

Winchester High School
200 West Cross Street

July 11, 2016

Registration

- A. Registration will be Tuesday, August 2nd (freshmen only), August 3rd, and August 4th. The schedule is as follows:
Tuesday – 5:00-6:00 (Freshmen with last name A-G will register)
6:00 – Freshmen Orientation will begin in the Auditorium for all incoming freshmen.
7:00-8:00 (Freshmen will last name H-Z will register)
Wednesday – 1:00-4:00pm
6:00-8:00pm
Thursday – 5:00-8:00pm
- B. Freshmen and all new students to the district are reminded that they must bring their completed physical forms to registration unless they have already turned them in for athletic purposes. Scott County Community Unit School District #1 will not allow students to register without this completed form. The physical form is required by the State of Illinois and must include updated immunizations. An athletic physical will not be sufficient for this requirement. Likewise, state law requires that new students who enter the district must furnish an official copy of the child's birth certificate.
- C. In order to save you time during the registration process, various forms (excluding the Profile Sheet and Household Eligibility Application) have been uploaded on our school's website (www.winchesterschools.net). The Profile Sheets and the Household Eligibility Application will be provided in the summer mailing. Providing the forms online allows you to complete them when it is most convenient for you. Please have them completed when you come in to register. The forms are:
- Profile Sheet – Side 1. Returning students' parents should check this sheet for errors. We particularly need your post office number, your 911 address if you reside in a rural area, and the names, email addresses, and phone numbers of two people to contact in case of an illness. It is also important that we have the name and phone number of the student's doctor and your signature.
 - Fees – Fees will be collected on the days of registration and are as follows:

Textbook: \$75.00	Drivers Ed: \$100.00	Science Lab Fee: \$20.00
Planner: \$5.00	Parking: \$20.00	Band/Chorus: \$15.00
Industrial Arts: \$30.00	Woods I: \$30.00	Art Supplies: \$15.00
PE Shirt: \$8.00	PE Shorts: \$15.00	Lock Rental (Optional): \$5.00
Technology: \$20.00	Ag Class (Welding & Structures Class only): \$ 20.00	
Foods (Foods I & II only): \$20.00	Athletic/Activity Fee: \$100.00 (1), \$125.00 (2), \$150.00 (3)	
FFA - \$20.00	Class Dues: \$20.00	

If you wish to pay by check, make out checks to Winchester High School. If you are unable to pay the full amount at the time of registration, we would be more than happy to accept monthly installments. Free and reduced lunch students may also request a waiver of fees with the correct paperwork completed.
 - Free and Reduced Lunch – Winchester School District is requiring every household, regardless of eligibility, to fill out the Household Eligibility Application. The information provided is very important to the school for state reporting purposes. Thank you in advance for your cooperation.
 - Lunch Program – Please send money to the high school office if your child wishes to eat school lunch.
 - P.E. Uniforms – P.E. uniforms are required for grades 9-12. Uniforms can be purchased during registration.

- f. *Acceptable Use Policy* – Please read over the computer and Internet use policy. In order for students to have access to any computer in the building this form must be signed and on file in the office. We would advise careful reading of this document so that you understand what constitutes acceptable use in this district.

First Day of School

The first day of school will be Wednesday, August 17th. State law now requires that students spend 5 clock hours on the first and last days of school. Therefore, school will be in session until 2:15 p.m., and the buses will leave at approximately that time.

At registration, students will receive a copy of the 2016-2017 Winchester High School Student Handbook/Planner. Please take an opportunity to read the handbook. It contains information regarding our expectation towards learning and conduct and it is designed to be used as a planner and pass book for students. Students must carry this pass book with them at all times.

Beginning August 17th, students will be dismissed at 2:15. Regular school days, with a 3:20 dismissal will begin on Monday, August 29th.

We are eager for school to open and will have all pertinent information available at registration. You will not be able to register early, but if you cannot make the registration date(s), please try and come in prior to the first day of school.

Fall Athletics

Start dates for fall high school sports are as follows:

- Football – August 8th
- Golf – August 10th
- Volleyball – August 10th

If you have any questions please feel free to call the school at 742-3151. We hope that you have had an enjoyable summer and look forward to serving you and your child in the 2016-2017 school year.

