



# Pasco County Schools

Kurt S. Browning, Superintendent of Schools  
7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

## ATHLETIC PARTICIPATION FORM

PLEASE CLEARLY PRINT OR TYPE:

GRADE LEVEL/SCHOOL YEAR: \_\_\_\_\_ STUDENT I. D. #: \_\_\_\_\_

*Name of Student (As it appears on the student's 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: \_\_\_\_\_

**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 Health 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 re-disclosure of the records/date provided under this consent is authorized.

**INSURANCE:** The District School Board of Pasco County provides only secondary student athletic insurance coverage, but this IS NOT a guarantee of payment for medical services. You may encounter certain out-of-pocket expenses when your son or daughter is treated for accidental injuries.

**BIRTH CERTIFICATE:** Each athlete MUST present to the athletic director or coach a certified copy of a valid birth certificate. The copy will be returned.

**IN THE EVENT OF AN INJURY AND YOU CANNOT BE REACHED, DO YOU GIVE HIS/HER COACH PERMISSION TO HAVE YOUR CHILD TREATED MEDICALLY? YES: \_\_\_\_ NO: \_\_\_\_**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_ The foregoing instrument was acknowledged before me via ☐ physical presence OR ☐ online notarizations on this \_\_\_\_ day of \_\_\_\_, 20\_\_, by \_\_\_\_\_, who is personally known to me or produced \_\_\_\_\_ as identification.

Signature of Notary \_\_\_\_\_

NOTARY SEAL

Printed Name of Notary \_\_\_\_\_

My Commission Expires \_\_\_\_\_



## 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.

**EL2**

Revised 4/23

### MEDICAL HISTORY FORM

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

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

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

#### Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU (continued)		Yes	No
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
4	Have you ever passed out or nearly passed out during or after exercise?			11	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 discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						

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



## 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.*

**EL2**

Revised 4/23

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

BONE AND JOINT QUESTIONS		Yes	No
14	Have you ever had a stress fracture?		
15	Did you ever injure a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or game?		
16	Do you have a bone, muscle, ligament, or joint injury that currently bothers you?		

MEDICAL QUESTIONS		Yes	No
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?		
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 eyes or vision?		

MEDICAL QUESTIONS (continued)		Yes	No
26	Do you worry about your weight?		
27	Are you trying to or has anyone recommended that you gain or lose weight?		
28	Are you on a special diet or do you avoid certain types of foods or food groups?		
29	Have you ever had an eating disorder?		

Explain "Yes" answers here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

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

# EL2

Revised 4/23

### PHYSICAL EXAMINATION FORM

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

#### PHYSICIAN REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	

- ☐ 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: \_\_\_\_\_

BP: \_\_\_\_ / \_\_\_\_ ( \_\_\_\_ / \_\_\_\_ ) Pulse: \_\_\_\_\_ Vision: 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, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment

	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 valid unless all sections are complete.

\*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

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## 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.*

**EL2**

Revised 4/23

### MEDICAL ELIGIBILITY FORM

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

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

- ☐ Medically eligible for all sports without restriction
- ☐ Medically eligible for all sports without restriction with recommendations 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)*

I hereby certify that I have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

### SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

- ☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*

List: \_\_\_\_\_

Relevant medical history to be reviewed by athletic trainer/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: \_\_\_\_\_

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

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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.

**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.*

**EL2**

Revised 4/23

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

### MEDICAL ELIGIBILITY FORM - Referred Provider Form

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

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

Referred for: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

*I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:*

- ☐ 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 additional sheet, if necessary)*

☐ Medically eligible for only certain sports as listed below:

☐ Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): \_\_\_\_\_ Date of Exam: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Signature of Healthcare Professional: \_\_\_\_\_ Credentials: \_\_\_\_\_ License #: \_\_\_\_\_

Provider Stamp *(if required by school)*



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 5 of this "Consent and Release from Liability 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 the 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: Parent/Guardian Consent, Acknowledgement and Release** *(to be completed and signed by 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 in 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 of 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's/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/WARD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS, AND FHSAA USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD/WARD 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/WARD'S RIGHT AND YOUR RIGHT TO RECOVER FROM YOUR 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/WARD 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 YOUR 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/WARD 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/ward (individually) or my child's/ward'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 child's/ward's school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

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

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

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

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

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE** *(only one parent/guardian signature is required)*

\_\_\_\_\_  
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

\_\_\_\_\_  
Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

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

\_\_\_\_\_  
Name of Student (printed) Signature of Student Date





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): \_\_\_\_\_

### **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 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 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](http://www.nfhslearn.com). I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport, including any signs and symptoms of concussion. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer, or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers or participation for myself and that of my child/ward.

