Potential Athletes

There are 5 forms that you must have signed and delivered to the athletic training room in the Gym – 03-105J prior to participation in athletics in the school year of 2018-19. Complete Sports Packet is 13 pages.

1. **EL2 Physical Form** (4 page document Dated 3/16) – the entire packet must be complete. Parental and Student signatures along with complete medical history must be completed. **The physical must be completed on the FHSAA EL2 form. We are no longer accepting Dept. of State health forms.** Also no out of state physicals accepted. Must be a medical professional from the state of Florida.

2. **Annual OCPS Sports Activity Participation Form** (2 pages) – revised expectations from Orange County Public Schools regarding permissions and releases of information.

3. **EL3 Consent and Release from Liability Certificate** – *(Dated 5/18)*
   - Pg 1 – Authorization and/or restriction of a sport; Pg 2 Concussions
   - Pg 3 Sudden Cardiac Arrest & Heat Illness; Pg 4 FHSAA guidelines
   **Involves 4 separate signature locations.**
   - PG 1 -- Authorization by parent is **for all sports unless a written in EXCEPTION** sport is included. Important information for this sheet – 1) Insurance information 2) student signature and 3) parental signature at bottom.

4. **OCPS Out of Season Sports Activities Participation Form** (2 page) – discloses parental responsibility for all out of season medical expenses as this is not covered by OCPS Sports Accident Insurance.

5. **Emergency Treatment Authorization** (1 page) – Contact numbers and appropriate insurance information. Including a secondary contact.

**Concussion Baseline Evaluation will be required for certain sports – performed at the school at no cost -- post-selection for the team. Football and wrestling are the only sports requiring this BEFORE participation.**

***Request for Research of Athletic Physical *(optional)* IF you obtained a physical within the past calendar year and that form is ALREADY on file with your 2017-18 athletic paperwork and would like that physical to become part of your new 2018-19 record, you must fill out a request to research for this document within Bear Medicine records.

**Questions:** Holly Panas-Schuster, ATC, LAT – Head Athletic Trainer
407/852-3400x603212  holly.panas-schuster@ocps.net
ANNUAL SPORTS ACTIVITY PARTICIPATION

STUDENT FULL NAME: _______________________________  TODAY’S DATE: ____________

STUDENT DATE OF BIRTH: ______________  GRADE: ____________

NOTICE TO PARENT/LEGAL GUARDIANS

The School Board of Orange County, Florida ("OCPS") offers a variety of athletic sports activities to registered students and endeavors to have each high school and middle school be an active member of Florida High School Athletics Association in order for student athletes to participate in sanctioned sport competitions. By signing this agreement, the parent/legal guardian understands and agrees that there are inherent risks associated with the named child participating in sports activities: including but not limited to pre-season conditioning, scheduled practices, scrimmages, games, competitions, and regional and state championships, and hereby gives permission for his/her child to participate in sports activities as a student athlete.

NOTICE OF RESPONSIBILITY OF STUDENT ATHLETE AND PARENT/LEGAL GUARDIAN

As the parent/legal guardian of the student athlete who will be participating in sports activities held by OCPS athletic programs, the parent/legal guardian understands and agrees to the following rules and responsibilities:

Qualifications to Participate

a) Sports Screening Physical Exam of student athlete is required and the results shall be provided to the school athletics department designee (usually the Athletic Trainer) annually in accordance with FHSAA rules and guidelines.

b) Attendance to all practices and games, including timely arrival and coming prepared, is a commitment by the parent/legal guardian and student athlete to his/her team, school, and the sport. Student Athlete and Parent/Legal Guardian agree to follow school directives regarding the child’s participation in the sports activities.

c) Arrival and Departure from sports activities is the responsibility of the parent/legal guardian, unless specific OCPS designated transportation is provided. Parent/Legal Guardian waives, releases and holds harmless OCPS, its employees and volunteers from any liability arising from OCPS releasing the student athlete from the sports activity for individual return to home, whether his/her method and means is by foot, bicycle, motor vehicle or other various means by him/herself, friend, relative, or other persons at the student athlete’s discretion.

d) Student’s eligibility to participate in sports activities shall be determined by the school administration, in accordance with OCPS Student Code of Conduct, including but not limited to, the student athlete maintaining satisfactory grades, appropriate behavior, and compliance with team rules.

