

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**  
**ELEMENTARY ATHLETIC CONSENT FORM**

**Part 1. Student Information**

SCHOOL: \_\_\_\_\_

Student Name \_\_\_\_\_ Grade in School \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**Part 2. Parent / Guardian / Student Acknowledgement and Release**

- A. I/We hereby give consent for my/our child/ward to participate in Elementary athletic activities.
- B. I have been informed and acknowledge that my child/ward knows of, the risks involved in Elementary 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 Elementary athletics. **With full understanding of the risks involved, I/we release and hold harmless the School Board of Osceola County, my/our child's/ward's school, the schools against which it competes and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and participation in the Elementary athletic activities and agree to take no legal action against any of the above-referenced entities because of any accident or mishap involving the athletic participation of my/our child/ward. This release applies to all participation in Elementary athletic activities.** 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 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 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.
- C. 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, my/our child's/ward's school, the schools against which it competes, and the contest officials 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.**
- D. Please check the appropriate line. Student Insurance policy is secondary to all other sources of coverage.

My child/ward is covered under our family health plan which has limits of not less than \$25,000.  
Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I/We have no health insurance for my/our child/ward and we have elected to purchase School Time and/or 24 hour student accident insurance from Florida School Insurance to cover our child. [www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com)  
Policy Number \_\_\_\_\_

I/We do not carry insurance for my/our child/ ward and understand that said child is only covered for participation in Elementary athletics and not covered for the school day and for any other outside extracurricular activities provided by the school.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE**

Parent / Guardian Name (Printed)

Parent / Guardian Name (Signature)

Date

# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

## 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](http://www.nfhslearn.com) and or [sportsafetyinternational.org](http://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**

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](http://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.

Original: Athletic Director/School

An Equal Opportunity Agency

Copy: Coach

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# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

## 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.

### **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, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

### **What to do if your student-athlete collapses.**

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

### **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, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at [www.nfhslearn.com](http://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.**

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

/ /

Date

# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

2020-21  
SCHOOL YEAR

## MEDICAL AUTHORIZATION FORM Athletic Department

2020-21  
SCHOOL YEAR

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 2020-21 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 # 09-0142-2021 (Expires June 30, 2021) 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)** \_\_\_\_\_

**Assumption of the Risk and Waiver of Liability Relating to**  
**Coronavirus/COVID-19**

**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 THE SCHOOL DISTRICT OF OSCEOLA COUNTY (“SDOC”) 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 SDOC 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 SDOC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**The School District of Osceola County (“SDOC”)** has put in place preventative measures to reduce the spread of COVID-19; however, SDOC **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, attending **SDOC athletic events could increase** your risk and your child(ren)’s risk of exposure to an/or contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending SDOC athletic events and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by attending SDOC athletic events may result from the actions, omissions, or negligence of myself and others, including, but not limited to, SDOC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at or participation in SDOC athletic events ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless SDOC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of SDOC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any SDOC athletic event.

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**Signature of Parent/Guardian**      **Date**

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**Print Name of Parent/Guardian**      **Name of Student Athlete**