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).

Tare it occurred militarion (to be completed by clausing	U. p.	u. o	····		
Student's Name:					
School:	Gra	ade ir	n 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: (
Personal/Family Physician:					
Part 2. Medical History (to be completed by student or parent).					
r art 2. Medical rinstory (to be completed by student or parenty.	Yes			Yes	No
1. Have you had a medical illness or injury since your last check up or sports	3		26. Have you ever become ill from exercising in the heat?	_	
physical? 2. Do you have an ongoing chronic illness?			27. Do you cough, wheeze, or have trouble breathing during or after		
, , ,			activity?		
Have you ever been hospitalized overnight? Have you ever bed surgery?			28. Do you have asshma?	—	
4. Have you ever had surgery?5. Are you currently taking any prescription or non-prescription (over-the-	_		29. Do you have seasonal allergies that require medical treatment?30. Do you use any special protective or corrective equipment or medical		_
Are you currently taking any prescription of non-prescription (over-the-counter) medications or pills or using an inhaler? Have you ever taken any supplements or vitamins to help you gain			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)? 31. Have you had any problems with your eyes or vision?		
or lose weight or improve your performance?					
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? 40. Have you ever been discussed as a first exercise?			34. Have you broken or fractured any bones or dislocated any joints?	—	—
10. Have you ever been dizzy during or after exercise?11. Have you ever had chest pain during or after exercise?		—	35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
12. Do you get tired more quickly than your friends do during exercise?		_	If yes, check appropriate blank and explain below.		
13. Have you ever had racing of your heart or skipped heartbeats?			Head Upper Arm Finger Shin/Calf		
14. Have you had high blood pressure or high cholesterol?			Neck		
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?17. Have you had a severe viral infection (for example, myocarditis or		_	Shoulder Hand Knee 36. Do you want to weigh more or less than you do now?		
mononucleosis) within the last month? 18. Has a physician ever denied or restricted your participation in sports for		_	37. Do you lose weight regularly to meet weight requirements for your	_	
any heart problems? 19. Do you have any current skin problems (for example, itching, rashes,			sport? 38. Do you feel stressed out?		
acne, warts, fungus, blisters or pressure sores)?		_	•		_
20. Have you ever had a head injury or concussion?21. Have you ever been knocked out, become unconscious, or lost your	—	—	39. Have you ever been diagnosed with sickle cell anemia?	—	—
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:	_	
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	_	_	FEMALES ONLY (optional) 42. When was your first menstrual period?		
			43. When was your most recent menstrual period?		
25. Have you ever had a stinger, burner, or pinched nerve?			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?		
F 1: (0/, 1)					
Explain "Yes" answers here:					
We hereby state, to the best of our knowledge, that our answer medical evaluation required by s.1006.20 Florida Statutes, and					
the student should undergo a cardiovascular assessment, whice (ECG) and/or cardio stress test.					
Signature of Student: Date: _		s	ignature 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:	//
							/ (/	
Temperature:	-	-						_ , ,
Visual Acuity: Right 2					Pupils:	Equal	Unequal	
FINDINGS		NORMAL				. FINDINGS		INITIALS*
MEDICAL		NORWAL		A	INURWAL	. FINDINGS		INITIALS
 Appearance Eyes/Ears/Nose 	o/Throat							
3. Lymph Nodes	e/ IIIIOat							
4. Heart								
5. Pulses								
6. Lungs 7. Abdomen								
8. Genitalia (male	c only)							
9. Skin	S Offiy)							
9. SKIII MUSCULOSKELETA	٨١							
10. Neck	٦٢.							
11. Back								
12. Shoulder/Arm								
13. Elbow/Forearr								
14. Wrist/Hand	11							
15. Hip/Thigh 16. Knee								
17. Leg/Ankle								
18. Foot								
* – station-based exa	amination on							
ASSESSMENT OF			IYSICIAN ASSIS	STANT/NURS	E PRACTI	TIONER		
Cleared without	t limitation	ation listed above w					rvision with the following	g conclusion(s):
Dragutions								
FIECAULIONS								
Not cleared for:						Reason	:	
Cleared after co	ompleting ev	aluation/rehabilitation	on for:					
						• • • • • • • • • • • • • • • • •		
Recommendations:								
Name of Physician/P	Physician Acc	sistant/Nursa Practi	tionar (print):					Data:
Address:	Tiysician Ass	sistant/Nuise Fracti	uonei (piiii)					Date:
/ (dd/035.								
Signature of Physicia	an/Physician	Assistant/Nurse Pr	actitioner:					
ASSESSMENT OF	PHYSICIA	N TO WHOM REF	ERRED (if appl	icable)				
				·	aalf ar an in	dividual undar my	direct cupor deien with	the following conclusion(s):
Cleared without		on(s) for which rele	erred was/were pe	monned by my.	seli Ui ali ii	idividual dildel iliy	unect supervision with	the following conclusion(s).
						Diagnosis	:	
Precautions:								
Not cleared for:						Reason	:	
		aluation/rehabilitation	on for:					
Recommendations:								
Name of Physician (Da	ate:
Address:								
Signature of Physicia	an.							

