

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
ATHLETIC PARTICIPATION – Preparticipation Physical Evaluation

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

Part 1. Student Information (to be completed by student or parent).

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____ / ____ / ____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No	
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___	26. Have you ever become ill from exercising in the heat?	___	___	
2. Do you have an ongoing chronic illness?	___	___	27. Do you cough, wheeze, or have trouble breathing during or after activity?	___	___	
3. Have you ever been hospitalized overnight?	___	___	28. Do you have asthma?	___	___	
4. Have you ever had surgery?	___	___	29. Do you have seasonal allergies that require medical treatment?	___	___	
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___	
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___	31. Have you had any problems with your eyes or vision?	___	___	
7. Do you have any allergies (for example, pollen, latex, medicine, food, or stinging insects)?	___	___	32. Do you wear glasses, contacts, or protective eyewear?	___	___	
8. Have you ever had a rash or hives develop during or after exercise?	___	___	33. Have you ever had a sprain, strain, or swelling after injury?	___	___	
9. Have you ever passed out during or after exercise?	___	___	34. Have you broken or fractured any bones or dislocated any joints?	___	___	
10. Have you ever been dizzy during or after exercise?	___	___	35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?	___	___	
11. Have you ever had chest pain during or after exercise?	___	___	<i>If yes, check appropriate blank and explain below.</i>			
12. Do you get tired more quickly than your friends do during exercise?	___	___	___ Head	___ Upper Arm	___ Finger	___ Shin/Calf
13. Have you ever had racing of your heart or skipped heartbeats?	___	___	___ Neck	___ Elbow	___ Foot	___ Ankle
14. Have you had high blood pressure or high cholesterol?	___	___	___ Back	___ Forearm	___ Hip	
15. Have you ever been told you have a heart murmur?	___	___	___ Chest	___ Wrist	___ Thigh	
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___	___ Shoulder	___ Hand	___ Knee	
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___	36. Do you want to weigh more or less than you do now?	___	___	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___	37. Do you lose weight regularly to meet weight requirements for your sport?	___	___	
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___	38. Do you feel stressed out?	___	___	
20. Have you ever had a head injury or concussion?	___	___	39. Have you ever been diagnosed with sickle cell anemia?	___	___	
21. Have you ever been knocked out, become unconscious, or lost your memory?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___	
22. Have you ever had a seizure?	___	___	41. Record the dates of your most recent immunizations (shots) for:			
23. Do you have frequent or severe headaches?	___	___	Tetanus: _____	Measles: _____		
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	___	___	Hepatitis B: _____	Chickenpox: _____		
25. Have you ever had a stinger, burner, or pinched nerve?	___	___	FEMALES ONLY (optional)			
			42. When was your first menstrual period? _____			
			43. When was your most recent menstrual period? _____			
			44. How much time do you usually have from the start of one period to the start of another? _____			
			45. How many periods have you had in the last year? _____			
			46. What was the longest time between periods in the last year? _____			

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s.1006.20 Florida Statutes, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: _____ Signature of Parent/Guardian: _____ Date: _____

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
ATHLETIC PARTICIPATION – Preparticipation Physical Evaluation**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written below.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant, or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____ / ____ / ____
 Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____ / ____ (____ / ____, ____ / ____)
 Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____
 Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):
 _____ Cleared without limitation
 Disability: _____ Diagnosis: _____
 Precautions: _____
 Not cleared for: _____ Reason: _____
 Cleared after completing evaluation/rehabilitation for: _____
 Referred to: _____ For: _____
 Recommendations: _____
 Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: _____
 Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):
 _____ Cleared without limitation
 Disability: _____ Diagnosis: _____
 Precautions: _____
 Not cleared for: _____ Reason: _____
 Cleared after completing evaluation/rehabilitation for: _____
 Recommendations: _____
 Name of Physician (print): _____ Date: _____
 Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
ATHLETIC PARTICIPATION - Consent and Release From Liability Certificate**

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I have been informed and know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless the School Board of Osceola County, its officers, employees and agents, my school, the schools against which it competes, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against any of the above-referenced entities and the FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign)

A. I/we hereby give consent for my/our child/ward to participate in any FHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s): _____

List sport(s) exceptions here

- B. I/we understand that participation may necessitate an early dismissal from classes. I/we understand that in certain circumstances, the school will not be able to provide transportation to regularly scheduled events. When this occurs, I/we understand and acknowledge that it is my/our responsibility to make transportation arrangements for my/our child/ward to the athletic event. I/we accept any and all responsibility for his/her safety and welfare while in transit to the athletic event. With full understanding of the risks involved, I/we release and hold harmless the School Board of Osceola County, its officers, employees and agents and my/our child's/ward's school, the schools against which it competes, the contest officials, and the FHSAA of any and all responsibility and liability for any injury or claim resulting from any accident that may occur in transit to or from the athletic event.
- C. I/we know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I/we release and hold harmless the School Board of Osceola County, its officers, employees and agents and my/our child's/ward's school, the schools against which it competes, the contest officials, and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against any of the above-referenced entities and the FHSAA because of any accident or mishap involving the athletic participation of my/our child/ward. I/we authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/we further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I/we grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- D. I/we are aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I/we also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

- E. I/we agree that in the event I/we pursue litigation seeking injunctive relief or legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.
- F. I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

- My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.
Company: _____ Policy Number: _____
- My child/ward is covered by his/her school's activities medical base insurance plan.
- I have purchased supplemental football insurance through my child's/ward's school.

