



Paquete de elegibilidad de deportes

Bienvenidos al Departamento de Deportes de la escuela secundaria Dr. Joaquín García. Este paquete debe ser **COMPLETADO** para que el estudiante pueda participar en las prácticas y los eventos deportivos. Por favor no dejen ninguna sección en blanco. **El examen físico debe ser realizado por un médico en el formulario adjunto, FHSAA EL2. Sólo se aceptará el examen físico completado en el formulario EL2.** Se debe completar toda la información requerida y firmar los formularios. Los formularios con la información incompleta retrasarán la participación de los estudiantes. Siga las siguientes instrucciones.

Inscripción en línea para los paquetes de elegibilidad de deportes

Todos los estudiantes atletas deberán registrar sus paquetes del examen físico y otros componentes de elegibilidad requeridos en un sistema en línea llamado Aktivite. No se aceptarán paquetes de elegibilidad completados en papel.

Los estudiantes atletas de secundaria (*high school*) deberán completar electrónicamente o cargar digitalmente los siguientes documentos y certificados en el sistema de registro:

- FHSAA EL2 – Examen Físico (*solo la página 4 y la página 5, si es aplicable*)
- FHSAA EL3 – Permiso y Consentimiento
- Formulario PBSO 1588 HS - Elegibilidad para participar en deportes en la escuela secundaria (*notarizado en dos lugares*)
- Formulario PBSO 1589 HS - Consentimiento médico para estudiantes atletas (*notarizado*)
- Formulario PBSO 2608 - Seguro contra accidentes en los deportes interescolares
- Certificado NFHS - Conmoción / Traumatismo cerebral
- Certificado NFHS - Enfermedad por insolación
- Certificado NFHS - Paro cardíaco súbito
- Recibo - Comprobante de seguro contra accidentes en los deportes interescolares

Inscripción para los padres:

- Vaya a www.aktivite.com
- Haga clic en *Iniciar la sesión*
- Haga clic en *Crear una cuenta* (sólo necesita **UNA** cuenta, incluso si tiene hijos en más de una escuela secundaria y/o intermedia. No cree otra cuenta si ya ha registrado a un atleta en el pasado)
- Complete la información personal de la cuenta (Esta debe ser la información personal de los padres)
- Use el sitio web como *Padre*
- Haga clic en *Enviar*

Una vez que tenga o haya creado una cuenta:

- Inicie la sesión
- Debajo del encabezado Padres (en azul), haga clic en el botón "Haga clic aquí para comenzar/completar las inscripciones de los atletas". (La primera vez que inicie la sesión, se le pedirá que acepte los términos y las condiciones)
- Haga clic en *Iniciar/Completar un registro* (en la esquina superior izquierda de la página)
- Haga clic en *Iniciar un nuevo registro*: aquí es donde pondrá toda la información de su estudiante atleta
- Haga clic en las barras rojas para completar todos los requisitos
- Haga clic en el botón naranja en la parte inferior izquierda de la pantalla para chatear en vivo o enviar un correo electrónico a support@aktivite.com para obtener ayuda.

**El Formulario GA4 es requerido para cualquier estudiante que cambie su matrícula / registración a otra escuela en cualquier momento aunque el cambio ocurra durante el año escolar (es decir un traslado escolar) o durante el verano entre años escolares. Esto incluye los estudiantes de intercambio, los estudiantes internacionales, los estudiantes inmigrantes, o si es un estudiante "no tradicional" (los estudiantes que asisten a la educación en el hogar, una escuela chárter, una escuela especial/alternativa, una escuela privada, o al Programa Público de Tiempo Completo FLVS, etc.) participando en nuestra escuela. Este formulario no es necesario para los estudiantes que ingresan de una escuela intermedia que termina (es decir de 8º a 9º grado).



DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH
EDUCACIÓN SECUNDARIA

Elegibilidad Deportiva para Estudiantes de Secundaria

Padres, para que su Hijo/Protegido sea elegible para participar en deportes en su escuela secundaria durante el próximo año escolar, deben completar este formulario y firmar donde se indica. **¡Asegúrense de leer cada página cuidadosamente antes de firmar!** Un padre o el estudiante (si es adulto o emancipado) deberá firmar los documentos ante un notario. No podemos certificar ante notario ningún documento si nos llega ya firmado.