e) Report immediately to OCPS Athletic Trainer or Athletic Director any and all injury, change in medical condition, and/or medical treatment that occurred as a result of student athlete participating in sports activity or that may affect their ability to continue to participate in sports activity. Upon request, student athlete will seek medical treatment and provide OCPS with medical provider records on eligibility to participate in sports activity. Participation in any sport activity may be withheld by OCPS at any time deemed appropriate and the student shall not be allowed to resume sport activity without satisfactory medical provider note or records.

f) If any sports document, physical exam form, or signature on such document has been falsified, misrepresented, or intentionally excluded, student athlete shall be immediately suspended from sports team and declared as

"The Orange County School Board is an equal opportunity agency."
ineligible status from all sports. Ineligible status and sport suspension shall be effective for one calendar year from the date of disclosure.

PERMISSION AND RELEASE FOR STUDENT ATHLETE

As the parent/legal guardian of the student athlete who will be participating in sports activities held by OCPS athletic programs, parent/legal guardian understands and agrees to the following:

Permissions and Releases

a. Permission is granted for appropriate OCPS employee to render medical treatment to student athlete or OCPS employee to contact and authorize medical treatment by a third party first responder, nurse, physician or hospital in the event an injury occurs during a sports activity. Parent/Legal Guardian waives, releases and holds harmless OCPS, its employees and volunteers from any liability arising from such medical treatment.

b. Authorization to release student athlete’s medical records to OCPS is granted in order to coordinate sports related treatment with treating medical provider(s). This authorization may be cancelled in writing at any time. A cancellation will not change releases that happen before receipt of the cancellation. Parent/guardian releases and holds harmless OCPS from any liability resulting in the use and disclosure of received and redisclosed medical records/information.

c. Permission is granted to OCPS the right to photograph and/or videotape student athlete and further use of name, likeness, voice, and appearance in connection with publicity, advertising, promotional materials without reservation or limitation.

d. Parent/legal guardian affirms that the student athlete has no other medical condition, prior medical treatment, including but not limited to surgery which may affect or limit the student athlete from actively participating in sports activities.

e. Parent/legal guardian waives, releases and holds harmless OCPS, its employees and volunteers for any activity the student athlete may voluntarily participate in with the team (in uniform or not), including but not limited to fund raisers, parades, promotions, team building, public appearances, etc.

f. By signing this form, I agree that I am giving up my child’s right and my right to recover from OCPS and its Board Members, employees and agents, in a lawsuit for any personal injury, including death, for any claim based upon the negligence of OCPS, including any claimed negligence by OCPS in allowing my child to participate in any sport or for any claimed negligence by OCPS regarding the care of my child during practices or games when any injury or illness arises out of or relates in any way to my child’s participation in sport.

g. FHSAA’s “Consent and Release from Liability Certificate” signed by the parent/legal guardian includes the release of “The School District” which shall apply to The School Board of Orange County, Florida, its elected officials, employees and volunteers and “School” shall be the OCPS school for which the student athlete is registered and participating in sports activity.

I hereby acknowledge and certify that I have read this document in its entirety; reviewed and explained the terms With my child/ward; understand and agree to be bound by the terms on behalf of myself and my child/ward.

___________________________________________  ________________
Parent Signature                                  Date

___________________________________________  __________________
Parent Name (printed)                             School Name

School Use: filed on:____ Retention: 2 years Form: RM_SAW 7.2015
# Florida High School Athletic Association

## Preparticipation Physical Evaluation (Page 1 of 3)

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. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Sex:</th>
<th>Age:</th>
<th>Date of Birth: / /</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School:</th>
<th>Grade in School:</th>
<th>Sport(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Home Address:</th>
<th>Home Phone: ( )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Parent/Guardian:</th>
<th>E-mail:</th>
</tr>
</thead>
</table>

| Person to Contact in Case of Emergency: | | |
|-----------------------------------------|---|

<table>
<thead>
<tr>
<th>Relationship to Student:</th>
<th>Home Phone: ( )</th>
<th>Work Phone: ( )</th>
<th>Cell Phone: ( )</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Personal/Family Physician:</th>
<th>City/State:</th>
<th>Office Phone: ( )</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

