

Directions for Freedom High School Athletic Physicals

READ ALL DIRECTIONS FIRST.

INCOMPLETE FORMS WILL NOT BE PROCESSED & YOU WILL NOT BE ALLOWED TO PARTICIPATE IN ANY PRACTICES OR GAMES.

General Directions

Return all physical forms personally to the certified athletic trainer (Ms. Echavarria or Ms. Wattenbarger) in the athletic training room (ATR). The athletic training room is located in room 925 in the field-house by the football stadium, or in the gym between the locker rooms (315). Please come during lunch or after school. During practice times after school, an athletic trainer can be found either in the ATR or at the practice field.

1. **DO NOT COME TO OUR CLASSROOM DURING CLASS TIME.**

2. **DO NOT slide your physical packet under the door, put it in our mailbox, give it to any coach, or turn it in to the office.**

3. **PHYSICALS NOT TURNED IN PROPERLY WILL NOT BE PROCESSED & YOU WILL NOT BE ELIGIBLE FOR PRACTICE OR GAMES.**

4. Physicals are good for one calendar year however, if the date of your physical exam expires during your sport's season, you will not be cleared for that sport. The following dates are the earliest you can have your physical and still be eligible to play:

Fall Sports after 12/18/15 Bowling, Cross Country, Football, Golf, Swimming, Volleyball (girls)

Winter Sports after 3/6/16: Basketball, Comp. Cheerleading, Soccer, Weightlifting (girls), Wrestling

Spring Sports after 5/22/16: Baseball, Flag Football, Lacrosse, Softball, Tennis, Track, Volleyball (boys), Water polo, Weightlifting (boys)

Directions for the physical

1. PAGE 1: Parent & student must sign the bottom of the front page of the physical form.

2. PAGE 2: Fill out name, address, phone number, birth date section. Fill out history questions completely.

a. If you answer any of the questions "yes" please explain them at the bottom of the page.

b. Parent must sign & date the bottom of the page.

3. PAGE 3: Fill out your name on the top of page 3.

a. At the bottom the physician must 1) Check "cleared without limitations", 2) sign, 3) date, & 4) stamp the form. If there is no stamp available the physician's name & phone # must be printed on the bottom of the form. **No "Yellow" or "Blue" Department of Health forms accepted.**

4. VERIFICATION OF RESIDENCY CERTIFICATE: The parent and student must fill out & sign.

5. EMERGENCY CARDS: There are 2 emergency cards & **BOTH MUST BE FILLED OUT COMPLETELY**

6. Consent and Release from Liability Certificate (EL3):

a. **Read page 2 then...**

b. The parent must **write in** any sport in which the student is **NOT** allowed to participate in

c. The parent and student must print their name on the bottom of page 1

7. Consent for ImPact testing and Release of Information

a. Complete and sign by Parent and student.

8. FHSAA Concussion & Heat Related Illnesses Information Release Form

a. Read and sign by Parent and student on BOTH sides

Freedom High School Team Orthopedic:

Dr. Brad Homan, D.O.
Florida Hospital Celebration Health
407-303-4270

Additional Local Doctors / Clinics for getting a sports physical: (Price Varies)

1. Florida Hospital Centra Care -- Hunter's Creek (Across from the Loop)
3293 Greenwald Way North
Kissimmee, FL 34741
407-847-6771 (No Appointment Required)
2. Florida Hospital Centra Care -- Sand Lake
2301 Sand Lake Rd. (Between John Young Parkway and OBT)
Orlando, FL 32809
407-851-6478 (No Appointment Required)
3. Florida Hospital Centra Care -- Kissimmee
4320 West Vine Street (US 192)
Kissimmee, FL 34746
407-390-1888 (No Appointment Required)
4. Your personal / family physician. (They must complete the EL2 form. **NO YELLOW & BLUE physical forms accepted**)

School Contact Person for Additional Information:

Mr. Carl West, Athletic Director
407-816-5606

Ms. Te Shondra Echavarría, Head Athletic Trainer
407-816-5627

Physical Form Receipt: The following student has turned in their physical form and is cleared to participate in athletics.

Student Name _____ (Print only)

*****TO BE COMPLETED BY CERTIFIED ATHLETIC TRAINER ONLY*****

This student's physical was accepted & approved by: _____

Date: _____ ATC's Signature & Stamp

Cleared for ALL SPORTS except:

**SPORTS SCREENING PHYSICAL EXAMINATION / EXAMEN FÍSICO PARA
EVALUACIÓN DEPORTIVA**

SCHOOL BOARD OF ORANGE COUNTY, Florida

UNTA ESCOLAR DEL CONDADO ORANGE, Florida



NOTICE TO PARENTS/LEGAL GUARDIANS

Orange County Public Schools strongly recommends that your child have a yearly comprehensive physical examination by your personal physician. The screening sport physicals, given by volunteer doctors, are not intended to replace your child's regular health maintenance. It is the responsibility of the parent/guardian of the athlete to make the choice for medical care regarding your child. It is your clear understanding that participation in athletic activities creates a risk normally associated with such activities and that the risk increases as the sport becomes more vigorous and/or involves bodily contact.