Nombre Completo del Estudiante (nombre, inicial del segundo nombre, apellido)				# del Estudiante	Fecha de Hoy
Edad	Grado Actual	Año Escolar	Fecha de Nacimiento	Padre/Tutor Legal	
Dirección del estudiante (calle, # del apto, ciudad, estado, código de área)					# Telefónico
Primera Escuela a la que Asistió Este Año			Escuela a la que Asistió el Año Pasado		
Nombre de una Persona a Contactar en Caso de Emergencia			Relación con el Estudiante		
Dirección de la Persona a Contactar en Caso de Emergencia (calle, # del apto, ciudad, estado, código de área)					# Telefónico Residencial de Emergencia
Número Telefónico del Trabajo en Caso de Emergencia		Médico Personal del Estudiante		# Telefónico del Médico	
Haga una Lista de los Deportes					

PRUEBA DE SEGURO PARA EL ESTUDIANTE

Nombre del Titular de la Póliza (Póliza de Seguro que cubre al estudiante)	Relación del Titular de la Póliza con el Estudiante	Lugar de Empleo del Titular de la Póliza
Nombre de la Compañía de Seguro Médico (Póliza de Seguro que cubre al estudiante)		# de la Póliza de Seguro

DECLARACIÓN JURADA DE RESIDENCIA DE ELEGIBILIDAD INTERESCOLAR

Vivo con (marque uno) Ambos Padres Solo la Madre Solo el Padre Tutor Otro _____

Relación con otros _____ He vivido con la(s) persona(s) mencionada(s) arriba desde _____

Si las opciones presentadas a continuación no describen adecuadamente su situación de residencia, adjunte una nota explicativa.

- Vivo en el área de asistencia asignada para esta escuela.
- Asisto a esta escuela con una reasignación de estudiante aprobada (la reasignación requiere la aprobación del Especialista en Reasignación)
- El Departamento de Educación para Estudiantes Excepcionales me asignó a esta escuela.
- Me aceptaron en un Programa de Especialización .

Escuela	Director Deportivo	# Telefónico
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REQUISITOS DE ELEGIBILIDAD DEPORTIVA PARA ESTUDIANTES DE ESCUELA SECUNDARIA
Según el Manual/Operativo de la FHSAA Por Ley, Artículo 9

