

ATHLETES NAME _____

COVID -19 ATHLETE MONITORING FORM

**PLEASE BRING COMPLETED FORM FILLED OUT FOR EACH DAY
ANY MISSING INFORMATION, ATHLETE WILL NOT BE ABLE TO PARTICIPATE**

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|--|-----------|-----------|-----------|-----------|-----------|
| DATE | | | | | |
| TIME | | | | | |
| TEMP | | | | | |
| Fever, Cough and/or chills | Yes or No | Yes or No | Yes or No | Yes or No | Yes or No |
| Sore Throat, Runny Nose, Nasal Congestion and/or New Loss of Taste or Smell | Yes or No | Yes or No | Yes or No | Yes or No | Yes or No |
| Shortness of Breath, difficulty breathing and/or headache | Yes or No | Yes or No | Yes or No | Yes or No | Yes or No |
| Nausea, Vomiting and/or diarrhea | Yes or No | Yes or No | Yes or No | Yes or No | Yes or No |
| Fatigue, Muscle and/or Body Aches | Yes or No | Yes or No | Yes or No | Yes or No | Yes or No |
| <i>Athlete Signature</i> | | | | | |
| <i>Parent Signature</i> | | | | | |

Channahon School District #17
2020/2021 Student/Parent Athletic Handbook

Please **print** all of the information requested. Be sure to sign all parts of the form when completed and turn into your coach. NOTE: a current physical must be on file before any student may participate in any sports program.

Name: _____ Date of Birth: __/__/__ Grade: ____
Last First MI

Home Address: _____ City _____ Sport (s) _____

Physician: _____ Phone: _____ Hospital: _____

Student is allergic to the following medications: _____

HEALTH/MEDICAL INSURANCE INFORMATION

Company Name: _____ Policy #: _____

EMERGENCY CONTACT INFORMATION

Relationship: __ Parent __ Guardian Contact name _____

Home Phone: _____ Work Phone _____ Cell Phone _____

Relationship: __ Parent __ Guardian Contact name _____

Home Phone: _____ Work Phone _____ Cell Phone _____

In case of emergency, attempt will be made to contact a parent/guardian at home, work, or by cell phone. If we cannot be reached, attempt to contact the alternate listed below.

Alternate name: _____ Phone: _____ Relationship: _____

If you think your child has suffered a concussion

Any student even suspected of suffering a concussion should be removed from that environment immediately. No student 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 student should continue for several hours. **The Return-to- Play/Learn Policy of the IESA and IHSA** requires students 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, practice, or class following a concussion or after being removed from an interscholastic contest due to a possible head injury or concussion. In accordance with state law, all schools are required to follow this policy.

You should also inform your child's school administrator 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/>

We certify that we have received a copy of the student/parent athletic handbook, have read and understand the athletic and concussion guidelines included in the handbook, eligibility rules and the athletic code of conduct. We understand that participation in athletic activities is voluntary and requires the student/athlete to be a positive, responsible representative of the school and athletic program at all times, including the observance of all team rules and guidelines.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____