NOTIFICACIÓN A LOS PADRES/ENCARGADOS LEGALES

Las Escuelas Públicas del Condado Orange recomienda entusiastamente que su hijo (a) tenga un examen físico completo anualmente con su médico personal. Las evaluaciones físicas para deportes, realizadas por médicos voluntarios, no tienen la intención de reemplazar el cuidado regular de salud de su hijo(a). Es responsabilidad del padre/encargado del atleta seleccionar el cuidado médico con respecto a su hijo(a). Ha de entenderse que la participación en actividades atléticas crea un riesgo normalmente asociado con tales actividades y que el riesgo aumenta a medida que el deporte se vuelve más vigoroso y/o envuelva contacto corporal.

PARENTAL/LEGAL GUARDIAN & STUDENT NOTICE OF RESPONSIBILITY & CONSENT FOR PARTICIPATION

As a parent/legal guardian of a student who will be participating in any Orange County Public Schools athletic activity, your authorization to permit your child to participate requires your understanding and agreement to certain rules, responsibilities and regulations.

1. Athletics is an extracurricular activity that will require a child maintain satisfactory grades and behavior in accordance with the OCPS/School Code of Conduct, and school/team rules. Once a child is approved for sports activities you hereby give consent for participation.
2. You understand if a parent, guardian or student falsifies any signature or information on the sports screening physical examination, the student will be declared ineligible to participate in any Orange County interscholastic activity for one full calendar year from disclosure date.
3. You further give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold the School Board and its employees harmless in the administration of such assistance.
4. You understand that this sports physical is valid for one calendar year.
5. You understand that if the student consults a medical physician concerning any injury received in an Orange County Public Schools-sponsored athletic practice of interscholastic sports contest, written medical approval must be obtained from that physician prior to the student's further participation in activity. You understand that a written doctor's note on the doctor's stationary or prescription pad must be given to the athletic trainer or athletic director before that student will be allowed to resume activity.
6. You also consent for your child to be transported in connection with participation in athletic activities. You fully understand that this consent is given knowing that your child's participation in approved activities may, from time to time, require travel out of state as well as out of and within Orange County. You realize, and agree, that the travel may be by private or publicly owned vehicles, bus, passenger car, on foot or various other means, as deemed appropriate and approved by the school principal.
7. Athletics require that your child and you commit to timely arrival and departure from the activity in accordance with the directive issued by the school principal or coach designated by the school principal to direct said activities. Your failure to timely pick up your child may result in your child's exclusion from the athletic activity.
8. You do authorize and give permission to the school principal, coaches, school representatives to release your child at the conclusion of the athletic activity. You do authorize and give permission to your child to individually determine his/her method and means of returning to your home upon conclusion of any daily athletic activity including but not limited to higher walking, riding with a friend, or any other means of transportation he/she chooses. If you have elected to give your child permission herein, you hereby release the School Board of Orange County, Florida, its employees, agents, and assigns, from any and all liability or claims that may arise from or after your child leaving the athletic activity.
9. You do grant permission to the school principal, coaches, school representatives the right to photograph and/or videotape the athlete and further to use name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.
10. You further affirm that there is no other medical condition, other than what is identified in this packet, which may affect or limit your child's ability to participate in any extracurricular activity.

NOTIFICACIÓN A PADRES/ENCARGADOS LEGALES Y ESTUDIANTES SOBRE LA RESPONSABILIDAD Y CONSENTIMIENTO PARA PARTICIPACIÓN

Como padre/encargado legal de un estudiante que estará participando en cualquier actividad atlética de las Escuelas Públicas del Condado Orange, su autorización de permitir que su hijo(a) participe requiere que usted comprenda y acepte ciertas reglas, responsabilidades y regulaciones.

