

### **ISLOL ATHLETIC PARTICIPATION FORM**

PLEASE CLEARLY PRINT OR TYPE:

GRADE LEVEL/SCHOOL YEAR:	STUDENT I. D. #: birth certificate):					
LAST FIRST	MIDDLE					
STUDENT ADDRESS:	CITY/STATE/ZIP					
HOME PHONE (WITH AREA CODE): ()_	D.O.B:/					
EMERGENCY CONTACT:	PHONE: ()					
NAME OF LAST SCHOOL ATTENDED/YEAR:	<del>-</del>					
FATHER/GUARDIAN:						
STREET/P.O. BOX	CITY/STATE/ZIP					
EMPLOYER'S NAME	EMPLOYER'S PHONE ()					
MEDICAL INSURANCE COMPANY	MEMBER ID #					
MOTHER/GUARDIAN:						
STREET/P.O. BOX	CITY/STATE/ZIP					
EMPLOYER'S NAME	EMPLOYER'S PHONE ()					
MEDICAL INSURANCE COMPANY	MEMBER ID #					
Is the company or plan listed above considered a He	alth Maintenance Organization (HMO)? YES: NO:					
Participation in competitive athletics may result in severe injury, including paralysis or death. Improvements in equipment, medical treatment, and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences from athletics.						
PARENT STATEMENT: The undersigned parent(s)/guardian(s) gives consent for the athlete identified herein to travel with the team as a member on its trips. I/We, the undersigned parent(s)/guardian(s) of the above-named student or above-named adult student, do hereby consent to the release of confidential educational records/data including, but not limited to: student's name, date of birth, attendance, grades and such other confidential student data as is necessary for the determination of eligibility for participation in activities regulated by FHSAA to FHSAA and its service provider Home Campus, Inc. and MaxPreps. The information shall be used solely for the purpose of determining and reporting eligibility to participate in athletics. I/We further authorize the release of student transcripts by FHSAA and/or Home Campus to colleges/universities or their representatives for recruiting purposes regarding the above-named or to the District School Board of Pasco County, Florida and its constituent schools. No other disclosure of the records/date provided under this consent is authorized.						
IN THE EVENT OF AN INJURY AND YOU CANNOT TRAINER PERMISSION TO HAVE YOUR CHILD THE YES: NO:	BE REACHED, DO YOU GIVE HIS/HER COACH OR CERTIFIED ATHLETIC REATED MEDICALLY?					
PARENT/GUARDIAN SIGNATURE	DATE					
COPIES OF ALL IMAGINE SCHOOL LAND O LAKE	S AND FHSAA ATHLETIC FORMS MUST BE SUBMITTED TO YOUR					

COPIES OF ALL IMAGINE SCHOOL LAND O LAKES AND FHSAA ATHLETIC FORMS MUST BE SUBMITTED TO YOUR ATHLETIC DIRECTOR **BEFORE** YOUR TRYOUTS. HARDCOPY PAPERWORK CAN BE SUBMITTED TO ATHLETIC DIRECTOR OR FRONT OFFICE STAFF. DIGITAL COPIES OF PAPERWORK CAN BE SUBMITTED TO ATHLETICS@IMAGINELANDOLAKES.ORG.



### **PREPARTICIPATION PHYSICAL EVALUATION** (Page 1 of 4)

This medical history form should be retained by the healthcare provider and/or parent. This form is valid for 365 calendar days from the date signed below.



