



## Olympia High School Sports Medicine

### Instructions for completing Physical Packet 2018 - 2019

- All forms must be completed in PEN only. Pencil will not be accepted.
- Allow **48 hours** for eligibility to be processed.
- Make sure all forms are signed/dated by athlete and parent/guardian before returning them to the Athletic Trainer. Incomplete forms will be returned to you and eligibility will be delayed.

Order of documents and description:

#### 1. OCPS Annual Sports Activity Participation

- a. Parent/Guardian read, print/type information, sign.

#### 2. FHSAA EL2 Pre-Participation Physical Evaluation Form

- a. Page 1: Complete athlete information and medical history. Parents/Guardians and athlete read, print/type name, sign, and date.
- b. Pages 2-3: To be completed by a physician licensed in the state of Florida.  
\*MUST HAVE DATE, PHYSICIAN SIGNATURE, OFFICE/ADDRESS INFORMATION TO BE ACCEPTED\*

#### 3. FHSAA EL3 Consent and Release From Liability Certification

- a. Page 1:
  - i. Subsection A: List sports the athlete **WILL NOT** be allowed to participate in.
  - ii. Subsection G: Check the appropriate box(es) related to insurance and provide insurance information
  - iii. Parents/Guardians and athlete read, print/type name, sign, and date.
- b. Page 2: Parents/Guardians and athlete read, print/type name, sign, and date.
- c. Page 3: Parents/Guardians and athlete read, print/type name, sign, and date.
- d. Page 4: Parents/Guardians and athlete read, print/type name, sign, and date.

#### 4. OCPS Waiver for Sports Activities

- a. Check appropriate line for insurance status and provide insurance information.
- b. Fill out information pertaining to enrollment.
- c. Parents/Guardians must read, print/type name, fill out, and date at the bottom.

#### 5. Emergency Medical Treatment Cards

- a. Fill out BOTH CARDS completely. Incomplete forms will not be accepted. Parent/Guardian must print name, sign, and date.

#### PLEASE NOTE

All forms are valid for one calendar year.

If the athlete's physical expires during their sport's season, they will be ineligible as of that date, until a valid physical is turned in.

**\*\*\*\*\* Paperwork must be turned in directly to the Athletic Training Staff \*\*\*\*\***

**Packet may be returned to Room 433 during school hours or the Athletic Training Room after school.**

**AFTER MAKING A COPY FOR YOURSELF,  
RETURN PHYSICAL PACKET TO:**

**Athletic Training Staff ONLY**

**Head Athletic Trainer: Mr. Barry Walters, LAT, ATC**

**[Barry.Walters@ocps.net](mailto:Barry.Walters@ocps.net)**

During school hours: Please bring to Room 433

After school hours: Athletic Training Room by the Football Field or in the Breezeway.

Summer: Please return to the designated box in the front office of Olympia High School.

**Do Not Return to Coach or Guidance Office**

**Thank You  
Go Titans!**

Student ID#: \_\_\_\_\_

Sport(s): \_\_\_\_\_

## 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. Physicals must be performed by a medical provider licensed in the State of Florida. Athletics may prevent student from participating if all required paperwork is not received 48 hours prior to deadline/try-outs.
- 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 injuries, changes in medical conditions, and/or medical treatments 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

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/from 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 disclosed 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



# 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)

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

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

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

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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 NORMAL ABNORMAL FINDINGS INITIALS\*

MEDICAL

- 1. Appearance
2. Eyes/Ears/Nose/Throat
3. Lymph Nodes
4. Heart
5. Pulses
6. Lungs
7. Abdomen
8. Genitalia (males only)
9. Skin

MUSCULOSKELETAL

- 10. Neck
11. Back
12. Shoulder/Arm
13. Elbow/Forearm
14. Wrist/Hand
15. Hip/Thigh
16. Knee
17. Leg/Ankle
18. Foot

\* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

\_\_\_ Cleared without limitation
\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_
\_\_\_ Precautions: \_\_\_\_\_
\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_
\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# 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: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

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



# 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's/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 the 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's/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's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- D. I 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 AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

E. **I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.**

F. I 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.

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_ My child/ward is covered by his/her school's activities medical base insurance plan.

\_\_\_\_ I have purchased supplemental football insurance through my child's/ward's school.

**I 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 your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

**Signs and Symptoms of a Concussion:**

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

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

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

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

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

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

**Return to play or practice:**

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

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

**Statement of Student Athlete Responsibility**

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

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" at [www.nfhslearn.com](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.

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 / /



Florida High School Athletic Association  
**Consent and Release from Liability Certificate for  
 Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)**

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

**School:** \_\_\_\_\_ **School District (if applicable):** \_\_\_\_\_

**Sudden Cardiac Arrest Information**

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

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

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

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

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

**What to do if your student-athlete collapses:**

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

**FHSAA Heat-Related Illnesses Information**

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

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

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

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

**Who's at Risk?**

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

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

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



## Consent and Release from Liability Certificate (Page 4 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.

### 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:

- This form is non-transferable;** a separate form must be completed for each different school at which a student participates.
- 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)
- 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)
- Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
- 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)
- 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)
- 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 (form EL2).
- 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)
- 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)
- 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)
- Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
- 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)
- 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.**

\_\_\_\_\_  
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

**THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN FOR ALL STUDENTS ENTERING AN OCPS MIDDLE SCHOOL AND HIGH SCHOOL WHO PLAN TO PARTICIPATE IN SPORTS ACTIVITIES.**



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: \_\_\_\_\_  
(one form per child)

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.**

[www.schoolinsuranceofflorida.com](http://www.schoolinsuranceofflorida.com).

## 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 extend 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**      **SCHOOL BOARD OF ORANGE COUNTY, Florida**      (Please Print)

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: \_\_\_\_\_  
 Alternative 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 OCP5 sport insurance during 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 if 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 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 herby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms Florida Statues (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 review 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: \_\_\_\_\_

**PLEASE FILL OUT BOTH CARDS!**

**EMERGENCY TREATMENT AUTHORIZATION CARD –English**      **SCHOOL BOARD OF ORANGE COUNTY, Florida**      (Please Print)

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: \_\_\_\_\_  
 Alternative 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.  
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 Primary Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Insurance Company Address: \_\_\_\_\_

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\_\_\_\_\_  
 Signature of Parent/Legal Guardian      Print Name of Parent/Legal Guardian      Date  
 Telephone (H) \_\_\_\_\_ Telephone (W) \_\_\_\_\_ Other \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_