1. Have you had a medical illness or injury since your last check up or sports physical?  
2. Do you have an ongoing chronic illness?  
3. Have you ever been hospitalized overnight?  
4. Have you ever had surgery?  
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?  
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?  
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?  
8. Have you ever had a rash or hives develop during or after exercise?  
9. Have you ever passed out during or after exercise?  
10. Have you ever been dizzy during or after exercise?  
11. Have you ever had chest pain during or after exercise?  
12. Do you get tired more quickly than your friends do during exercise?  
13. Have you ever had racing of your heart or skipped heartbeats?  
14. Have you had high blood pressure or high cholesterol?  
15. Have you ever been told you have a heart murmur?  
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 mononucleosis) within the last month?  
18. Has a physician ever denied or restricted your participation in sports for any heart problems?  
19. Do you have any current skin problems (for example, itching, rashes, 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 memory?  
22. Have you ever had a seizure?  
23. Do you have frequent or severe headaches?  
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?  
25. Have you ever had a stinger, burn or pinched nerve?  
26. Have you ever become ill from exercising in the heat?  
27. Do you cough, wheeze or have trouble breathing during or after activity?  
28. Do you have asthma?  
29. Do you have seasonal allergies that require medical treatment?  
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)?  
31. Have you had any problems with your eyes or vision?  
32. Do you wear glasses, contacts or protective eyewear?  
33. Have you ever had a sprain, strain or swelling after injury?  
34. Have you broken or fractured any bones or dislocated any joints?  
35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?  

If yes, check appropriate blank and explain below:

- Head  
- Elbow  
- Hip  
- Neck  
- Forearm  
- Thigh  
- Back  
- Wrist  
- Knee  
- Chest  
- Hand  
- Shin/Calf  
- Shoulder  
- Finger  
- Ankle  
- Upper Arm  
- Foot  

36. Do you want to weigh more or less than you do now?  
37. Do you lose weight regularly to meet weight requirements for your sport?  
38. Do you feel stressed out?  
39. Have you ever been diagnosed with sickle cell anemia?  
40. Have you ever been diagnosed with having the sickle cell trait?  
41. Record the dates of your most recent immunizations (shots) for:

- Tetanus:  
- Measles:  
- Hepatitis B:  
- Chickenpox:  

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?  

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:  
Signature of Parent/Guardian:  
Date: / /  
Date: / /
Florida High School Athletic Association

Preparticipation Physical Evaluation (Page 2 of 3)

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. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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

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: ___________________________________________  For: ___________________________________________

Referred to ___________________________________________  For: ___________________________________________

Recommendations: ___________________________________________

Name of Physician/Physician Assistant/Nurse Practitioner (print): ___________________________________________  Date: _____/_____/______

Address/Facility Stamp: ___________________________________________

Signature of Physician/Physician Assistant/Nurse Practitioner: ____________________________________________________________________________________

_______________________________________________________________________________________________________________________________

_______________________________________________________________________________________________________________________________________

This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

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.
**Florida High School Athletic Association**

**Preparticipation Physical Evaluation (Page 3 of 3)**

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. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

| Student’s Name: _____________________________________________________________________________________________ |
| 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/Facility Stamp: ______________________________________________________________________________ |

Signature of Physician:

Request to Research Athletic Physical  
-- Calendar Year Validation

A Medical Physical is valid for *one calendar year*. As per FHSAA guidelines, the documentation of this physical is valid for athletics within this timeframe. **Only this portion of the athletic paperwork will be allowed to carry over from one academic year to the next.** All other OCPS athletics’ paperwork will need completion each year for student athletes.

With completion of this document, you are requesting that the medical physical be researched for your son/daughter regarding verification of this date of service. This request/verification form will then be placed into their athletic folder with the paperwork for the 2018-19 school year as a representative of their physical.

Questions contact the Athletic Training Office – 407/852-3400 x 6032312

** Understand that continued participation is subject to the expiration of this document. Participation may be suspended mid-season regarding compliance for a valid physical.

Student Name (print): ________________________________

Parent Name (print): ________________________________

Parent Signature: ________________________________

Validation of Athletic Physical Documentation: _________(initial)

Date of Physical: ________________

Athletic Trainer Verification Initials: ________________
Florida High School Athletic Association

Consent and Release from Liability Certificate (Page 1 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. This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

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 Page 4 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 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 my school, the schools against which it competes, the school district, 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 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, promotional and commercial 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 in 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 hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

   List sport(s) exceptions here
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

B. I understand that participation may necessitate an early dismissal from classes.

C. I 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 release and hold harmless my child/ward’s school, the schools against which it competes, the school district, 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 FHSAA because of any accident or mishap involving the athletic participation of my child/ward. I 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 further hereby authorize the use or disclosure of my child/ward’s individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward’s athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child/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 am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I 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 AGREING 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 agree that in the event we/pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child’s team participation in FHSAA sanctioned contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. 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 my 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.
   ______ 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 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 __________/________/________
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 you report 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 _ ______/_______/____________
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, I acknowledge the annual requirement for my child/ward to view both the “Sudden Cardiac Arrest” and “Heat Illness Prevention” courses at www.nfhslearn.org. 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.