### **MEDICAL HISTORY FORM**

**Student Information** (to be completed by student and parent) *print legibly* 

Stude	ent's Full Name:	· ,	· ·			Biolo	gical Sex: Age: D	ate of Birth:	/	./
Schoo	DI:		City/Sta		Gr	ade in Sc	hool: Sport(s): Home Phone: ()			
Name	e of Parent/Guardian		_ City/Sta	ite	F-m	 ail·	1101116 F110116. ()			
Perso	on to Contact in Case of E	mergency:			Relat	ionship t	o Student:			
Person to Contact in Case of Emergency: Relationship to Student: Emergency Contact Cell Phone: () Other Phone: ()										
Famil	y Healthcare Provider: _		C	ity/State	:		Office Phone:	()		
List p	ast and current medical	conditions:								
Have	you ever had surgery? If	yes, please list all surgical	procedu	res and d	lates:					
 Medi	cines and supplements (	please list all current presc	ription n	nedicatio	ns, ov	er-the-co	unter medicines, and supplen	nents (herbal	and nutr	ritional):
Do yo	ou have any allergies? If y	yes, please list all of your al	lergies (	i.e., medi	cines,	pollens, 1	food, insects):			
	nt Health Questionaire was the past two weeks, how	version 4 (PHQ-4) v often have you been both	ered by	anv of the	e follo	wina prok	olems? (Circle response)			
		Not at all			al day		Over half of the days	Nearl	y everyda	ay
	ing nervous, anxious, n edge	0			1		2	2 3		
	being able to stop or trol worrying	0			1		2	3		
	e interest or pleasure oing things	0	1 2			3				
	ing down, depressed, opeless	0			1		2		3	
			!				<u>I</u>			
Expla	IERAL QUESTIONS ain "Yes" answers at the end e questions if you don't kno		Yes No HEART HEALTH QUESTIONS ABOUT YOU (continued) Yes			Yes	No			
1	Do you have any concerns that your provider?	at you would like to discuss with			8		tor ever requested a test for your hea electrocardiography (ECG) or echocar			
2	Has a provider ever denied or sports for any reason?	restricted your participation in			9		et light-headed or feel shorter of breaturing exercise?	th than your		
3	Do you have any ongoing me	dical issues or recent illnesses?			10	Have you	ever had a seizure?			
HEA	RT HEALTH QUESTIONS	ABOUT YOU	Yes	No	HEA	RT HEAL	TH QUESTIONS ABOUT YOUR	FAMILY	Yes	No
4	Have you ever passed out or exercise?	nearly passed out during or after			Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)					
5	Have you ever had discomfor your chest during exercise?	t, pain, tightness, or pressure in			12	as hypert arrhythm	one in your family have a genetic heal rophic cardiomyopathy (HCM), Marfa ogenic right ventricular cardiomyopat	n Syndrome, hy (ARVC),		
6	Does your heart ever race, flu (irregular beats) during exerci	itter in your chest, or skip beats ise?				syndrome	yndrome (LQTS), short QT syndrome ( e, or catecholaminerigc polymorphic v lia (CPVT)?			
7	Has a doctor ever told you th	at you have any heart problems?			13		ne in your family had a pacemaker or cor before age 35?	an implanted		



#### **PREPARTICIPATION PHYSICAL EVALUATION** (Page 2 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

This form is valid for 365 calendar days from the date signed below.



 Student's Full Name:
 \_\_\_\_\_\_ Date of Birth:
 \_\_\_\_\_/\_\_\_ School:

BON	IE AND JOINT QUESTIONS	Yes	No	o MEDICAL QUESTIONS (continued) Yes			No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?			27	Are you trying to or has anyone recommended that you gain or lose weight?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?			28	Are you on a special diet or do you avoid certain types of foods or food groups?		
MEI	DICAL QUESTIONS	Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Exp	lain "Yes" answers here:		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?						
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?						
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had or do you have any problems with your						

### This form is not considered valid unless all sections are complete.

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine physical evaluation required by Florida Statute 1006.20, 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 (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name:	(printed) Student-Athlete Signature:	Date:	_/	_/
Parent/Guardian Name:	(printed) Parent/Guardian Signature:	Date:	./	./
Parent/Guardian Name:	(printed) Parent/Guardian Signature:	Date:	/	/



### PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

This medical history form should be retained by the healthcare provider and/or parent.

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### PHYSICAL EXAMINATION FORM