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Name of Parent/Guardian (printed)

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Signature of Parent/Guardian

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Date

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Name of Parent/Guardian (printed)

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Signature of Parent/Guardian

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Date

\_\_\_\_\_  
Name of Student (printed)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date



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

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**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 of 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](http://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.**

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

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

\_\_\_\_\_  
Name of Student (printed)      Signature of Student      Date



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### 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  $>105^{\circ}\text{F}$  ( $40.5^{\circ}\text{C}$ ) 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 for 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](http://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.

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Name of Parent/Guardian (printed)

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Signature of Parent/Guardian

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Date

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Name of Parent/Guardian (printed)

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Signature of Parent/Guardian

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Date

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Signature of Student

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## 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. 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



# Heat Acclimatization and Heat Illness Prevention Position Statement

## National Federation of State High School Associations (NFHS) Sports Medicine Advisory Committee (SMAC)

**Exertional Heatstroke (EHS) is the leading cause of preventable death in high school athletics.** Students participating in high-intensity, long-duration or repeated same-day sports practices and training activities during the summer months or other hot-weather days are at greatest risk.

This NFHS Sports Medicine Advisory Committee (SMAC) position statement is the companion piece to the NFHSLearn.com online course “Heat Illness Prevention.” **This position statement provides an outline of “Fundamentals” and should be used as a guiding document by member state associations.** Further and more detailed information can be found within the NFHSLearn.com online course, the NFHS Sports Medicine Handbook, the NFHS SMAC “Position Statement and Recommendations for Maintaining Hydration to Optimize Performance and Minimize the Risk for Exertional Heat Illness” and the resources listed below.

**Following the recommended guidelines in this position statement and “Heat Illness Prevention” can reduce the risk and incidence of EHS and the resulting deaths and injuries in high school athletics.** The NFHS recognizes that various states and regions of the country have unique climates and variable resources, and that there is no “one-size-fits-all” optimal acclimatization plan. However, the NFHS and the NFHS SMAC strongly encourage member state associations to incorporate all of the “Fundamentals” into any heat acclimatization plan to improve athlete safety. In addition, the online course **“Heat Illness Prevention” should be required viewing for all coaches.**

### Heat Acclimatization and Safety Priorities:

- Recognize that EHS is the leading preventable cause of death among high school athletes.
- Know the importance of a formal pre-season heat acclimatization plan.
- Know the importance of having and implementing a specific hydration plan, keeping your athletes well-hydrated, and encouraging and providing ample opportunities for regular fluid replacement.
- Know the importance of appropriately modifying activities in relation to the environmental heat stress and contributing individual risk factors (e.g., illness, obesity) to keep your athletes safe and performing well.
- Know the importance for all members of the coaching staff to closely monitor all athletes during practice and training in the heat and recognize the signs and symptoms of developing heat illnesses.
- Know the importance of, and resources for, establishing an emergency action plan and promptly implementing it in case of suspected EHS or other medical emergency.

- Energy drinks are NOT appropriate hydration fluids. Refer to NFHS SMAC “Position Statement and Recommendations for the Use of Energy Drinks by Young Athletes”.

### **Fundamentals of a Heat Acclimatization Program:**

*1. Physical exertion and training activities should begin slowly and continue progressively. An athlete cannot be “conditioned” in a period of only two to three weeks.*

- A. Begin with shorter, less intense practices and training activities, with longer recovery intervals between bouts of activity.
- B. Minimize protective gear (such as helmets and pads) during first several practices, and introduce additional uniform and protective gear progressively over successive days.
- C. Emphasize instruction over conditioning during the first several practices.

