



# EMERGENCY MEDICAL AUTHORIZATION

Athlete's Name \_\_\_\_\_

TURN IN TO COACH  
MEDICAL FORM TO ATHLETIC DIRECTORS OFFICE

### INFORMATION

|         |    |     |                 |     |       |     |
|---------|----|-----|-----------------|-----|-------|-----|
| Name    |    |     | Home Phone #    |     |       |     |
| Address |    |     | E-mail Youth -  |     |       |     |
|         |    |     | Email Parent(s) |     |       |     |
| City    | St | Zip | Birth Date      | Age | Grade | Sex |

### PARENTS

|         |                |            |
|---------|----------------|------------|
| Father: | Mobile Phone # | E-mail     |
|         | Work Phone #   | Home Phone |
| Mother: | Mobile Phone # | E-mail     |
|         | Work Phone #   | Home Phone |

### Emergency Contacts

|      |          |       |
|------|----------|-------|
| Name | Relation | Phone |
| Name | Relation | Phone |

### Medical Insurance Information

|                   |                                    |                  |
|-------------------|------------------------------------|------------------|
| Insurance Company | Insurance Phone Number             | Policy/Group No. |
|                   | Policy Owner & Relation to Athlete | HMO PPO Other    |
| Physician         | Physician's Phone #                |                  |

### MEDICAL INFORMATION :

Current Medical Conditions & Concerns:

Allergies:

Medications:

Past Medical History of Importance: i.e. Asthma, heart conditions, concussions, fractures/ Major ligament joint injuries, etc.

Date of last Tetanus Shot

### PARENT PERMISSION & TREATMENT AUTHORIZATION

I, or the parent of the above athletes, give permission to Liberty Union High School District administrators, coaches, certified athletic trainers, and school personnel to secure and authorize needed emergency medical treatment and procedures for my student athlete in my absent. I authorize the certified athletic trainer and team physicians to perform limited injury assessment, pre-participation medical screenings, treatments and return to play assessment for my son/daughter for participation in school activities and interscholastic athletics.

**Medical Financial Responsibility** - I understand that the Freedom High School, its coaches, administrators, certified athletic trainer or other school personal are NOT responsible the medical expense that may occur due to athletic participation. We as parents of the student athlete accept financial responsibility for the emergency medical care of our son/daughter.

I, the undersigned, acknowledge the above statement and I understand it.

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

Student Athlete Signature [if over 18 years] \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE: AD OFFICE STATE SPORT CLEARANCE COMPLETED.  
DATE:

THIS FORM MUST BE COMPLETED FOR EACH SPORT  
AND TURNED INTO THE HEAD COACH



**Freedom High School**  
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"> <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> |
|--|---|

**Signs observed by teammates, parents and coaches include:**

- |  |
|--|
| <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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**Freedom High School**  
Concussion Information Sheet

**What can happen if my child keeps on playing with a concussion or returns to 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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for 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. The new CIF Bylaw 313 now requires implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“A student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time and for the remainder of the day.”

**and**

“A student-athlete who has been removed may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

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 |