Student's Full Name:	Date of Birth: / /_	School:				
HEALTHCARE PROFESSIONAL REMINDERS: Consider additional questions on more sensitive issues.						
Do you feel stressed out or under a lot of pressure?	Do you ever feel sad, hopele	ss, depressed, or anxio	us?			
Do you feel safe at your home or residence?	During the past 30 days, did	you use chewing tobac	co, snuff, or dip?			
Do you drink alcohol or use any other drugs?	Have you ever taken anaboli supplement?	steroids or used any o	ther performance-enhancing			
<ul> <li>Have you ever taken any supplements to help you gain or lose weight or improve you performance?</li> </ul>	Have you experienced perform of low energy during the past		tigued, and/or experienced times			
Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. (check box if complete)						
EXAMINATION						
Height: Weight:						
<b>BP:</b> / ( / ) <b>Pulse: Vision:</b> R 20	)/ L 20/	Corrected: Yes	No			
MEDICAL - healthcare professional shall initial each assessment		NORMAL	ABNORMAL FINDINGS			
Appearance  • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodac prolapse [MVP], and aortic insufficiency)	ctyl, hyperlaxity, myopia, mitral valve					
Eyes, Ears, Nose, and Throat Pupils equal Hearing						
Lymph Nodes						
Heart  • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)						
Lungs		İ				
Abdomen						
Skin  Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococc	cus Aureus (MRSA), or tinea corporis					
Neurological						
MUSCULOSKELETAL - healthcare professional shall initial each asses	sment	NORMAL	ABNORMAL FINDINGS			
Neck						
Back						
Shoulder and Arm						
Elbow and Forearm						
Wrist, Hand, and Fingers						
Hip and Thigh						
Knee						
Leg and Ankle						
Foot and Toes						
Functional  • Double-leg squat test, single-leg squat test, and box drop or step drop test						
This form is not considered va	lid unless all sections are co	mplete.				
*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abr Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with						
Name of Healthcare Professional (print or type):		Date o	of Exam: / /			
Address: Phone: () _ Signature of Healthcare Professional:	E-mail:					
Signature of Healthcare Professional:	Credentials:	Lice	nse #:			

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and/or cardio stress test.

### PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

This form is valid for 365 calendar days from the date signed below.



### **MEDICAL ELIGIBILITY FORM**

Student Information (to be completed by student and parent) print legibly

Student's Full Name:	Biological Sex: Age: Date of Birth: / /
School:	Grade in School: Sport(s): ty/State: Home Phone: ()
Home Address:	:y/State: Home Phone: ()
Name of Parent/Guardian:	E-mail:
Person to Contact in Case of Emergency:	Relationship to Student:
Family Healthcare Provider:	
Tarriny Treatment (Tovider.	Office Frioric. ()
	tered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, ding with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)
☐ Medically eligible for all sports without restriction	
☐ Medically eligible for all sports without restriction with rec	nmendations for further evaluation or treatment of: (use additional sheet, if necessary)
☐ Medically eligible for only certain sports as listed below:	
☐ Not medically eligible for any sports	
Recommendations: (use additional sheet, if necessary)	
requested. Any injury or other medical conditions that a treated by an appropriate healthcare professional prior to Name of Healthcare Professional (print or type):	Date of Exam: / /
Address:	Phone: ()
Signature of Healthcare Professional:	Credentials: License #:
SHARED EMERGENCY INFORMATION - completed at ti	time of assessment by practitioner and parent
Check this box if there is no relevant medical histor participation in competitive sports.	to share related to Provider Stamp (if required by school)
participation in competitive sports.	
Medications: (use additional sheet, if necessary)	
List:	
Relevant medical history to be reviewed by athletic trained	team physician: (explain below, use additional sheet, if necessary)
☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐	Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Other
Explain:	
Signatura of Students	
Jignature of StudentDate.	J Jignature or Farenty Quartian Date: Date: J
, ,	ecorded on this form is complete and correct. We understand and acknowledge that we are hereby nent, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO),

This form is not considered valid unless all sections are complete.



## PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL



This form is valid for 365 calendar days from the date signed below.

This form is only used, or requested, if a student-athlete has been referred for additional evaluation, prior to full medical clearance.

<b>MEDICAL ELIGIBILITY FORM - Referre</b>	ed Provider Form				
Student Information (to be completed by stu		•			
Student's Full Name:		Biological Sex:	Age:	_ Date of Birth: _	//
School: Home Address:	Gr	ade in School: S	port(s):		
Home Address:	City/State:	Home Ph	none: ()	)	
Name of Parent/Guardian:	E-m	ail:			
Person to Contact in Case of Emergency:	Relat	lonshib to Student:			
Emergency Contact Cell Phone: ()	Work Phone: (	)	Other Pho	one: ()	
Family Healthcare Provider:	City/State:		Office Pho	ne: ()	
Referred for:	Dia	agnosis:			
I hereby certify the evaluation and assessment for which the conclusions documented below:	n this student-athlete was referrea	has been conducted by n	nyself or a clini	ician under my direc	t supervision with
☐ Medically eligible for all sports without restriction	as of the date signed below				
☐ Medically eligible for all sports without restriction	after completion of the following	treatment plan: (use add	itional sheet, if	f necessary)	
☐ Medically eligible for only certain sports as listed b	pelow:				
☐ Not medically eligible for any sports					
Further Recommendations: (use additional sheet, if necessity)	essary)				
Name of Healthcare Professional (print or type): _			1	Date of Exam:	_//
Address:			Pho	ne: ()	
Signature of Healthcare Professional:		Credentials:		_ License #:	
Provider Stamp (if required by school)					