Sincerely,



Dennis Vortman
Principal
Winchester High School

WINCHESTER HIGH SCHOOL / 2016- 2017

Student's name: _____ Grade: _____

HANDBOOK; BUS RULES & EXTRACURRICULAR CODE OF CONDUCT VERIFICATION

- We have received, reviewed, and we agree to abide by the rules stated in the 2016 – 2017 Winchester High School Student Handbook which includes the bus rules and the Winchester/Bluffs High School Extracurricular Code of Conduct. *A copy of the handbook is on our website (www.winchesterschools.net). You will receive your handbook at registration.*

MILITARY CHILDREN

- This information will help identify Illinois Military Families. Please take a few moments to answer these voluntary questions. Your participation will help schools get US Department of Defense assistance for children struggling with their parent(s)/guardian(s) military deployment.

Does your child(ren)'s parent/guardian serve in the military including National Guard or Reserve? **YES** or **NO**
Is the parent/guardian currently serving on active duty or expect to be deployed this year? **YES** or **NO**
Has the parent/guardian returned from deployment in the last 6 months? **YES** or **NO**

INSURANCE WAIVER

- I request that my child not be required to carry student insurance because of the insurance carried by the parents. We are covered by _____ (Name of Insurance Company) and the policy number is _____. I hereby waive any liability against the Community Unit School District # 1 because of any injury that might occur while participating in any school activity.

PARENTAL WAIVER FOR SCHOOL-PROVIDED TRANSPORTATION

- I release Winchester CUSD #1 and the West Central Cougars Athletic Cooperative from any liabilities due to my decision to allow my child _____ to obtain alternative transportation to and from **West Central Cougar (WCC) Practices**. This alternative transportation may include driving his/her own vehicle, riding with family and/or friends, and riding with other student athletes. I understand that school officials and employees cannot monitor the means of this alternative transportation.
I further understand this waiver *does not apply to "away" contests*, as all team members are required to ride in school vehicles to these events.

HEALTH INFORMATION

- List any medications that your child takes on a regular basis, as well as any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems or any chronic conditions, etc.

EXPLANATION: _____

DOCTOR: _____ PHONE: _____

I, the undersigned, do hereby authorize officials of Winchester School District to contact directly the person named above and do authorize the name physician to render such treatment as may be deemed necessary in an emergency, for the health of my child. In the event the physician, contacts given; or parents cannot be contacted, the school's officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of my child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Student Cell Number: _____

COMMUNITY UNIT SCHOOL DISTRICT NO. 1
149 S. ELM STREET
WINCHESTER, IL 62694

Please complete this form, including the names of all your children, both school age and younger.

Those students who are eligible for bus service will be contacted by their bus driver prior to the start of school. Any questions or concerns regarding transportation may be directed to the Transportation Director at **(217) 742-5260**.

Thank you for your cooperation.

PLEASE LIST YOUR SCHOOL AGE AND PRESCHOOL AGE CHILDREN

Father's Name _____

Address _____

Phone Numbers (home) _____ (work) _____

Mother's Name _____

Address _____

Phone Numbers (home) _____ (work) _____

Emergency Contact & Phone Number _____

NAME OF CHILDREN	CHILD'S BIRTHDATE (M/D/YYYY)	Grade
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Eligible for bus transportation? YES _____ NO _____

If student(s) rode bus last year, list bus number & driver: _____

**Bluffs School District
Winchester Community Unit School District #1**

(both schools are used for co-op sports)

School Year 2016 - 2017

MEDIA RELEASE FORM

SCHOOL (circle one)	WHS	WGS	Bluffs											
GRADE (circle one)	P	K	1	2	3	4	5	6	7	8	9	10	11	12

Student's Last Name

First Name

Middle

Please check any publication below which you **WILL NOT ALLOW** your child to appear in. If you allow your child to appear in all of the areas below, don't check anything. **A parent signature is required.**

_____ School Yearbook

_____ School Newspaper / Newsletter

_____ School Web Page / Name

_____ School Web Page / Picture

_____ Marquee Sign (Winchester CUSD#1)

_____ School Endorsed Webpage/Social Network

_____ Jacksonville and / or Other Regional Newspapers

_____ Regional Television or Radio

_____ College / University classroom videotaping for the purpose of supporting Student Teacher credentials

_____ Classroom teacher videotaping for the purpose of student skills assessment

Should the student named above be in a Co-op sports program with Bluffs School District and Winchester School District, I allow my students picture/name to be used in accordance with Bluffs Schools' website and Winchester Schools' website and other media sources as indicated above.

Parent/Guardian Signature: _____

Winchester CUSD #1

Google Account Form

Beginning this school, an amazing new technology is coming to students attending Winchester CUSD #1 schools. All students will have a school email address. These email addresses are Google Accounts which allow the students to use many Google Apps including:

- Google Docs for typing papers.
- Google Sheets for spreadsheets.
- Google Slides for presentations.
- Google Classroom for assignments.
- Google Drive for storage.
- Plus many other Google Apps!

