

IESA Sports Medicine Acknowledgement & Consent Form

ACKNOWLEDGEMENT AND CONSENT

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge that we have been provided with information regarding concussions and the IESA/IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IESA/IHSA Performance-Enhancing Testing Policy.

STUDENT

Student Name (Print): _____ Grade (7-8): _____

Student Signature: _____ Date: _____

PARENT OR LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to Student: _____

Consent to Self-Administer Asthma Medication		
As a patient under my care, _____, is prescribed to self-administer the following asthma medication.		
Medication: _____		
Purpose: _____		
Dosage: _____		
Time/Special Circumstances: _____		

_____	_____	_____
Printed Name of Physician	Signature of Physician	Date
I, _____, do hereby give my son/daughter, _____, permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.		
_____	_____	_____
Printed Name of Parent/Guardian	Signature of Parent/Guardian	Date

Each year IESA member schools are required to keep a signed Acknowledgement and Consent form and a current pre-participation physical examination on file for all student athletes.