1. El atletismo es una actividad extracurricular que requiere que su hijo (a) mantenga calificaciones satisfactorias y un comportamiento acorde con el Código de Conducta Estudiantil de OCPS, y las reglas del equipo escolar. Una vez que su hijo (a) sea aprobado (a) para actividades deportivas, usted por la presente, concede su permiso de participación.
2. Usted comprende que si un padre, encargado o estudiante falsifica cualquier firma o información en el examen físico para evaluación deportiva, el estudiante será declarado inelegible para participar en cualquier actividad interescolar del Condado Orange por el total de un año calendario desde la fecha de la revelación.
3. Usted comprende que este examen físico para evaluación deportiva es solo válido para el año escolar en curso. A fin deberá participar en atletismo interescolar el año próximo, su hijo(a) deberá someterse a otro examen físico fechado después del último día del año escolar anterior.
4. Usted comprende que este examen físico para evaluación deportiva es solo válido por un año.
5. Usted comprende que si el estudiante consulta con un médico con respecto a cualquier lesión recibida en una práctica atlética de un concurso deportivo interescolar auspiciado por las Escuelas Públicas del Condado Orange, deberá obtenerse aprobación médica escrita de este médico antes de que el estudiante pueda continuar participando en tal actividad. Usted comprende que una nota escrita del médico en papelera oficial del médico o en hoja de prescripciones deberá entregarse al entrenador (a) o director (a) atlético antes de que dicho estudiante sea permitido regresar a la actividad.
6. Usted también acepta que su hijo (a) sea transportado en conexión con su participación en actividades atléticas. Usted comprende completamente que este consentimiento se concede con el conocimiento de que la participación de su hijo(a) en las actividades aprobadas puede, de cuando en cuando, requerir viajar fuera del estado al igual que dentro y variadas, según se considere apropiado y sea aprobado por el principal de la escuela.
7. El atletismo requiere que su hijo(a) y usted se comprometan a llegar y salir a tiempo de las actividades de acuerdo con las instrucciones emitida del principal escolar o el/a entrenador(a) asignado(a) por el principal para dirigir dichas actividades. El no recoger a su hijo (a) a tiempo puede resultar en la eliminación de su hijo (a) de la actividad atlética.
8. Usted autoriza y concede permiso para que el principal de la escuela, entrenadores, representantes escolares permitan la salida de su hijo (a) de la actividad atlética, pero no limitándose a caminar, viajar con un amigo o cualquier otro medio de transportación que seleccione. Si usted ha decidido darle a su hijo(a) permiso de esta manera, hijo(a) salga de la actividad atlética.
9. Usted autoriza y concede permiso para que el principal de la escuela, entrenadores, y/o representantes escolares tomen fotografía y/o videocinta del atleta. Además el utilizar nombre, rostro, apariencia, voz y apariencia relacionada con exhibiciones, publicidad y material de promoción sin reserva o limitaciones.
10. En adición usted afirma que no hay otra condición médica, una que no es la que está identificada en este paquete, la cual puede afectar o limitar la habilidad de su hijo(a) en participar en cualquier actividad extracurricular.

I hereby acknowledge and certify that I have read the sports screening document, that I understand and agree with its terms. I agree to be bound by its terms and I have reviewed and explained the notice with my child.

Por la presente reconozco y certifico que he leído el documento de la evaluación deportiva, que comprendo y acepto sus términos. Acepto estar comprometido con sus términos y he revisado y explicado esta notificación a mi hijo (a).

Signature of Parent/Legal Guardian(s)
Firma del Padre/Encargado Legal

Print Name of Parent/Legal Guardian
Nombre del Padre/Encargado Legal

Date
Fecha

I hereby acknowledge and certify that I have read, understand, and agree to be bound by the sports screening document.
Por la presente reconozco y certifico que he leído, comprendo y aceptado quedar comprometido por el documento de evaluación deportiva.

Signature of Athlete/Firma del Atleta

Print Legal Name of Athlete/Nombre legal del Atleta

Date/Fecha

Name:

Grade:



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 1. Student Information (to be completed by student or parent)

Student's Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____
 School: _____ Grade in School: _____ Sport(s): _____
 Home Address: _____ Home Phone: (____) _____
 Name of Parent/Guardian: _____ E-mail: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

Part 2. Medical History (to be completed by student or parent). Explain "yes" answers below. Circle questions you don't know answers to.