Students can access their homework from any computer with Internet access and up-to-date versions of either the Google Chrome or Mozilla Firefox web browsers. Chromebooks are the preferred device (and make excellent birthday and Christmas gifts).

The Winchester CUSD #1 Internet Safety & Acceptable Use Policy For Students applies to all student Google Accounts.

The student's email address will be their student ID and the initial password will also be the student ID with (3) + signs at the end. For example:

Email Address: S9999@winchesterschools.net

Password: S9999+++

Students who graduate or move to another school district will have access to their Google Account for 1 year after their graduation date or until they have a new Google Account from their new school to move their Winchester CUSD #1 Google Account data to whichever happens first.

Students not continuing their education who wish to retain their data must create their own personal Google Account with sufficient storage. Their Winchester CUSD #1 Google Account data will be deleted 2 weeks after the school year they dropped out of ends.

WINCHESTER COMMUNITY UNIT SCHOOL DISTRICT

INTERNET SAFETY & ACCEPTABLE USE POLICY FOR STUDENTS

(7/13/16)

On-line computer and Internet access is provided at the Winchester Community Unit School District No. 1 to enhance the curriculum-related educational experiences of its students and its use is limited to such purposes. This document outlines the privileges and responsibilities of student technology users of the school district's computer/Internet technology in furtherance of the school district's goals. It applies to all computers and peripherals whether a part of a computer network or a stand-alone system.

Non-school issued Internet accessible devices are not allowed, except as outlined in the student handbook. Students misusing or abusing computer resources for personal entertainment unrelated to course activity or otherwise contrary to this policy will be subject to punishment in accordance with this policy and discipline policy. Intentionally wasting limited resources (such as printer ink or network bandwidth) is also considered abuse of computer resources. Punishment will include denial of all computer access for a period of time up to one year as determined by appropriate District personnel in accordance with rules and policies. In the event of repeated misuse or misuse in direct disobedience of the direction of a teacher or administrator, punishment may include suspension or expulsion from District programs in accordance with District policy.

Use of District computers and Internet access is limited to the access, service providers and accounts provided for students' use of the computers, printers, software, scanners, the Internet, and any other available peripheral computer equipment in support of educational goals. In order to monitor student computer and Internet use while on District computers, District staff may monitor, copy, or preview programs used, Internet sites or data viewed and logs or records of student usage. Therefore, such information may not be assumed by students to be private and all such data viewed, used, entered, copied or printed on District computers shall be considered District property.

As digital media is created in the classroom for assignments and projects, student images, voice, names and creations may be published. If the parent or guardian does not authorize the district to publish this material, they must put their request in writing to the building administrator.

Security on the District's computer system is a high priority. Students must protect their passwords to ensure system security. If a student feels their password has been compromised, they must contact the District Technology Coordinator or District Technology Assistant to have their password changed. Privacy is a concern of computing systems. All technology users have the responsibility not to violate any other user's privacy by reading or copying electronic files for which they lack authorization.

Vandalism is defined as any attempt to harm, modify or destroy data of another user, Internet, computers, other networks connect to the Internet backbone or any other computer program used at Winchester CUSD #1. Vandalism and harassment (including cyberbullying) will result in cancellation of user privileges, disciplinary action, and possible legal action.

The Internet offers a unique learning opportunity for research. However, with this opportunity, additional responsibilities and provision apply. Contact with sites on the Internet which are not related to the student's course work must be terminated immediately without opening the site or waiting for the site to open fully. In order to prevent harm to the District's computer resources or potential expense to the District, students shall not order subscriptions, make purchases, upload or download data, install data or programs to a hard drive, alter any systems, or the contents of any computer or web page without prior approval from an instructor.

Students are prohibited from accessing chat rooms and instant messaging via the Internet.

Students are prohibited from using District computers to play any computer games that are not educational. Educational games must be age appropriate. Students are not allowed to access unapproved websites. Such sites (but not inclusive) include: MySpace, Facebook, hate crime, pornographic sites, gambling sites, Youtube, instant messaging software, or any other social networking sites. Students are not allowed to access anonymous proxy servers to circumvent the web filter or any teacher monitoring software. Internet users have the responsibility not to attempt to represent themselves as another person. Internet users have the responsibility to respect copyright laws on the Internet as it pertains to programs or electronic files belonging to others. Internet users have the responsibility not to access electronic files considered to be abusive, obscene, offensive, pornographic, or prejudicial against individuals or groups.

Students are also allowed to access a personal, commercial E-Mail account (such as Google, Yahoo, etc.) if approved by their instructor and if the need is for educational purposes. Internet users have the responsibility to refrain from sending harassing or abusive E-mail to any other computer user on the Internet and to report the receipt of such E-mail to the building principal.