Iniciales del Padre

- _____ • 9.1.1.1 La Participación en Deporte Interescolar Es Un Privilegio. La participación de un estudiante en programas deportivos interescolares es un privilegio, no un derecho. Los estudiantes que participan deben cumplir con los requisitos establecidos en la ley estatal, los reglamentos FHSAA (por sus siglas en inglés) y por sus respectivas escuelas.
- _____ • 9.1.1.1 Las Reglas Locales Pueden Ser Más Estrictas. Las escuelas y/o distritos escolares pueden adoptar reglas más estrictas para los estudiantes bajo su supervisión. Sin embargo, ninguna escuela o distrito escolar puede adoptar reglas que sean menos estrictas que las de FHSAA.
- _____ • 9.1.2.2 Falsificación de Información. Un estudiante y/o padre/tutor legal designado por un tribunal de jurisdicción competente falsifica información para obtener la elegibilidad será declarado no elegible para representar a cualquier escuela asociada por un período de un año a partir de la fecha del descubrimiento.
- _____ • 9.1.2.3 Elegibilidad de los Estudiantes Reclutados. Un estudiante puede ser declarado no elegible por violación de las reglas de reclutamiento si: (a) El estudiante o el padre/tutor legal designado por un tribunal de jurisdicción competente ha falsificado cualquier documento de inscripción o elegibilidad; o (b) El estudiante o padre/tutor legal designado por un tribunal de jurisdicción competente aceptó cualquier beneficio o promesa de beneficio si dicho beneficio no está generalmente disponible para los estudiantes o miembros de la familia de la escuela; o (c) El beneficio o la promesa de beneficio se basa de alguna manera en el interés, el potencial o el rendimiento atlético.
- _____ • 9.2.1 El Estudiante Puede Participar en la Escuela a la que Asiste por Primera Vez Cada Año Escolar. Un estudiante debe asistir a la escuela y es inmediatamente elegible para participar en los programas deportivos interescolares patrocinados por la escuela a la que asiste cada año escolar que es: (a) La escuela donde el estudiante asiste a clases por primera vez (es decir, establece su residencia escolar); o (b) La escuela donde el estudiante participa por primera vez en actividades deportivas o después de la fecha oficial de inicio de esa temporada deportiva antes de asistir a clases en cualquier escuela (es decir, establece residencia escolar); o (c) La escuela a la que se transfiere el estudiante después de asistir previamente a otra escuela (Estatuto de referencia 9.3.2)
- _____ • 9.3.4 Un Estudiante Inelegible no puede Trasferirse para ser Elegible. Un estudiante transferido que se considera no elegible por un período de tiempo no puede transferirse de escuela y volverse elegible. Asistir a una nueva escuela al comienzo del año escolar no disminuye ni elimina el período de inelegibilidad
- _____ • 9.4.1 Se Requiere un GPA de 2.0 para la Elegibilidad Académica. Un estudiante de secundaria debe tener un promedio de calificaciones acumulativo de 2.0 en una escala no ponderada de 4.0 o su equivalente, al final de cada semestre para ser académicamente elegible durante el siguiente semestre. Las calificaciones finales obtenidas previamente por el estudiante de otra escuela no se cambiarán utilizando la escala del Estatuto 9.4.2
- _____ • 9.4.1.3 Se Requiere Asistencia Durante los Dos Semestres Consecutivos Anteriores. Un estudiante no puede ser elegible académicamente si no ha asistido a la escuela y no ha recibido calificaciones en todos los cursos tomados durante los dos semestres consecutivos anteriores.
- _____ • 9.4.1.9 El Estudiante No Es Elegible para Un Semestre Completo si No Se puede Obtener el Expediente Académico. Un estudiante cuya escuela anterior no puede o no quiere proporcionar un expediente académico oficial sellado no será elegible en la nueva escuela hasta que haya asistido durante un semestre completo y haya establecido un GPA acumulativo. La escuela debe presentar un informe escrito a la Oficina de FHSAA que incluya el nombre del estudiante, la fecha de la primera asistencia a la escuela y las fechas de inicio y finalización del semestre anterior.
- _____ • 9.5.1 El Estudiante de Secundaria Tiene Cuatro Años de Elegibilidad. Un estudiante está limitado a cuatro años escolares consecutivos de elegibilidad a partir del año escolar en el que comienza el noveno grado por primera vez. Esto no implica que el estudiante tenga cuatro años de participación. Después de cuatro años escolares consecutivos, el estudiante no es elegible permanentemente
- _____ • 9.6.1 Límite de Edad para la Escuela Secundaria. Un estudiante que cumpla 19 años antes del 1 de julio quedará permanentemente inelegible

YO/NOSOTROS HEMOS LEÍDO, Y HEMOS PUESTO NUESTRAS INICIALES EN CADA REQUISITO DE ELEGIBILIDAD DE LA FHSAA PARA ESTUDIANTES DE ESCUELA SECUNDARIA Y RECONOCEMOS QUE NUESTRO HIJO/PROTEGIDO DEBE CUMPLIR CON LOS ESTÁNDARES DE LA FHSAA PARA SER CONSIDERADO ELEGIBLE PARA EL DEPORTE INTERESCOLAR

ESTADO DE FLORIDA

CONDADO DE _____

Jurado o afirmado y suscrito ante mí este _____ el día de _____, _____, por _____.

(Padre/Tutor o Adulto/Estudiante Emancipado)