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 District (if applicable): School:

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)

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

- 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.
- 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.
- 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/WARDS'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.
- 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

athletics.	ig so, nowever, i/we understand that my/our child/ward will h	o longer be engible for participation in interscribias			
G. Please check the appropriate box(es):					
My child/ward is covered under our fam	nily health insurance plan, which has limits of not less than \$2	5,000.			
Company: Policy Number:					
My child/ward is covered by his/her sch	nool's activities medical base insurance plan.				
I have purchased supplemental footbal	I insurance through my child's/ward's school.				
I/WE HAVE READ THIS CAREF	ULLY AND KNOW IT CONTAINS A RELEASE (Only one pa	arent/guardian signature is required)			
					
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date			
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Dote			
	Signature of Parent/Guardian IS CAREFULLY AND KNOW IT CONTAINS A RELEAS	Date			
I HAVE READ IN	IS CAREFULLY AND KNOW IT CONTAINS A RELEAS	E (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 completed 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-pitch 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 attends 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 schools 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)
- Must attend school within 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)
- 4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted 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 a 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
- 5. Must not have graduated from any 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 the student's parent(s)/guardian(s) on a form provided by the school. (FHSAA Bylaw 9.8)
- 8. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle 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 becomes ineligible to participate. (FHSAA Bylaw 9.6)
- 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. (FHSAA Bylaw 7.1)
- 13. Must not provide false information to his/her school or 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, Florida

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(s).

If the student is declared or ruled 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 that the information on the Consent and Release from Liability Certificate in regard 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

CONCUSSION, HEAT RELATED ILLNESS AND SUDDEN CARDIAC ARREST - CONSENT AND RELEASE FROM LIABILITY CERTIFICATE

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

CONCUSSION:

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 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.

* FREE Educational Video on Concussions are located at www.nfhslearn.com and or sportsafetyinternational.org

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 an 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 of 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 athletic 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/headsup/youthsports/ or http://www.seeingstarsfoundation.org

Statement of Student Athlete Responsibility

Original: Athletic Director/School

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, Amyotropic 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.

Page 1 of 2

FC-600-2561 (Rev. 06/06/16)

Copy: Coach

CONCUSSION, SUDDEN CARDIAC ARREST and HEAT ILLNESS- Consent and Release From Liability Certificate.

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

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.

<u>Warning signs associated with sudden cardiac arrest include</u>: 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.

*FREE Educational Video on Sudden Cardiac Arrest are located at www.nfhslearn.com and or sportssafetyinternational.org

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 camps 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, <u>I acknowledge the annual requirement for my child/ward to view both</u> the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood.

I have been advised of the dangers of participation for myself and that of my child/ward.

The undersigned, on behalf of themselves, the other parent/guardian, the minor student and all assigns and representatives thereof, and to the fullest extent allowed by Florida Law do hereby knowingly accept the inherent risks presented by participation in this program and as a condition of such participation do hereby release and hold harmless the School Board/District of Osceola County, Florida, and all of its agents and employees from and against any and all lawsuits, claims, actions, damages or any other matter related to or arising out of the student's participation in this program, (the "Released Matters"), including Released Matters that are caused in whole or any part by the negligence of the School Board/District or any employee or agent thereof.

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

Original: Athletic Director / School An Equal Opportunity Agency Page 2 of 2 (Rev 5.7.18)

Copy: Coach

2018-19 SCHOOL YEAR

MEDICAL AUTHORIZATION FORM Athletic Department

2018-19 SCHOOL YEAR

Student's Name:	DOB :/	
Grade:	Date Signed:	
during an interscholastic event, do hereby author	I cannot be reached and/or the team is out of the county ize the designated SDOC coach or other emergency child to the nearest appropriate healthcare facility and rization is valid for the 2018-19 school year.	
Insurance policy is secondary to all other sources of o	licy does not guarantee policy benefits. The Student coverage and may not pay 100% for all incurred medical expenses incurred as a result of this medical treatment	
Claim information or eligibility contact: School Insur 2019) P.O Box 784268, Winter Garden, FL 34778-4	rance of Florida – Policy # 09-0142-2019. (Expires June 628. Phone: 407-798-0290; Fax: 407-798-0296	
In order for you to receive the maximum insurance benefits, for which you are entitled, you <u>MUST</u> 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):		
Parent / Guardian (Print Name)	Signature / Phone Number	
Witness – Print Name (Must be of legal Age)	Witness Signature:	
ADDITIONAL EMERGENCY CONTAC	CT INFORMATION	
Print Name / Relationship to Child	Phone Number(s)	
Print Name / Relationship to Child	Phone Number(s)	

Original: Athletic Director

Copy: Coach An Equal Opportunity Agency FC-600-2482 (04/1/18)