__________________________________________________
Name of Student-Athlete (printed) Signature of Student-Athlete Date

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

__________________________________________________
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date
Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic 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 a 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)

3. 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 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)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)

8. Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)

9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).

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 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.

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 regards to the FHSAA’s established rules and eligibility have been read and understood.

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As a public service and member of the community, The School Board of Orange County, Florida allows “Student Athletes” to use school facilities, such as gymnasiums, weight lifting rooms, locker rooms, and sports tracks and fields. A Student Athlete participating in “Off-Season Sports Activities” at any Orange County Public School “OCPS” location is completely voluntary. The School Board of Orange County, Florida shall not accept financial responsibility for payment of medical expenses in the event a student is injured during Off-Season Sports Activities or while on District Property. You are encouraged to maintain insurance (health insurance or accident insurance) on your child/ward, covering any injuries or illnesses the student may incur on District Property.

The supplemental accident policy purchased by OCPS does NOT provide coverage for students participating in Off-Season Sports Activities.

Parent/Guardian Statement: I, the parent, named below, acknowledge receipt of this notice and give permission for my child/ward, named below, to participate in “Off-Season Sports Activities” held at OCPS District Property. I understand and agree that my child’s/ward’s participation is voluntary and any illness or injury incurred by my child/ward is not covered by any insurance maintained by The School Board of Orange County, Florida. I understand and agree to be financially responsible for any medical expenses incurred by my child/ward for any and all illness or injury incurred at Off-Season Sports Activities. This shall not preclude any gross negligence on the part of The School Board of Orange County, Florida or its employees.

I further confirm the following: (Please select one and complete this form)

______ My child/ward does not have insurance and I agree that I will be financially responsible for all medical expenses in the event of an illness or injury my child/ward incurs at an Off-Season Sports Activities.

______ I do carry insurance for my child/ward with insurance company ________________________________; policy number: _______________________________. If any insurance on my child/ward denies any medical expenses or cancels such insurance mid-term, then I further agree that I will replace such insurance or be financially responsible for all medical expenses in the event of an illness or injury my child/ward incurs.

Student’s Full Name: ___________________________________________ School Year: ____________________

Enrolled at School: _____________________________________________

Parent/Guardian’s Full Name: _____________________________________________

Signature and Acknowledgement by Parent or Guardian: ____________________________

Date Signed: _____ / _____ / ________

RETURN THIS COMPLETED FORM TO THE ATHLETIC DIRECTOR’S OFFICE

Parent/Legal Guardian can purchase supplemental accident insurance on their child/children from School Insurance of Florida. Check out their website for reasonable priced insurance.


School Use: filed on: _____ Retention: 2 years Form: RM_OSW 7.2014
Definitions:

- **District Property** – any land or improvement, property or facility owned, leased or used by OCPS.
- **OCPS** – The School Board of Orange County Florida, better known as Orange County Public Schools.
- **Off-Season Sports Activities** – any sports-related activity for a sport, sanctioned by the FHSAA, but the sport activity occurs outside of the FHSAA sports season. This may include, but is not limited to, open gyms, conditioning programs, sports camps, weight lifting, scrimmages.
- **Sports Season** – as determined by Florida High School Athletic Association (FHSAA), including sideline and competitive cheer. For marching band, the season will follow FHSAA calendar for football. For rowing, the season is the entire OCPS school year. Excludes OCPS summer break, unless FHSAA sport season allows for the sanctioned sport to extends into OCPS summer break.
- **Student Athlete** – any registered student of OCPS that has tried out and been accepted to an OCPS sports team or sport activity or is planning to try-out in the upcoming sports activity season. This shall also apply to any registered student of OCPS that has tried out and been accepted to an OCPS cheer squad/team, rowing/crew team or marching band (including their units, such as drill team, flag corp., majorette).
EMERGENCY TREATMENT AUTHORIZATION CARD-English