Should the district decide to provide a school-issued e-mail account to a student, students will at that time be informed that they will not be able to continue to use their personal, commercial e-mail accounts at school. The school-issued, student e-mail accounts would solely be used for educational purposes and would not be considered private. District administration and the District Technology Coordinator would have access to all school-issued, student e-mail accounts. Messages relating to or in support of illegal activities would be reported to the authorities and would result in loss of user privileges and legal action against the user. Internet users have the responsibility not to involve themselves in the creation or forwarding of chain-letters to other Internet users. Internet users have the responsibility to refrain from sending harassing or abusive e-mail to any other computer user on the Internet and to report the receipt of such e-mail to the building principal. Should the district decide to implement school-issued, student e-mail accounts during the school year, parents would be notified prior to implementation.

The school district reserves the right to monitor the usage of the computing facilities related to the student use of the Internet to ensure all users are adhering to their responsibilities.

Personal storage diskettes and flash drives may be used on any computer within the district with approval from the instructor.

In order to use any technology resources at Winchester CUSD #1, a signed Internet and Acceptable Use Contract must be on file for the student. For students under the age of eighteen, the parent/guardian signature is required also.

The following disciplinary actions will be applied for violations of this policy:

- A. First Offense: Parents notified (depending on severity of offense) and student may lose access to computers for a time up to nine school weeks. Student may also receive a suspension or detention.
- B. Second Offense: Parents notified and student may lose access to computers for a period not to exceed 18 school weeks. Student may also receive up to a 3-day out-of-school suspension or detention(s).
- C. Third Offense: Parents notified and student may lose access to computers for a period up to and including three school calendar years and is subject to up to 10 days of out-of-school suspension or detention(s).

Depending upon the severity of the rules' violation, district administration reserves the right to bypass steps in this process as deemed necessary and appropriate. The severity of the violation may also give cause for the administration to take action, which would result in external suspension and/or expulsion from school.

In addition, any unauthorized Internet access, attempted access or use of any computer and/or network system that is in violation of applicable state or federal laws will be subject to criminal prosecution.

Winchester CUSD #1 complies with the Protecting Children in the 21st Century Act by providing education to students (as specified in state statute) on appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms, and cyberbullying awareness and response.

Winchester School District Student Internet and Computer Use Permission Form

Class/Grade _____

Student Name _____
(please print)

I have read the Internet Use Policy and the Computer Use Policy and am familiar with class Internet Use procedures. I understand and agree that the district may monitor all of my Internet and computer usage on district computers. I agree to abide by these rules and understand that my violation of them will result in appropriate sanctions and/or disciplinary actions.

Home Room Teacher (**WGS only**) _____

Student Signature _____

Date _____

Parent/Guardian Name _____
(please print)

I have reviewed the attached policies for Internet and computer usage with my student, and I understand and agree that violation of the policies will result in appropriate sanctions and/or disciplinary actions. I also agree that the district may monitor all Internet and computer usage by my student. I give my permission for my student to have access to the Internet and computers at Winchester Community Unit School District No. 1.

Parent/Guardian Signature _____

Date _____

WINCHESTER COMMUNITY UNITY SCHOOL DISTRICT #1

**Winchester High School
200 West Cross Street**

**Winchester Elementary School
283 South Elm Street**

Winchester, IL 62694

MR. DENNIS VORTMAN, Principal *MR. ANDY STUMPF*, Principal
MRS. CATHY POST RN, School Nurse *MR. DAVE ROBERTS*, Superintendent

**PERMISSION FOR SCHOOL NURSE/FACULTY TO ADMINISTER OVER THE
COUNTER MEDICATION FOR THE 2016-2017 SCHOOL YEAR**

Student Name (Print): _____ DOB: _____

Teacher (WGS ONLY): _____ Grade/Room # (WGS ONLY): _____

Mother/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Father/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Other Emergency Contact: Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Allergies (Medication, Food, Other): _____

Current Routine Medications & Dosages: _____

Health/Emotional Problems Currently Under Treatment: _____

I hereby authorize the school nurse (only on days when she is present at my child's school), the School Administration, or Office Personnel, to administer over the counter medication to my child as prescribed by standing orders as indicated below. I understand that if my child visits the nurse multiple times with the same complaint, I will be contacted, and my child will be referred to his/her medical provider for evaluation. If any adverse reaction to medication is noted I will be notified immediately. In case of severe reactions, I give permission for my child to receive emergency care. I hereby release the Board of Education, their agents, and employees from any and all liability that may result from my child taking medication. This permission form is valid for the 2016-2017 school year only.

