ANNUAL SPORTS AND SELECTED ACTIVITY PARTICIPATION

(Includes All Sports, JROTC, Competitive Dance Teams, Marching Band and Guard)

STUDENT FULL NAME:_____ TODAY'S DATE:_____

STUDENT DATE OF BIRTH:_____ STUDENT ID#:_____ GRADE:_____

NOTICE TO PARENT/LEGAL GUARDIAN

The School Board of Orange County, Florida ("SBOC") offers a variety of athletic sports and other physical 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 student athlete participating in sports and selected activities: including but not limited to pre-season conditioning, scheduled practices, scrimmages, games, competitions, and regional and state championships, and hereby gives permission for the named student to participate in sports and selected activities (JROTC, Competitive Dance Teams, Marching Band and Guard) as a student athlete and/or participant in other selected activities.

NOTICE OF RESPONSIBILITY OF STUDENT ATHLETE OR PARTICIPANT AND PARENT/LEGAL GUARDIAN

As the parent/legal guardian of the student athlete who will be participating in sports and selected activities held by SBOC athletic and other 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/participant 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 with no family relation to the student athlete. Athletics shall prevent the student athlete/participant from participating if all required paperwork is not received 48 hours prior to deadline/try-outs.

b) The student athlete/participant is required to have an electrocardiogram ("ECG") prior to participation in any conditioning, practice or game. Failure to have an ECG will result in the denial of the student athlete's/participant's ability to participate in sports and selected activities. The result of such ECG must demonstrate no abnormalities before the student athlete/participant is allowed to participate in any conditioning, practice and game. If the student athlete/participant has an abnormal ECG, the student athlete/participant shall not be allowed to participate in any conditioning, practice and game until such time as a pediatric cardiologist or a cardiologist clears the student athlete/participant for full participation. The student athlete/participant will be required to provide his/her athletic trainer with written clearance that the student athlete/participant is allowed to fully participate in conditioning, practices and games prior to being allowed to participate after an abnormal ECG result. Parent/legal guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability, including for claims of negligence, arising out of the ECG examination and/or any injury and/or death arising out of participation in any conditioning, practices and games after the ECG examination is completed. Parent/legal guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability, including for claims of negligence, for any injury and/or death arising out of participation in conditioning, practices or games after a student athlete/participant is fully cleared to participate by a pediatric cardiologist or a cardiologist after an abnormal ECG. A student will only be required to have one ECG during his/her four years of participation while enrolled at OCPS.

c) 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. The student athlete/participant and parent/legal guardian agree to follow school directives regarding the student athlete's participation in the sports activities.

d) Arrival and departure from sports activities is the responsibility of the parent/legal guardian, unless specific SBOC designated transportation is provided. Parent/legal guardian waives, releases and holds harmless SBOC, its employees and volunteers from any liability arising from SBOC releasing the student athlete/participant from the sports and selected activities 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/participant's discretion.

e) The student athlete's/participant's eligibility to participate in sports activities and other selected activities shall be determined by the school administration, in accordance with SBOC Code of Student Conduct, including but not limited to, the student athlete/participant maintaining satisfactory grades, appropriate behavior, and compliance with team rules.

f) Report immediately to SBOC 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 activities or that may affect his/her ability to continue to participate in sports and selected activities. Upon request, the student athlete/participant will seek medical treatment and provide SBOC with medical provider records on eligibility to participate in sports and selected activities. Participation in any sport activity or selected activity may be withheld by SBOC at any time deemed appropriate and the student athlete/participant shall not be allowed to resume sport or selected activities without satisfactory medical provider note or records.

g) If any sports document, physical exam form, or signature on such document has been falsified, misrepresented, or intentionally excluded, the student athlete/participant shall be immediately suspended from the sports team/group and declared as ineligible status from all sports or selected activities. Ineligible status and sport suspension shall be effective for one calendar year from the date of disclosure.

h) The annual physical evaluation must be administered either by a licensed physician, a licensed osteopathic physician, a licensed chiropractic physician, a licensed physician assistant, or a certified advanced registered nurse practitioner. The ECG results must be interpreted by a pediatric cardiologist or a cardiologist.

