THE SCHOOL DISTRICT OF PALM BEACH COUNTY

Student Medical Consent for Athletics

Print Student Name _____ Birth Date _____

The student, hereby known as patient, and parent(s) or legal guardian(s) whose signatures are attached below do hereby consent to any and all emergency medical and/or surgical treatment including anesthesia and operations which may be advisable by the patient's physicians and/or surgeons. The intention hereof being to grant authority to administer and perform all and singularly examinations, treatments, anesthetics, operations and diagnostic procedures which may be deemed advisable or necessary. We also agree that the patient, when admitted, is to remain in the hospital until his or her physician recommends that the patient is discharged.(Attach any additional pages, if needed, including any relevant provisions in student's IEP or 504 plan.) In the event of an emergency, reasonable attempts will be made to contact the parent. This would not prevent the emergency health care provider from acting in the best interests of the child.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below:

_____ _____
Signature of Student *Date*

_____ _____
Signature of Parent/Guardian *Date*

_____ _____
Signature of Parent/Guardian *Date*

_____
Telephone or cell number to call in case of emergency

NOTARY OF PARENT'S/LEGAL GUARDIAN'S OR ADULT/EMANCIPATED STUDENT'S SIGNATURE

STATE OF FLORIDA

COUNTY OF _____

Sworn to or affirmed and subscribed before me this _____ day of _____, _____,

by _____.

_____
(parent/guardian or adult/emancipated student)

_____
Signature of Notary Public - State of Florida

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

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 4/24

MEDICAL HISTORY 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): _____
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 Questionaire 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 Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.		Yes	No
1	Do you have any concerns that you would like to discuss with your provider?		
2	Has a provider ever denied or restricted your participation in sports for any reason?		
3	Do you have any ongoing medical issues or recent illnesses?		
HEART HEALTH QUESTIONS ABOUT YOU		**Yes**	**No**
4	Have you ever passed out or nearly passed out during or after exercise?		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7	Has a doctor ever told you that you have any heart problems?		

HEART HEALTH QUESTIONS ABOUT YOU *(continued)*		**Yes**	**No**
8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
10	Have you ever had a seizure?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		**Yes**	**No**
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)		
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 catecholaminerigc polymorphic ventricular tachycardia (CPVT)?		
13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		

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

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 4/24

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: ___ / ___ / ___

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EL2

Revised 4/24

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, 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?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

☐ 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 4/24

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): _____

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: (_____) _____

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing 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 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, or a clinician under my direct supervision, 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.

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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 4/24

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: _____ Biological Sex: _____ 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)*

Florida High School Athletic Association

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

EL3

Revised 3/23

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 PROPOERTY 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

Florida High School Athletic Association

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

EL3

Revised 3/23

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 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 *(printed)*	Signature of Parent/Guardian	Date
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)*: _____

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 *(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)*: _____

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

Information on this form is credited to: https://ksi.uconn.edu/

Florida High School Athletic Association

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

EL3

Revised 3/23

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:

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

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
RISK & BENEFITS MANAGEMENT

Interscholastic Athletics Accident Insurance

All high school interscholastic athletes will be required to contribute $75.00 toward the cost of interscholastic athletics accident insurance. This school year contribution will be used to help offset the School District's cost in providing quality accident insurance for our athletes. Coverage may begin ***AFTER*** your primary insurance coverage processes a claim. Athletes ***MUST*** use their Primary Insurance Network first, before using the school insurance. See the Summary of Insurance for more complete terms and conditions available at https://schoolinsuranceofflorida.com or call 1-800-432-6915.

Payment Options

☐ **OPTION 1**: $75.00 one time payment per school year

☐ **OPTION 2**: $10.00 Try-out fee, upon making the team an additional $65.00 is due

Covered: IN-SEASON Interscholastic athletic activity (including contests, practices and try-outs)
Covered: OFF-SEASON conditioning within the school year
NOT Covered: OFF-SEASON "sport-specific" skills/drills or "open facility" activities
NOT Covered: SUMMER activities
These fees are NON-REFUNDABLE and, once paid, will continue to provide coverage for additional sports.

Return this form as part of the **Athletic Packet** with all requested information and your payment attached. Make the check or money order payable to the school below:

Student ID #	Student First Name	Last Name	Date of Birth	Today's Date
School Name				
Sport	Sport	Sport		

Interscholastic Athletic Accident Insurance Try-Out Fee

Option 1: A student-athlete may choose to pay a ONE-TIME $75.00 fee.
Option 2: A $10.00 non-refundable fee can be submitted to **try-out** for any sports team. Upon making the team, the student-athlete is responsible for remitting the balance of $65.00 before participating in further practice or games/events. Until the $75.00 annual limit is reached, the student-athlete must remit an additional $10.00 try-out fee for each sport.
For more information about payment or fees, contact your high school athletic director.

☐ **OPTION 1**: *One payment of $75.00 - No cash payment allowed*

Date Received: _____ School Cash Online: _____ Check #: _____ $: _____ Money Order #: _____ $: _____

☐ **OPTION 2**: *$10.00 Try-out fee; Remaining $65.00 - No cash payment allowed*

Date Received: _____ School Cash Online: _____ Check #: _____ $: _____ Money Order #: _____ $: _____

Date Received: _____ School Cash Online: _____ Check #: _____ $: _____ Money Order #: _____ $: _____

Additional Information *(For Athletic Director Use Only)*

_____ *Print Name of Parent/Legal Guardian*

_____ *Signature of Parent/Legal Guardian*

_____ *Date*