<u>OVER-THE-COUNTER MEDICATION</u>	<u>CONDITION/SYMPTOMS</u>	<u>DOSAGE AND TIME</u>	<u>POSSIBLE SIDE-EFFECTS</u>	<u>COMMENTS</u>
Antacid (Tums) Chewable Tablets (Calcium Carbonate) <input type="checkbox"/> Yes <input type="checkbox"/> No WGS & WHS NO WPK	For stomach ache or heart burn.	Administer according to the manufacturer's label.	Constipation.	Not to be used in children less than 6 years old.
Advil/Motrin Liquid or Tablet (Ibuprofen) <input type="checkbox"/> Yes <input type="checkbox"/> No WHS – TABLET ONLY WPK – LIQUID/CHEWABLE	For relief of body aches and pains, menstrual cramps, or fever.	Administer according to the manufacturer's label.	Upset Stomach.	Alert: Contains no aspirin but should not be given if student has allergy to aspirin; may cause stomach bleeding.
Tylenol (Acetaminophen) <input type="checkbox"/> Yes <input type="checkbox"/> No WHS – TABLET ONLY WPK – LIQUID/CHEWABLE	For relief of minor aches and pains; fever.	Administer according to the manufacturer's label.	None significant if administered per manufacturers label.	Alert: Students with temperature over 100.4 must be sent home.
Benadryl (Liquid or Tablet) (Diphenhydramine) <input type="checkbox"/> Yes <input type="checkbox"/> No WGS ONLY NO WPK & WHS	For allergy symptoms.	Administer according to the manufacturer's label.	Drowsiness or excitability.	Alert: Students will not be allowed to drive with-in 4 hours of taking it.
Carmex <input type="checkbox"/> Yes <input type="checkbox"/> No WGS ONLY NO WPK & WHS	For dry, chapped, or sore lips.	Administer according to manufacturer's label.	None.	None.
Organic Lice Spray <input type="checkbox"/> Yes <input type="checkbox"/> No WGS ONLY NO WPK & WHS	Head itches and lice or eggs present.	Administer according to manufacturer's label.	Hair wet for awhile.	Use daily and leave in.
Triple Antibiotic Cream (Cream/Ointment) <input type="checkbox"/> Yes <input type="checkbox"/> No	For scratches, burns, scrapes, etc.	Administer according to manufacturer's label.	None significant if administered per manufacturers label.	None.
Orajel (Benzocaine 20%) <input type="checkbox"/> Yes <input type="checkbox"/> No WGS ONLY NO WPK & WHS	Temporary pain relief of associated with toothaches, canker sores, minor dental procedures, mouth injuries, gum irritations from dental appliances.	Adults and children age 2 years old and up - Up to 4 times per day.	Temporarily numbs the local area.	None.
Sore Throat / Cough Drops <input type="checkbox"/> Yes <input type="checkbox"/> No WGS & WHS NO WPK	For sore throat or cough.	Administer according to manufacturer's label.	None significant if administered per manufacturers label.	None.
Refresh Eye Drops <input type="checkbox"/> Yes <input type="checkbox"/> No WGS ONLY NO WPK & WHS	Temporary relief of burning, irritation, dryness, or exposure to wind or sun.	Administer according to the manufacturer's label.	None significant if administered per manufacturers label.	Single use container.

Physician's Signature: _____ Date: _____

Parent/Guardian's 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:
<ul style="list-style-type: none">• 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



IHSA Sports Medicine Acknowledgement & Consent Form

Concussion Information Sheet (Cont.)

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/>



IHSA Performance-Enhancing Substance Testing Policy

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for program implementation in the IHSA Schools Center.

IHSA PES Testing Program

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>

insert Consent Language here (w/o signature lines)

IHSA Steroid Testing Policy Consent to Random Testing

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our 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. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at <http://www.ihsa.org/documents/sportsMedicine/2015-16/2015-16%20IHSA%20Banned%20Drugs.pdf>



IHSA Sports Medicine Acknowledgement & Consent Form

Acknowledgement and Consent

Student/Parent Consent and Acknowledgements

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

STUDENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT or LEGAL GUARDIAN

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

Illinois Public Act 098-0795 provides new directions for schools concerning the self-carry and self-administration of asthma medication by students. In order for students to carry and self-administer asthma medication, parents or guardians must provide schools with the following:

- Written authorization from a student's parents or guardians to allow the student to self-carry and self-administer the medication.
- The prescription label, which must contain the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered.

A full copy of the law can be found at <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0795.pdf>.