Personalmente conocido _____ O identificación proporcionada _____

Tipo de identificación proporcionada _____

Firma del Notario Público - Estado de Florida

CERTIFICADO DE CONSENTIMIENTO Y EXENCIÓN DE RESPONSABILIDAD - LEA DETENIDAMENTE ANTES DE FIRMAR

Yo (el estudiante) y nosotros (los padres/tutores legales) hemos leído las Reglas de Elegibilidad (resumidas) de la Asociación Deportiva de Escuelas Secundarias de Florida (*FHSAA*) y entendemos que son una sinopsis de los Estatutos de la *FHSAA*. Yo/nosotros también entendemos que una copia completa de los Estatutos de la *FHSAA* está disponible para mí/nosotros para revisar en la oficina administrativa de mi escuela (la del estudiante). No conocemos ningún motivo por el cual yo (el estudiante) no sea elegible para representar a mi escuela en una competencia deportiva. Si soy aceptado como representante, aceptamos seguir las reglas de mi escuela y de la *FHSAA* y cumplir con sus decisiones. Yo/nosotros sabemos que la participación es un privilegio. Se nos ha informado y conocemos los riesgos involucrados en la participación deportiva, entendemos que es posible sufrir lesiones graves e incluso la muerte en dicha participación y elegimos aceptar dichos riesgos. Yo (el estudiante) acepto voluntariamente toda responsabilidad por mi propia seguridad y bienestar mientras participo en deportes, con total comprensión de los riesgos involucrados. Yo/nosotros eximimos de toda responsabilidad y liberamos a la escuela del estudiante, a los empleados y agentes del distrito escolar, a las escuelas contra las cuales se compite, al Distrito Escolar del Condado de Palm Beach y a los funcionarios del concurso, a la Federación Nacional de Asociaciones de Escuelas Secundarias Estatales (*NFHS*) y a la *FHSAA* de toda responsabilidad por cualquier lesión o reclamo que resulte de dicha participación deportiva, y aceptamos no tomar ninguna acción legal contra cualquiera de las entidades mencionadas anteriormente debido a cualquier accidente o percance que involucre la participación deportiva del estudiante. Yo/nosotros autorizamos además **TRATAMIENTO MÉDICO DE EMERGENCIA** para mí/nuestro hijo/protegido en caso de que surja la necesidad de dicho tratamiento mientras yo/mi hijo/protegido esté bajo la supervisión de la escuela. **Teniendo en cuenta que se me permite participar en los programas deportivos interescolares, yo/nosotros, en nombre de mis/nuestros herederos, ejecutores y administradores, exoneramos y liberamos para siempre a LA JUNTA ESCOLAR DEL CONDADO DE PALM BEACH, FLORIDA, sus agentes, representantes y empleados de toda responsabilidad, reclamaciones, acciones, daños, costos o gastos que yo/nosotros podamos tener contra ellos que surjan o estén relacionados de alguna manera con mi participación (la del estudiante) en un programa deportivo interescolar, incluidos los viajes asociados con el programa deportivo. Yo/ Nosotros entendemos que esta renuncia incluye cualquier reclamo basado en negligencia, acción o inacción de cualquiera de las entidades y personas mencionadas anteriormente.** Por la presente doy/damos permiso a la escuela o al Distrito para usar fotografías, imagen de video, escritura, grabación de voz, nombre, nivel de grado, nombre de la escuela, descripción de participación y estadísticas del estudiante en actividades y deportes oficialmente reconocidos, peso y altura como miembro de un equipo deportivo, fechas de asistencia, diplomas y premios recibidos, fecha y lugar de nacimiento y escuela anterior más reciente a la que asistió, en periódicos, producciones escolares, sitios web, etc. y/o publicaciones similares patrocinadas por la escuela o el distrito o en entrevistas, videos, artículos y fotografías de los medios de comunicación aprobados por la escuela o el distrito. Las partes liberadas, sin embargo, no tienen obligación de ejercer dichos derechos aquí. Por la presente doy/damos consentimiento para que mi/nuestro hijo/pupilo participe en los siguientes deportes interescolares que **NO HEMOS MARCADO**. Deportes: Béisbol, Baloncesto, Bolos, Porristas Competitivas, Carrera a Campo Traviesa, Fútbol Americano de 11 hombres, Fútbol Americano de Bandera, Golf, Lacrosse, Fútbol, Softbol de Lanzamiento Rápido, Natación y Clavados, Tenis, Atletismo, Voleibol, Waterpolo, Levantamiento de Pesas, Lucha Libre.

Yo/nosotros entendemos que la participación puede requerir una salida temprana de clases. Yo/nosotros damos mi consentimiento para que la escuela de mi/nuestro hijo/protegido publique ante la *FHSAA*, previa solicitud de ésta, todos los registros financieros, escolares y de asistencia detallados (deportivos o de otro tipo) de dicha escuela relacionados con mi/nuestro hijo/protegido.

ANEXO AL CONSENTIMIENTO Y PUBLICACIÓN

Este formulario fue creado para cumplir con las disposiciones de la § 744.301 de los Estatutos de Florida en lo que se refiere a la aplicabilidad de una renuncia o liberación ejecutada por un padre/tutor en nombre de su hijo/protregido. Este anexo se aplica a los padres/tutores que renuncien al derecho de un niño/pupilo antes de la participación del niño/pupilo en una actividad.