Name of Parent/Guardian (printed)

Name of Student (printed)

# Florida High School Athletic Association

# Consent and Release from Liability Certificate (Page 1 of 5)



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):
I have read the (condensed) FHSAA represent my school in interscholas know that athletic participation is a death, is possible in such participati with full understanding of the risks my school, the schools against whice such athletic participation and agreed disclosure of my individually identified to my athletic eligibility including, but hereby grant the released parties to publicity, advertising, promotional, at understand that the authorization	wledgement and Release (to be signed by student at the bottom)  A Eligibility Rules printed on page 5 of this "Consent and Release from Liability Certificate" and know of no reason why I am not eligible to tic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and ever on, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics 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 in the competes, the school district, the contest officials, and FHSAA of any and all responsibility and liability for any injury or claim resulting from the totake no legal action against the FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use of able health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant at not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein is 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 terstand that I will no longer be eligible for participation in interscholastic athletics.
	an Consent, Acknowledgement and Release (to be completed and signed by parent(s)/guardian(s) at a reparated, parent/guardian with legal custody must sign.)
A. I hereby give consent for my ch	ild/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):
C. I know of and acknowledge that in such participation and choose to release and hold harmless my child liability for any injury or claim result participation of my child/ward. As r in F.S. 456.001, or someone under to school. I further hereby authorize the consent to the disclosure to the FHS and attendance, academic standing and further to use said child's/ward without reservation or limitation. The	may necessitate an early dismissal from classes.  It my child/ward knows of the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, 's/ward's school, the schools against which it competes, the school district, the contest officials, and FHSAA of any and all responsibility and ing from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic equired in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the neuse of disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. SAA, upon its request, of all records relevant to my child's/ward's athletic eligibility including, but not limited to, records relating to enrollment age, age, discipline, finances, residence, and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward is name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials he released parties, however, are under no obligation to exercise said rights herein.  In the properties of the risk of continuing to participate athletics. I also have knowledge about the risk of continuing to participate athletics. I also have knowledge about the risk of continuing to participate athletics.
ACTIVITY. YOU ARE AGREEING	LY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD/WARD ENGAGE IN A POTENTIALLY DANGEROUS THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT
	<u>D FHSAA USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD/WARD MAY BE</u> D BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH
	MINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S/WARD'S RIGHT AND YOUR RIGHT TO RECOVER
-	S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA
	<u>ONAL INJURY, INCLUDING DEATH, TO YOUR CHILD/WARD OR ANY PROPOERTY DAMAGE THAT RESULTS FROM THE</u> PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND YOUR CHILD'S/WARD'S SCHOOL
	CH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA HAS THE RIGHT TO REFUSE TO LET
	ATE IF YOU DO NOT SIGN THIS FORM.
E. I agree that, in the event we/I	oursue litigation seeking injunctive relief or other legal action impacting my child/ward (individually) or my child's/ward's team participation in ction shall be filed in the Alachua County, Florida, Circuit Court.
F. I understand that the authoriz my child's/ward's school. By doing s G. <u>Please check the appropriate l</u>	ations 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 o, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.
☐ My child/ward is covered by h	is/her school's activities medical base insurance plan. Il 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 (pri	Inted) Signature of Parent/Guardian Date

Signature of Parent/Guardian

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE (student signature is required)

Signature of Student

Date

Date



# **Consent and Release from Liability Certificate** (Page 2 of 5)



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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 cannot 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 figitability
- 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 healthcare professional (AHCP). In Florida, an appropriate healthcare professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes) or 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 stepwise protocol under the supervision of a licensed athletic trainer, coach, or medical professional and then, receive written medical clearance from 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 student 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 an 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" 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 or participation for myself and that of my child/ward.

Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date	
Name of Parent/Guardian ( <i>printed</i> )	Signature of Parent/Guardian	Date	
Name of Student (printed)	Signature of Student	 Date	



# **Consent and Release from Liability Certificate** (Page 3 of 5)



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

#### Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (SAC) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating. SCA can cause death if it is not treated within minutes.

#### How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student-athletes and the leading cause of death on school campuses.

#### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as but not limited to dizziness or light-headedness, fainting, shortness of breath, racing or skipped beats/palpitations, fatigue, weakness, chest pain/pressure or tightness. These symptoms may occur before, during, or after activity. These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results of physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

#### What are the risks or practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

# FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest, which may include an electrocardiogram.

The FHSAA Sports Medicine Advisory Committee works to help keep student-athletes safe while practicing or playing by providing education about SCA and by notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the annual preparticipation physical examination to possibly uncover hidden heart issues that can lead to SCA.

#### Why do heart conditions that put youth at risk go undetected?

- Publications report up to 90% of underlying heart issues are missed when using only the history and physical exam;
- · Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth do not report or recognize symptoms of a potential heart condition.

#### What is an electrocardiogram (ECG or EKG)?

An ECG/EKG is a quick, painless, and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms, and legs by a technician. An ECG/EKG provides information about the structure, function, rate, and rhythm of the heart.

#### Why request an ECG/EKG as part of the annual preparticipation physical examination?

Adding an ECG/EKG to the history and annual preparticipation physical exam can suggest further testing or help identify heart conditions that can lead to SCA. An ECG/EKG can be ordered by your family healthcare provider from screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made and may prevent the student from participating in sports for short period of time until the testing is completed, and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents, and young athletes).
- ECG/EKGs result in fewer false positives than simply using the current history and physical exam.

The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.

### Removal from play/return to play

Any student-athlete who has signs or symptoms of SCA should be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity. Before returning to play, the athlete shall be evaluated and cleared. Clearance to return to play must be in writing. The evaluation shall be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Sudden Cardiac Arrest" course at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date	
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date	
Name of Student <i>(printed)</i>	 Signature of Student	 Date	



# Consent and Release from Liability Certificate (Page 4 of 5)



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):

#### **Heat-Related Illness Information**

Heat-related illness is a cause for concern for student-athletes who participate in high school sports in Florida. Especially vulnerable are those students who participate in conditioning and practices in the summer months and other times of extreme heat. Student-athletes 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 is not 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.

#### What are some common heat-related injuries in sports?

Exertional Heat Stroke (EHS): EHS is the most serious heat-related illness. EHS is a medical emergency. It happens when the body's temperature rises quickly, and the body cannot cool down. Student-athletes can die or become permanently disabled from EHS if not properly recognized and managed. EHS is one of the leading causes of death in young athletes, especially in Florida. The two main criteria for diagnosing EHS are rectal temperature >105F (40.5C) immediately post collapse and central nervous system (CNS) dysfunction. There are many signs and symptoms associated with EHS. Parents and student-athletes should familiarize themselves with these by viewing the free video resources provided by the National Federation of High School Sports (NFHS) or the FHSAA.

- · EHS is preventable by taking the proper precautions and understanding the symptoms of someone who has become ill due to heat.
- EHS is survivable when quick action is taken by staff members that includes early recognition of symptoms and aggressive cold-water immersion.

**Heat Exhaustion (EHI):** Heat exhaustion is the most common heat-related condition observed in active populations including student-athletes. EHI is a type of heat-related illness. EHI is defined as the inability to continue exercise in the heat because the heart has difficulty providing enough oxygenated blood to all the working organs and muscles. It usually develops after several days practicing or conditioning in high temperature weather and not drinking enough fluids.

Heat Cramps: Heat cramps are painful, involuntary cramping often in the legs, arms, or abdomen with muscle contraction. Cramping usually occurs in the preseason conditioning phase when the body is not properly conditioned and more subject to fatigue. Heat cramps can easily be treated with rest, stretching of the muscle, and replacement of fluid and electrolytes. The exact mechanism of muscle cramps in warm environmental conditions is unknown but can be caused acutely by extensive dehydration and sodium losses or chronically via inadequate electrolytes in the athlete's diet. Although heat cramps are not a cause of sudden death, it can be confused with the more serious condition, exertional sickling.

#### Is my student at risk?

Yes, all student-athletes are vulnerable to exertional heat stroke and other heat-related injuries. While every student-athlete can succumb to EHS, newer data is reporting a high incidence of exertional heat stroke cases in football players, especially those who play the lineman position and in very lean distance runners. Research also states many reports of EHS emergencies are during summertime or preseason conditioning sessions. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

#### What is the FHSAA doing to keep my student safe?

The FHSAA has published Policy 41, titled "Exertional Heat Illness". This policy provides specific procedures for schools to educate student-athletes and parents on EHI as well as strategies to prevent these injuries. FHSAA Policy 41 also provides procedures for schools to follow for preseason acclimatization, environmental monitoring, and the inclusion of cooling zones for the management of a student-athlete suffering from a heat injury.