**Rationale:** The majority of heat-related deaths happen during the first few days of practice, usually prompted by doing too much, too soon, and in some cases with too much protective gear on too early in the season (wearing helmet, shoulder pads, pants and other protective gear). Players must be allowed the time to adapt safely to the environment, intensity, duration, and uniform/equipment.

*2. Keep each athlete’s individual level of conditioning and medical status in mind and adjust activity accordingly. These factors directly affect exertional heat illness risk.*

**Rationale:** Athletes begin each season’s practices and training activities at varying levels of physical fitness and varying levels of risk for exertional heat illness. For example, there is an increased risk if the athlete is obese, unfit, has been recently ill, has a previous history of exertional heat illness, or has Sick Cell Trait.

*3. Adjust intensity (lower) and rest breaks (increase frequency/duration), and consider reducing uniform and protective equipment, while being sure to monitor all players more closely as conditions are increasingly warm/humid, especially if there is a change in weather from the previous few days.*

**Rationale:** Coaches must be prepared to immediately adjust for changing weather conditions, while recognizing that tolerance to physical activity decreases and exertional heat illness risk increases, as the heat and/or humidity rise. Accordingly, it is imperative to adjust practices and/or competitions to maintain safety and performance. Coaches can monitor the athletes’ weights pre and post practice to ensure adequate fluid replacement, and can follow guidelines for hot and humid weather including using Wet Bulb Globe Temperature (WBGT) readings.

*4. Athletes must begin practices and training activities adequately hydrated.*

**Rationale:** While proper hydration alone will not necessarily prevent exertional heat illness, it will decrease risk. Athletes can observe the color of their urine, which should be straw yellow or the color of lemonade, when adequately hydrated. A Urine Color Chart can be accessed at:  
<http://www.urinecolors.com/themes/uctheme/assets/dehydration-chart.pdf>

*5. Recognize early signs of distress and developing exertional heat illness, and promptly adjust activity and treat appropriately. First aid should not be delayed!*

**Rationale:** An athlete will often show early signs and/or symptoms of developing exertional heat illness. If these signs and symptoms are promptly recognized and the athlete is appropriately treated, serious injury can be averted and the athlete can often be treated, rested and returned to activity when the signs and symptoms have resolved.

*6. Recognize more serious signs of exertional heat illness (clumsiness, stumbling, collapse, obvious behavioral changes and/or other central nervous system problems), immediately stop activity and promptly seek medical attention by activating the Emergency Medical System (or Call 9-1-1). On-site rapid cooling should begin immediately.*

**Rationale:** Immediate medical treatment and prompt rapid cooling can prevent death or minimize further injury in the athlete with EHS. Ideally, pools or tubs of ice water to be used for rapid cooling of athletes should be available on-site and personnel should be trained and practiced in using these facilities for rapid cooling. Ice water baths are the preferred method for rapid cooling, however, if ice water pools or tubs are not available, then applying ice packs to the neck, axillae, and groin and rotating ice-water soaked towels to all other areas of the body can be effective in cooling an affected athlete. **Remember, cool first, transport later.**

*7. An Emergency Action Plan (EAP) with clearly defined written and practiced protocols should be developed and in place ahead of time.*

**Rationale:** An EAP should be in place in case of any emergency, as a prompt and appropriate response in any emergency situation can save a life. The EAP should be designed and practiced to address all teams (freshman, junior varsity, and varsity) and all practice and game sites. For heat illness emergencies, emphasis must be placed on **full body cooling prior to transport.**

### **References:**

American Academy of Pediatrics. Policy Statement—Climatic Heat Stress and Exercising Children and Adolescents. *Pediatrics*. 2011;128(3):e741-7.

Casa, D. J., et al. (2015). National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*, 50(9), 986–1000

Casa, D. J., Csillan, D. (2009). Preseason Heat-Acclimatization Guidelines for Secondary School Athletics. *Journal of Athletic Training*, 44(3), 332–333

**April 2022**

**April 2018**

**April 2015**

**April 2012**

### **DISCLAIMER – NFHS Position Statements and Guidelines**

The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals and is no substitute for consultation with appropriate health-care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to rescind or modify any such document at any time.