AVISO AL TUTOR NATURAL DEL NIÑO MENOR

LEA ESTE FORMULARIO COMPLETAMENTE Y CUIDADOSAMENTE. USTED ACEPTA QUE SU HIJO(A) MENOR PARTICIPE EN UNA ACTIVIDAD POTENCIALMENTE PELIGROSA. USTED ACEPTA QUE AUNQUE LA JUNTA ESCOLAR DEL CONDADO DE PALM BEACH, FLORIDA UTILIZA EL CUIDADO RAZONABLE AL PROPORCIONAR ESTA ACTIVIDAD, EXISTE LA PROBABILIDAD DE QUE SU HIJO PUEDA SUFRIR LESIONES GRAVES O MUERTE AL PARTICIPAR EN ESTA ACTIVIDAD PORQUE EXISTEN CIERTOS PELIGROS INHERENTES A LA ACTIVIDAD QUE NO SE PUEDEN EVITAR NI ELIMINAR. AL FIRMAR ESTE FORMULARIO, USTED RENUNCIA AL DERECHO DE SU HIJO Y A SU DERECHO DE QUE LA JUNTA ESCOLAR DEL CONDADO DE PALM BEACH, FLORIDA, LO INDEMNICE EN UNA DEMANDA POR CUALQUIER DAÑO PERSONAL, INCLUYENDO LA MUERTE, A SU HIJO O CUALQUIER DAÑO A LA PROPIEDAD QUE RESULTE DE LOS RIESGOS QUE SON PARTE NATURAL DE LA ACTIVIDAD. USTED TIENE DERECHO A NEGARSE A FIRMAR ESTE FORMULARIO, Y LA JUNTA ESCOLAR DEL CONDADO DE PALM BEACH, FLORIDA TIENE EL DERECHO A NEGARSE A PERMITIR QUE SU HIJO PARTICIPE SI USTED NO FIRMA ESTE FORMULARIO.

HE/HEMOS LEÍDO ESTO CUIDADOSAMENTE, LO ENTENDIMOS Y SABEMOS QUE CONTIENE UNA COMUNICACIÓN
Cuando corresponda, ambos padres/tutores legales deben firmar.

Nombre del Estudiante en Letra de Molde

Firma del Estudiante

Fecha

Nombre de uno de los Padres o Tutor Legal en Letra de Molde

Firma de Uno de los Padres o Tutor Legal

Fecha

Nombre de uno de los Padres o Tutor Legal en Letra de Molde

Firma de Uno de los Padres o Tutor Legal

Fecha

ESTADO DE FLORIDA

CONDADO DE _____

Jurado o afirmado y suscrito ante mí este _____ día de _____, _____, por _____.

(Padre/Tutor o Adulto/Estudiante Emancipado)

Personalmente conocido _____ O Identificación Proporcionada _____

Tipo de Identificación Proporcionada _____

Firma del Notario Público - Estado de Florida

The Department of Multicultural Education Spanish Translation Team certifies that this is a true and faithful translation of the original document. (561) 434-8620 July 2024- CY24-1158



DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH

Consentimiento Médico para Estudiantes Atletas

Nombre del estudiante _____ Fecha de nacimiento _____

El estudiante, conocido por este medio como el paciente, y su padre(s) o tutor(es) legal, cuyas firmas se adjuntan más adelante, consienten por este medio a todas y cada una de las emergencias médicas o tratamiento quirúrgico incluyendo anestесias y operaciones que pueden ser aconsejadas por los médicos o cirujanos del paciente. Siendo la intención de la presente el otorgar autorización para administrar y realizar todos y particularmente exámenes, tratamientos, anestесias, operaciones y procedimientos de diagnosis los cuales pueden ser considerados recomendables o necesarios. También acordamos que el paciente, una vez admitido, debe permanecer en el hospital hasta que su médico recomiende darle de alta. (Adjunte páginas adicionales si es necesario, incluyendo cualquier disposición importante contenida en el Plan Individual de Educación o en el Plan según la sección 504 del estudiante). En caso de emergencia, se harán esfuerzos razonables para informar a los padres. Esto no impedirá que el proveedor de cuidados de salud de emergencia actúe en el mejor interés de su hijo.

En constancia de nuestro consentimiento y acuerdo en los asuntos indicados anteriormente, hemos suscrito nuestras firmas a continuación.

Firma del estudiante _____
Fecha

Firma del padre o tutor _____
Fecha

Firma del padre o tutor _____
Fecha

Número de teléfonos para llamar en caso de emergencia

NOTARIZACIÓN DE LA FIRMA DEL PADRE O TUTOR LEGAL O ESTUDIANTE ADULTO O EMANCIPADO

ESTADO DE LA FLORIDA

CONDADO DE _____

Jurado o afirmado y suscrito delante de mí, este _____ día de _____ del _____,

por _____.