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Only one parent/guardian signature is required)

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (Student must sign)

Name of Student (printed) Signature of Student Date

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
ATHLETIC PARTICIPATION – Consent and Release from Liability Certificate

This compete form must be kept on file by the school.

ATTENTION STUDENT AND PARENT(S)/GUARDIAN(S)

Your school is a member of the Florida High School Athletics Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo, and girls weightlifting or sanctioned sport i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitched softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

- 1.) **This form is non-transferable**; a separate form must be completed for each different school at which the student participates.
- 2.) Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attend a charter school or Florida Virtual School – Full time program or a special/alternative school or certain small non-member private schools. The student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending small non-member private school must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
- 3.) Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2).
- 4.) FHSAA Bylaw 9.4. Must maintain at least cumulative 2.0 grade point average on a 4.0 un-weighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 un-weighted scale the previous semester.
- 5.) Must not have not graduated from a high school or its equivalent. (FHSAA Bylaw 9.4)
- 6.) Must not have enrolled in the ninth grade for the first time more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
- 7.) Must have signed permission to participate from a student’s parent(s)/legal guardian(s) on a form provided by the district.
- 8.) Must be less than 19 years 9 months old to participate in high school; otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student become ineligible to participate. (FHSAA Bylaw 9.6)
- 9.) Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics. (SDOC Form FC-600-1970)
- 10.) Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
- 11.) Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport (FHSAA Policy 26)
- 12.) Must display good sportsmanship and follow the rules of competition before, during and after every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHAA Bylaw 7.1)
- 13.) Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
- 14.) Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school’s principal/athletic director (FHSAA Policy 17)
- 15.) Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

School District of Osceola County

16.) In the event a fine is imposed by the FHSAA on any school, coach, assistant coach or district employee, student athlete, or school athletic booster club member, no District Funds, including internal accounts, shall be used to pay the fine without requiring reimbursement from the responsible person.

If the student is declared or rules ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledges on the Consent and Release from Liability Certificate in regards to the FHSAA’s established rules and eligibility have been read and understood.

Name of Student-Athlete (Printed)	Signature of Student-Athlete	Date
Name of Parent/Guardian (Printed)	Signature of Parent/Guardian	Date



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Concussion Information

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all 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. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- Delayed verbal and motor responses
- Disorientation, slurred or incoherent speech
- Dizziness, including light-headedness, vertigo(spinning) or loss of equilibrium (being off balance or swimming sensation)
- Decreased coordination, reaction time
- Confusion and inability to focus attention
- Memory loss
- Sudden change in academic performance or drop in grades
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- In rare cases, loss of consciousness

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity 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 written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association

Consent and Release from Liability Certificate for

Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

1. Call 911
2. Send for an AED
3. Begin compressions

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I acknowledge optional educational opportunities in cardiac arrest at www.nfhslearn.org. Please go to www.fhsaa.org/departments/health for further instructions to view the courses. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

MEDICAL AUTHORIZATION FORM

Athletic Department

Student's Name: _____ **Grade:** _____ **DOB:** ___/___/___

I, the undersigned parent/guardian, in the event that I cannot be reached and/or the team is out of the county during an interscholastic event, do hereby authorize the designated SDOC coach or other emergency personnel, if it is deemed necessary, to transport my child to the nearest appropriate healthcare facility and obtain any necessary medical treatment. This authorization is valid for the 2017-18 school year.

I further understand that the School Insurance Policy does not guarantee policy benefits. The Student Insurance policy is secondary to all other sources of coverage and may not pay 100% for all incurred medical expenses. Any and all expenses and liability for said expenses incurred as a result of this medical treatment shall be fully assumed by me.

Claim information or eligibility contact: School Insurance of Florida – Policy # 09-0142-2018. (Expires June 2018) P.O Box 784268, Winter Garden, FL 34778-4628. Phone: 407-798-0290; Fax: 407-798-0296

In order for you to receive the maximum insurance benefits, for which you are entitled, you MUST use your primary insurance network. Contact your insurance company prior to seeking ongoing treatment for an injury.

Food/ Medication Allergies: _____

Special Medical Conditions: _____

Insurance Company / Policy Number: _____

Date of Last Tetanus Shot (If known): _____

Signature of Parent / Guardian

Phone Number(s)

Witness (Must be of legal Age)

Print Name:

ADDITIONAL EMERGENCY CONTACT INFORMATION

Print Name / Relationship to Child

Phone Number(s)

Print Name / Relationship to Child

Phone Number(s)