# **POSITION STATEMENT AND RECOMMENDATIONS FOR MAINTAINING HYDRATION TO OPTIMIZE PERFORMANCE AND MINIMIZE THE RISK FOR EXERTIONAL HEAT ILLNESS**

**National Federation of State High School Associations (NFHS)  
Sports Medicine Advisory Committee (SMAC)**

## **DEHYDRATION – ITS EFFECTS ON PERFORMANCE AND ITS RELATIONSHIP TO EXERTIONAL HEAT ILLNESS RISK:**

- Appropriate hydration before, during, and after physical activity is integral to healthy, safe and successful sports participation.
- Weight loss during exercise and other physical activity represents primarily a loss of body water. A loss of just 1 to 2% of body weight (1.5 to 3 pounds for a 150-pound athlete) can negatively impact performance. A loss of 3% or more of body weight during vigorous exercise can also significantly increase the risk for exertional heat-related illness. If an athlete is already dehydrated prior to beginning activity, these effects will occur even sooner.
- Athletes should be weighed (in shorts and T-shirt) before and after warm or hot weather practice sessions and contests to assess their estimated change in hydration status.
- Athletes with high body fat percentages can become significantly dehydrated and over-heat faster than athletes with lower body fat percentages, while working out under the same environmental conditions at the same or similar workload.
- Athletes have different sweating rates and some lose much more water and salt through their sweat than others. “Salty sweaters” will often have noticeable salt stains on their clothing and skin after workouts, and they often have a higher risk of developing exertional muscle cramps.
- Poor heat acclimatization/fitness levels can greatly contribute to an athlete’s heat intolerance and exertional heat illness risk.
- Certain medications or current/recent illness, especially for illnesses involving gastrointestinal distress (e.g., vomiting, diarrhea) and/or fever, can negatively affect an athlete’s hydration status and temperature regulation, increasing the risk for exertional heat illness.



- Environmental temperature and humidity each independently contribute to dehydration and exertional heat illness risk.
- Clothing that is dark or bulky, as well as protective equipment (such as helmets, shoulder pads and other padding and coverings), can increase body temperature, sweat loss and subsequent dehydration and exertional heat illness risk.
- Even naturally dry climates can have high humidity on the field if irrigation systems are run prior to early morning practices start. This temporary increase in humidity will continue until the water completely soaks into the ground or evaporates.
- A heat safety table should be followed to help determine if practices/contests should be modified or canceled. The National Athletic Trainers' Association (NATA) Guidelines for Wet Bulb Globe Temperature (WBGT) can be found at:  
<https://kestrelinstruments.com/mwdownloads/download/link/id/356/>
  - On-site WBGT is the “gold standard” for assessing heat index and should be measured 10-15 minutes before practices or contests. The results should be used with a heat index to determine if practices or contests should be started, modified, or stopped.
  - If WBGT measurement is not available, the heat index for your approximate location can be determined by entering your postal zip code: <http://www.osaa.org/heatindex/>
  - Best practices may be established for your state and region by your state athletic association. We recommend strict adherence to state or regional guidelines.

**The interplay of relative humidity and temperature on sweating and the risk for exertional heat illness:**

- A combined relative humidity of 40 percent and a temperature of 95 degrees Fahrenheit are associated with a *likely risk* of incurring significant sweat loss and exertional heat illness during strenuous physical activity. However, even with a *lower air temperature* of only 85 degrees Fahrenheit, for example, the risk for extensive sweating and exertional heat illness would likely be the *same or greater with a higher relative humidity* of 70 percent or more.