(padre o tutor o estudiante adulto o emancipado)

Firma del notario público - Estado de la Florida

Conocido personalmente _____ o presentó identificación _____

Tipo de identificación presentada _____

DISTRITO ESCOLAR DEL CONDADO DE PALM BEACH
DEPARTAMENTO DE ADMINISTRACIÓN DE BENEFICIOS Y RIESGOS LABORALES

Seguro contra Accidentes en los Deportes Interescolares

Se requiere que todos los deportistas interescolares de secundaria contribuyan con \$75.00 para el costo del seguro contra accidentes en los deportes interescolares. La contribución de este año escolar se utilizará para ayudar a compensar el costo del Distrito Escolar para proporcionar un seguro contra accidentes de calidad a nuestros deportistas. La cobertura puede comenzar **DESPUÉS** de que la cobertura de su seguro primario procese la demanda. Los deportistas **TIENEN QUE** primero usar su Red de Seguro Primaria, antes de usar el seguro escolar. Revisen el *Summary of Insurance* para los términos y condiciones en forma más completa que están disponibles en <https://schoolinsuranceofflorida.com> o llamen al 1-800-432-6915.

Opciones de Pago

OPCIÓN 1: Un solo pago de \$75.00 por año escolar

OPCIÓN 2: Un pago para pruebas de \$10.00, cuando sea aceptado por el equipo hay un costo adicional de \$65.00

Asegurado: En una actividad deportiva interescolar DE TEMPORADA (incluyendo competencias, prácticas y pruebas)

Asegurado: Condicionamiento de FUERA DE TEMPORADA en el año escolar

NO Asegurado: Prácticas de Habilidades/Entrenamientos "específicos a ciertos deportes" o actividades en "instalaciones abiertas" FUERA DE TEMPORADA

NO Asegurado: actividades durante el VERANO

Estos pagos NO SON REEMBOLSABLES y, una vez pagados, continuarán proporcionando seguro para deportes adicionales.

Devuelvan este formulario como parte del **Paquete Deportivo** con toda la información requerida y su pago adjunto. Haga su cheque o su giro postal pagable a nombre de la siguiente escuela:

# de Identificación del Estudiante	Nombre del Estudiante	Apellido	Fecha de Nacimiento	Fecha Actual
Nombre de la Escuela				
Deporte	Deporte	Deporte		

Costo del Seguro contra Accidentes en las Pruebas para Deportes Interescolares

Opción 1: Un estudiante deportista puede seleccionar pagar UN SOLO COSTO de \$75.00.

Opción 2: Puede enviar un costo no reembolsable de \$10.00 para **hacer las pruebas** de cualquiera de los equipos deportivos. Una vez ya en el equipo, el estudiante deportista es responsable por el envío del balance de \$65.00 antes de participar en prácticas o juegos/ eventos adicionales. Hasta que el límite anual de \$75.00 se haya logrado, el estudiante deportista debe pagar un pago adicional de \$10.00 para hacer las pruebas en cada deporte.

Para más información sobre los pagos o cuotas, comuníquense con el director deportivo de su escuela secundaria.

OPCIÓN 1: Un pago de \$75.00 - No se permite el pago en efectivo

Fecha de Recibido: _____
School Cash Online: _____
 Cheque #: _____ \$: _____ Giro Postal #: _____ \$: _____

OPCIÓN 2: Un pago de \$10.00 para hacer pruebas; con un balance de \$65.00 - No se permite el pago en efectivo

Fecha de Recibido: _____
School Cash Online: _____
 Cheque #: _____ \$: _____ Giro Postal #: _____ \$: _____

Fecha de Recibido: _____
School Cash Online: _____
 Cheque #: _____ \$: _____ Giro Postal #: _____ \$: _____

Additional Information (For Athletic Director Use Only)

Escriba en Letra de Molde el Nombre de uno de los Padres/Tutores Legales

Firma de uno de los Padres/Tutores Legales

Fecha



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 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
Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.							
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 4/24

Student's Full Name: _____ Date of Birth: ___/___/___ School: _____

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

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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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 4/24

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:	Vislon: 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.



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)*



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/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 _____



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

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 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. 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 _____



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

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature. This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (SCA) 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. 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.

Signature lines for Parent/Guardian, Student, and Date.