Athlete’s Legal Name: ____________________________ School: ____________________________ Grade: ________

Athlete’s Date of Birth: ____________________________ Date of last tetanus shot: ____________________________

My child is allergic to the following medications: ________________________________________________________

My child has the following allergies: ________________________________________________________________

Please identify any serious injuries or illnesses your child has had: ____________________________________________

Alternate family member/friend to contact in case of emergency: ____________________________________________

Name: ____________________________ Telephone Number(s): ____________________________

Primary Care Doctor Name: ____________________________ Telephone Number: ____________________________

You understand that the insurance offered by Orange County Public Schools is a secondary policy and will pay only after your personal insurance pays. You also understand that your child is only covered by OCPS sport insurance during the FHSAA specified season. Please write “none” if you have no personal insurance on this athlete.

Primary Insurance Company: ____________________________ Policy Number: ____________________________

Insurance Company Address: ____________________________

You understand that a parent, guardian or student falsifies any signature or information on the emergency medical treatment card, the student will be declared ineligible to participate in any Orange County interscholastic activity for one full calendar year from disclosure date. You further give your permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold the School Board and its employees harmless in the administration of such assistance. I hereby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms, Florida Statutes (92.525) "Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

Signature of Parent/Legal Guardian ____________________________ Print Name of Parent/Legal Guardian ____________________________ Date: ____________

Telephone (H) ____________________________ Telephone (W) ____________________________ Other: ____________________________

Street Address: ____________________________ City: ____________________________ State: ____________________________ Zip: ____________________________

12515

SCHOOL BOARD OF ORANGE COUNTY, Florida

TARJETA DE AUTORIZACIÓN PARA TRATAMIENTO DE EMERGENCIA-ESPAÑOL

JUNTA ESCOLAR DEL CONDADO ORANGE, FLORIDA (Llave de Melde)

Nombre Legal del Atleta: ____________________________ Escuela: ____________________________ Grado: ________

Fecha de Nacimiento del Atleta: ____________________________ Fecha de la última vacuna contra el tétanos: ____________________________

Mi hijo(a) es alérgico a las siguientes medicinas: ________________________________________________________

Mi hijo(a) tiene las siguientes alergias: ________________________________________________________________

Favor de identificar cualquier lesión seria o enfermedades que su hijo(a) ha tenido: ____________________________

Miembro de familia/Amigo alterno que pueda contactarse en caso de emergencia: ____________________________

Nombre: ____________________________ Números de teléfono: ____________________________

Nombre del Médico de Cuidado Primario: ____________________________ Teléfono: ____________________________

Usted comprende que el seguro ofrecido por las Escuelas Públicas del Condado Orange es una póliza secundaria y pagará sólo después de que haya pagado su seguro personal. Usted también comprende que su hijo(a) sólo está cubierto por el seguro deportivo de OCPS durante la temporada especificada de FHSAA y no durante el tiempo fuera de temporada.

Por favor escriba "ninguno" si no tiene seguro personal para este atleta.

Compañía Primaria de Seguros: ____________________________ Número de Póliza: ____________________________

Dirección de la Compañía de Seguros: ____________________________

Usted comprende que si un padre, encargado o estudiante falsifica cualquier firma o información en la tarjeta para tratamiento médico de emergencia, el estudiante será declarado ineligible para participar en cualquier actividad interescolar del Condado Orange durante el año calendario completo a partir de la fecha del descubrimiento. Usted adicionalmente, concie el permiso para que el personal apropiado de la escuela y sus asignados ofrezcan tratamiento médico o autorice tratamiento médico por parte de un hospital y/o médico y acepta liberar a la Junta Escolar y sus empleados de responsabilidad en la administración de tal asistencia.

Por la presente reconozco y certifico que he leído el documento de evaluación deportiva, que comprendo y acepto sus términos. Estatuto de Florida (92.525) "Bajo pena de perjurio, declaro que he leído lo anterior y que los hechos presentados son verdaderos. Acabo estar sujeto a sus términos y he revisado y explicado la notificación a mi hijo(a).

Firma del Padre/Madre/Encargado Legal ____________________________ Nombre del Padre/Madre/Encargado Legal ____________________________ Fecha: ____________

Teléfono(H) ____________________________ Teléfono(O) ____________________________ Otro: ____________________________

Dirección ____________________________ Ciudad: ____________________________ Estado: ____________________________ Código Postal: ____________________________