**WHAT TO DRINK DURING EXERCISE AND OTHER PHYSICAL ACTIVITY:**

- For most exercising athletes in most scenarios, water is appropriate and sufficient for pre-hydration and rehydration. Water is quickly absorbed, well-tolerated, an excellent thirst quencher and cost-effective.
- Traditional sports drinks with an appropriate carbohydrate and sodium formulation may provide additional benefit in the following general situations:
  - Prolonged continuous or intermittent activity of greater than 60 minutes
  - Multiple, same-day bouts of intense, continuous or repeated exertion
  - Warm-to-hot and humid conditions
- Traditional sports drinks with an appropriate carbohydrate and sodium formulation may provide additional benefit for the following individual conditions:
  - Poor hydration prior to participation
  - A high sweat rate and/or “salty sweater”

- Poor caloric intake prior to participation
- Poor acclimatization to heat and humidity
- A 6 to 8% carbohydrate formulation is the maximum that should be utilized in a sports drink. Any greater concentration will slow stomach emptying and potentially cause the athlete to feel bloated. An appropriate sodium concentration (0.4–1.2 grams per liter) will help with fluid retention and distribution and decrease the risk of exertional muscle cramping.

#### **WHAT NOT TO DRINK DURING EXERCISE AND OTHER PHYSICAL ACTIVITY:**

- Fruit juices with greater than 8 percent carbohydrate content and carbonated soda can both result in a bloated feeling and abdominal cramping.
- Athletes should be aware that nutritional supplements are not limited to pills and powders as many “energy” drinks contain high levels of sugar, caffeine, and other sources of caffeine such as guarana and green tea extract.
  - The high levels of sugar and caffeine may result in increased anxiety, jitteriness, nausea, and upset stomach or diarrhea. Both can also act as a diuretic, leading to increased risk of dehydration.
  - Many of these drinks are being produced by traditional water, soft drink and sports drink companies which can cause confusion in the sports community. As is true with other forms of supplements, these “power drinks”, “energy drinks”, or “fluid supplements” are not regulated by the FDA. Thus, the purity and accuracy of contents on the label is not guaranteed.
  - Many of these beverages which claim to increase power, energy, and endurance, among other claims, may have additional ingredients that are not listed. Such ingredients may be harmful and may be banned by governing bodies like the NCAA, USOC, or individual state athletic associations.
  - See the **NFHS Position Statement and Recommendations for the use of Energy Drinks by Young Athletes** for further information.

#### **HYDRATION AND FLUID INTAKE TIPS AND GUIDELINES:**

- Many athletes do not voluntarily drink enough water to prevent significant dehydration during physical activity.
- Drink regularly throughout all physical activities. An athlete cannot always rely on his or her sense of thirst to sufficiently maintain proper hydration. When athletes begin to feel thirsty, they are already in an early state of dehydration.
- Drink before, during, and after practices and games. For example:
  - Drink 16 ounces of fluid 2 hours before physical activity.
  - Drink another 8 to 16 ounces 15 minutes before physical activity.
  - During physical activity, drink 4 to 8 ounces of fluid every 15 to 20 minutes (some athletes who sweat considerably can safely and comfortably tolerate up to 48 ounces per hour).
  - After physical activity, drink 16 to 20 ounces of fluid for every pound lost during physical activity to achieve normal hydration status before the next practice or competition (if there is sufficient time to do this safely and comfortably). Importantly, excessive fluid intake in a short period of time can be dangerous to one’s health (see below on hyponatremia).

- The volume and color of your urine is an excellent way of determining if you're well hydrated. Small amounts of dark urine mean that you need to drink more, while a "regular" amount of light-colored or nearly clear urine generally means you are well hydrated. A Urine Color Chart can be accessed at: <http://www.urinecolors.com/themes/uctheme/assets/dehydration-chart.pdf>
- Hyponatremia is a rare, but potentially deadly disorder resulting from the over-consumption of water or other low-sodium fluid (including most sports drinks). It is most commonly seen during endurance events, such as marathons, when participants consume large amounts of water or other beverages over several hours, far exceeding fluid lost through sweating. The opposite of dehydration, hyponatremia is a condition where there is an excessive amount of water in the blood and the sodium content of the blood is consequently diluted to dangerous levels. Affected individuals may exhibit disorientation, altered mental status, headache, lethargy and seizures. A confirmed diagnosis can only be made by testing blood sodium levels. Suspected hyponatremia is a medical emergency and the Emergency Medical System must be activated (or Call 9-1-1). Hyponatremia is treated by administering intravenous fluids containing high levels of sodium.

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### **DISCLAIMER – NFHS Position Statements and Guidelines**

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