#### How can I help to keep my student safe when it comes to the heat?

- Learn more about heat-related injuries in sports at https://www.nfhs.org/media/1015695/ksi-5-pillars-of-exertional-heat-stroke-prevention-2015.pdf
- Discuss nutrition, proper hydration, body weight, and the importance of sleep and rest with your family healthcare provider at the time fo the sports physical
- Talk to your school and coach about safeguards they have in place to keep kids safe in the heat and what they will do for someone who becomes ill or injured
- · Monitor fluid intake of your student while at home and routinely check in with your student-athlete to inquire about how they feel
- · Report any concerns with your school's athletic trainer, team physician, coach, or your family healthcare provider

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Heat Illness Prevention" course at www.nfhslearn.com. I acknowledge that the information on Heat-Related Illness has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

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



# **Consent and Release from Liability Certificate** (Page 5 of 5)



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):

# 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:

- Must complete an EL3 for each school at which the student participates; this form is non-transferable.
- 2. 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)
- 3. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1.1.2)
- 4. Must be regularly enrolled in and in regular attendance at your school. If the student is a home education student, a charter school student, an alternative/special school student, a non-member private school student, or a 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 the student is permitted to participate. Home Education students and students attending a non-member private school must complete additional paperwork prior to participating. (FHSAA Bylaw 9.2, FHSAA Policy 16.6, and Administrative Procedure 1.8)
- 5. Must attend school within the **first ten (10) days** of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2.3)
- 6. Must maintain at least a **cumulative 2.0 GPA** on a 4.0 scale (unweighted) prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered 9th grade. A 6th, 7th, or 8th grade student must have earned at least a 2.0 GPA on a 4.0 scale (unweighted) during the previous semester. (FHSAA Bylaw 9.4.1 and F.S. 1006.15(3)a)
- 7. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4.7)
- 8. Must not have enrolled in the 9th grade for the first time more than **eight consecutive semesters** ago. A 6th, 7th, or 8th grade student may not participate at any level if the student is **repeating** that grade level. (FHSAA Bylaw 9.5)
- 9. Must not turn **19 before July 1st** to participate at the high school level; must not turn **16 before July 1st** to participate at the junior high school level; and must not turn **15 before July 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
- 10. Must undergo a **preparticipation physical evaluation** and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) provided to the school. (FHSAA Bylaw 9.7 and F.S. 1002.20(17)b)
- 11. Must have **signed permission** to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school. (FHSAA Bylaw 9.8)
- 12. Must be an **amateur**. This means the student must not accept money, gifts, or donations for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
- 13. Must not participate in an **all-star contest** in a sport prior to exhausting his/her high school eligibility in that sport. (FHSAA Policy 26)
- 14. Youth Exchange, Other International, and Immigrant students must be **approved** by the FHSAA Office prior to participation. Exceptions may apply. (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 acknowledge that the information on the Consent and Release from Liability Certificate in regard to the FHSAA's established rules and eligibility have been read and understood.

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





# **Course Ordering**

Step 1: Go to www.nfhslearn.com

**Step 2**: "Sign In" to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

OR

If you do not have an account, "Register" for an account.

**Step 3**: Click "Courses" at the top of the page.

**Step 4**: Scroll down to the specific course from the list of courses.

Step 5: Click "View Course".

Step 6: Click "Order Course."

**Step 7**: Select "Myself" if the course will be completed by you.

**Step 8**: Click "Continue" and follow the on-screen prompts to finish the checkout process.

(Note: There is no fee for these courses.)

# **Beginning a Course**

Step 1: Go to www.nfhslearn.com

**Step 2**: "Sign In" to your account using the e-mail address and password you provided at time of registering for an nfhslearn account.

Step 3: From your "Dashboard," click "My Courses".

Step 4: Click "Begin Course" on the course you wish to take.

For help viewing the course, please contact the help desk at NFHS. There is a HELP tab on the upper right hand corner of www.nfhslearn.com. If you should experience any issues while taking the course, please contact the **NFHS Help Desk** at **(317) 565-2023**.