student per year (i.e. the third activity is free!) and \$50 per sport for junior high sports with a \$100 max per student per year.
- _____ 5. A **preparticipation drug test** must be completed. Drug tests (\$35) must be paid for in the Oregon Athletic office (1101 Jefferson St.). A receipt and information will be given for completing the drug test at KSB Medical Group in Oregon. Preparticipation drug test are required each school year.
- _____ 6. **Freshman/New Athlete Orientation** – must be attended one time for any athlete in *Grade 9* or *new to OHS* (Typically held in August)

2018 – 2019 EXTRACURRICULAR ACTIVITIES CONSENT FORM

Please Circle: DAVID L. RAHN JUNIOR HIGH

OREGON HIGH SCHOOL

NAME OF STUDENT: _____

GRADE 2018-19: 6th 7th 8th Freshman Sophomore Junior Senior

SEX: Male Female

PARTICIPATION FEES: David L Rahn JH \$50 per activity – maximum cost of \$100 per student
Oregon High School \$75 per activity – maximum cost of \$150 per student

INSURANCE INFORMATION: _____ We have personal coverage for all sports.
_____ We do not have insurance and will assume all costs in case of an injury.

We (student and parents/guardians) understand that there are risks involved in extracurricular activities. We do hereby consent in advance to emergency care by a physician, qualified nurse, and/or hospital as may be deemed necessary under the then existing circumstance. We do hereby waive on behalf of the student and parents/guardians any liability of the Oregon School District or any of its agents or employees arising out of such medical treatment or injury.

We have read the Board of Education's Extracurricular Activities Policy and the Extracurricular Code of Conduct and Drug and Alcohol Testing Program for the Oregon School District. (Copies of this policy are available on the school website (<http://www.ocusd.net>) or upon request at the junior high office or in the high school athletic office in Black Hawk Center. We understand the provisions and procedures of this Policy and Code of Conduct and Drug Testing Program. We agree to follow the terms of the Policy and Code of Conduct and Drug Testing Program, including the student's subjection to random drug testing, as a condition of participation in extracurricular activities. We understand that if the student disobeys the policy, the student will be excluded from participation in extracurricular activities as provided in the Policy and Code of Conduct and Drug Testing Program mentioned above. We also give the drug-testing facility permission to discuss all test results with the proper David L Rahn Junior High School or Oregon High School personnel.

This student has permission to participate in O.C.U.S.D. #220 extracurricular activities.

Parent's/Guardian's Signature _____ Date _____ (Optional) Additional Parent's/Guardian's Signature _____ Student's Signature _____ Date _____



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 ACKNOWLEDGEMENT 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 Substance 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 Substance Testing Program Protocol which is available on the IHSA website at 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 substance 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. 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.

Name (Print): _____

Signature: _____ Date: _____ Relationship to student: _____

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 prior to returning to play or practice following a concussion or 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/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

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:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



Pre-participation Examination



To be completed by athlete or parent prior to examination.

Name _____ School Year _____
Last First Middle

Address _____ City/State _____

Phone No. _____ Birthdate _____ Age _____ Class _____ Student ID No. _____

Parent's Name _____ Phone No. _____

Address _____ City/State _____

HISTORY FORM

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does any one in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does any one in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has any one in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?		
20. Have you ever had a stress fracture?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)		
22. Do you regularly use a brace, orthotics, or other assistive device?		
23. Do you have a bone, muscle, or joint injury that bothers you?		
24. Do any of your joints become painful, swollen, feel warm, or look red?		
25. Do you have any history of juvenile arthritis or connective tissue disease?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Have you or any family member or relative been diagnosed with cancer?		
52. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY	Yes	No
53. Have you ever had a menstrual period?		
54. How old were you when you had your first menstrual period?		
55. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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Pre-participation Examination



PHYSICAL EXAMINATION FORM

Name _____
Last First Middle

EXAMINATION		NORMAL	ABNORMAL FINDINGS
Height	Weight	<input type="checkbox"/> Male <input type="checkbox"/> Female	
BP / / (/)	Pulse	Vision R 20/	L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL			
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)			
Eyes/ears/nose/throat • Pupils equal • Hearing			
Lymph nodes			
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)			
Pulses • Simultaneous femoral and radial pulses			
Lungs			
Abdomen			
Genitourinary (males only) ^b			
Skin • HSV, lesions suggestive of MRSA, tinea corporis			
Neurologic ^c			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand/fingers			
Hip/thigh			
Knee			
Leg/Ankle			
Foot/toes			
Functional • Duck-walk, single leg hop			

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

On the basis of the examination on this day, I approve this child's participation in interscholastic sports for 395 days from this date.

Yes _____ No _____ Limited _____ Examination Date _____

Additional Comments:

Physician's Signature _____ Physician's Name _____

Physician's Assistant Signature* _____ PA's Name _____

Advanced Nurse Practitioner's Signature* _____ ANP's Name _____

*effective January 2003, the IHSA Board of Directors approved a recommendation, consistent with the Illinois School Code, that allows Physician's Assistants or Advanced Nurse Practitioners to sign off on physicals.

Oregon School District Announces Dates for Sports Pre-Participation Drug Testing

KSB Corporate Health Services will be doing Drug, Alcohol and Nicotine testing on all Oregon students who are wishing to participate in any athletic extra-curricular activities for the upcoming school year. Testing dates at the Blackhawk Center will be as follows:

Thursday, July 26th	8:00 a.m. – 11:45 a.m. 1:00 p.m. – 5:45 p.m.
Thursday, August 2nd	8:00 a.m. – 11:45 a.m. 1:00 p.m. – 3:45 p.m.

Please call Oregon High School at 732-5300 Ext. 4041 to schedule an appointment. There is a \$35 fee for the mandatory testing program.

If you are unable to attend either of the dates listed above, please call KSB Oregon Clinic (815-732-3151) to schedule an appointment at their facility in Oregon. When calling for an appointment in Oregon, please identify yourself as a student at Oregon High School. You also must present a receipt of payment at the Oregon office. All payments must be made at the Blackhawk Center Athletic office. In order to conduct the testing at either site a parent consent form **must be presented at the time of the testing. Students CANNOT be tested without the official parent consent form.** Consent forms may be found on the school website listed below.

Every student in grades 6-12 planning to participate in athletics **within the Oregon School District** must have a current physical, concussion form, and the consent/registration form on file in the office before they will be allowed to practice. These forms can be turned into the office at DLR Jr. High for junior high students or Blackhawk Center for high school students at any time before the first practice of the athlete's first sport. Sports physicals are good for **one calendar year**, at which time they must be renewed. Any fees required and completion of the pre-participation drug test will be due before the first competition (game, race, match, etc.) Information on forms and fees will also be found on our website, www.ocusd.net



ALCOHOL AND / OR DRUG TEST CONSENT FORM

STUDENT NAME: _____

DOB: _____

AUTHORIZATION: The undersigned does hereby authorize and direct to KSB Corporate Health Services and/or KSB Clinic of Oregon, Oregon, Illinois 61061, (hereinafter "KSB"), to disclose and release to Oregon High School / Blackhawk Junior High School the results of alcohol, nicotine and/or drug testing performed upon me. I understand and recognize that KSB has no control over the information relating to said results once they are released to Oregon High School.

STUDENT

I consent to have a drug, alcohol, and nicotine test performed upon me by KSB.

Student Signature: _____ **Date:** _____

PARENT / GUARDIAN

I consent to a drug, alcohol, and nicotine test performed upon _____ by KSB.

Parent/Guardian Signature: _____ **Date:** _____