ASSUMPTION OF THE RISK AND LIABILITY RELATING TO CORONAVIRUS/COVID-19

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

SBOC will conduct extracurricular activities in the Summer of 2022 and continuing into the 2022-23 school year. These activities, including pre-season conditioning, scheduled practices, scrimmages, games, competitions, and regional and state championships, will be conducted with safety protocols appropriate under the circumstances at the time. For the safety of all people involved, participants in the activities will be required to adhere to all safety protocols and are subject to immediate removal from the activities if they do not comply. Extracurricular activities are a privilege, and not a right, of public school students.

SBOC, has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, **attending activities where close contact may be inevitable will increase** your risk and your child(ren)'s risk of contracting COVID-19. By signing below, I agree that I will:

• Perform daily temperature checks on my child(ren) to screen for fever before arrival for the activity. Fever is defined as a temperature over 100.4 F or 38.0 C. If my child(ren) has a fever, I will not permit my child(ren) to participate in the Activity until he/she has been without a fever for at least 72 hours.

• Proactively monitor my child(ren) for signs of illness which could include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, flushed cheeks, rapid breathing or difficulty breathing (without recent physical

activity), fatigue, or extreme fussiness. If my child(ren) exhibits any of these signs or symptoms, I will not permit my child(ren) to participate in the activity until he/she has been without signs or symptoms for at least 72 hours.

• Confirm that my child(ren) has not been in contact with someone who has either tested positive for COVID-19 in the past 14 days or is waiting for test results. If my child(ren) has been in contact with such a person, I will not permit my child(ren) to participate in the activity until 14 days have elapsed since the time of contact and only then if my child(ren) are exhibiting no symptoms of COVID-19.

• Promptly pick up my child(ren) or arrange for pickup if signs or symptoms of illness are present. I understand that children are to remain home until illness-free for at least 72 hours without the use of medicine.

By signing this document below, I acknowledge and affirm all of the statements above. I also voluntarily assume all risks that I and/or the named student athlete may be exposed to or infected by COVID-19 as a result of participation in the extracurricular activities, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), SBOC staff, volunteers, or agents, other activity participants, or others not listed, and I acknowledge that all such risks are known to me.

In consideration of myself and the named student athlete being able to participate in the extracurricular activities, I, on behalf of myself, as well as anyone entitled to act on my behalf, hereby forever waive, release, and hold the School Board of Orange County, Florida, and its employees and agents harmless from any and all claims (including negligence), suits, liability, actions, judgments, attorneys' fees, costs, and any expenses of any kind resulting from injuries or damages, grounded in tort or otherwise, that I and/or the named student athlete, or my or our representatives, sustain during or related to student athlete's participation or involvement in the activities.

I hereby acknowledge and certify that I have read this document in its entirety; reviewed and explained the terms with the named student athlete; understand and agree to be bound by the terms on behalf of myself and the named student athlete.

Parent/Legal Guardian Signature	Date
Parent/Legal Guardian Name (printed)	School Name

EL2

Revised 03/18

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)

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
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, burner 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: _____
Hepatitus 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: ____/____/____

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	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: _____

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: _____

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.

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Florida High School Athletic Association

Revised 06/21

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. As required by F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, 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
		____/____/____
		____/____/____

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

Name of Student (printed)	Signature of Student	Date
		____/____/____

Florida High School Athletic Association

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, Amyotropic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" 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
_____	_____	____/____/____
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date

Revised 06/21

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 (SCA) 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 SCA include, but not limited to: sudden collapse, no pulse, no breathing.

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

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

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

What to do if your student-athlete collapses:

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

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.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

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

Revised 06/21

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 and/or sanctioned sport, 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, a charter school student, a special/alternative school student, non-member private school student or Florida Virtual School Full-time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at which the student is permitted to participate.** Home education students and students attending 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 the first 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 eight semesters 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 not turn 19 before **July 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 ineligibile. (FHSAA Bylaw 9.6)
8. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2). (FHSAA Bylaw 9.7)
9. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (FHSAA Bylaw 9.8)
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.

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 ___/___/___

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: _____

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 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 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: _____

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Please Complete 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: _____

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 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 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: _____

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