	Yes	No		Yes	No
1. Have you had a medical illness or injury since your last check up or sports physical?	_____	_____	26. Have you ever become ill from exercising in the heat?	_____	_____
2. Do you have an ongoing chronic illness?	_____	_____	27. Do you cough, wheeze or have trouble breathing during or after activity?	_____	_____
3. Have you ever been hospitalized overnight?	_____	_____	28. Do you have asthma?	_____	_____
4. Have you ever had surgery?	_____	_____	29. Do you have seasonal allergies that require medical treatment?	_____	_____
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	_____	_____	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	_____	_____
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	_____	_____	31. Have you had any problems with your eyes or vision?	_____	_____
7. Do you have any allergies (for example, pollen, latex, medicine, food or stinging insects)?	_____	_____	32. Do you wear glasses, contacts or protective eyewear?	_____	_____
8. Have you ever had a rash or hives develop during or after exercise?	_____	_____	33. Have you ever had a sprain, strain or swelling after injury?	_____	_____
9. Have you ever passed out during or after exercise?	_____	_____	34. Have you broken or fractured any bones or dislocated any joints?	_____	_____
10. Have you ever been dizzy during or after exercise?	_____	_____	35. Have you had any other problems with pain or swelling in muscles, tendons, bones or joints?	_____	_____
11. Have you ever had chest pain during or after exercise?	_____	_____	<i>If yes, check appropriate blank and explain below:</i>		
12. Do you get tired more quickly than your friends do during exercise?	_____	_____	___ Head	___ Elbow	___ Hip
13. Have you ever had racing of your heart or skipped heartbeats?	_____	_____	___ Neck	___ Forearm	___ Thigh
14. Have you had high blood pressure or high cholesterol?	_____	_____	___ Back	___ Wrist	___ Knee
15. Have you ever been told you have a heart murmur?	_____	_____	___ Chest	___ Hand	___ Shin/Calf
16. Has any family member or relative died of heart problems or sudden death before age 50?	_____	_____	___ Shoulder	___ Finger	___ Ankle
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	_____	_____	___ Upper Arm	___ Foot	
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	_____	_____	36. Do you want to weigh more or less than you do now?	_____	_____
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	_____	_____	37. Do you lose weight regularly to meet weight requirements for your sport?	_____	_____
20. Have you ever had a head injury or concussion?	_____	_____	38. Do you feel stressed out?	_____	_____
21. Have you ever been knocked out, become unconscious or lost your memory?	_____	_____	39. Have you ever been diagnosed with sickle cell anemia?	_____	_____
22. Have you ever had a seizure?	_____	_____	40. Have you ever been diagnosed with having the sickle cell trait?	_____	_____
23. Do you have frequent or severe headaches?	_____	_____	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	_____	_____	Tetanus: _____	Measles: _____	
25. Have you ever had a stinger, burner or pinched nerve?	_____	_____	Hepatitis B: _____	Chickenpox: _____	

FEMALES ONLY (optional)

42. When was your first menstrual period? _____
 43. When was your most recent menstrual period? _____
 44. How much time do you usually have from the start of one period to the start of another? _____
 45. How many periods have you had in the last year? _____
 46. What was the longest time between periods in the last year? _____

Explain "Yes" answers here: _____

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine medical evaluation required by s. 1006.20, Florida Statutes, and FHSA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

Signature of Student: _____ Date: ____/____/____ Signature of Parent/Guardian: _____ Date: ____/____/____



Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician, licensed physician assistant or certified advanced registered nurse practitioner).

Student's Name: _____ Date of Birth: ____/____/____
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal Unequal

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

Table with 4 columns: FINDINGS, NORMAL, ABNORMAL FINDINGS, INITIALS*. Rows include MEDICAL (1-9) and MUSCULOSKELETAL (10-18) categories.

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

I hereby certify that each examination listed above was performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation
____ Disability: _____ Diagnosis: _____
____ Precautions: _____
____ Not cleared for: _____ Reason: _____
____ Cleared after completing evaluation/rehabilitation for: _____
____ Referred to _____ For: _____

Recommendations: _____

Name of Physician/Physician Assistant/Nurse Practitioner (print): _____ Date: ____/____/____

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.
This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

I hereby certify that the examination(s) for which referred was/were performed by myself or an individual under my direct supervision with the following conclusion(s):

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

Name of Physician (print): _____ Date: ____/____/____

Address: _____

Signature of Physician: _____

Based on recommendations developed by the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine and American Osteopathic Academy for Sports Medicine.

EMERGENCY TREATMENT AUTHORIZATION CARD-English SCHOOL BOARD OF ORANGE COUNTY, Florida (Please Print)

Athlete's Legal Name: _____ School: _____ Grade _____
 Athlete's Date of Birth: _____ Date of last tetanus shot: _____
 My child is allergic to the following medications: _____
 My child has the following allergies: _____
 Please identify any serious injuries or illnesses your child has had: _____
 Alternate family member/friend to contact in case of emergency: _____
 Name: _____ Telephone Number(s): _____
 Primary Care Doctor Name: _____ Telephone Number: _____
 You understand that the insurance offered by Orange County Public Schools is a secondary policy and will pay only after your personal insurance pays. You Also understand that your child is only covered by OCPS sport insurance during the FHSAA specified season. Please write "none" if you have no personal insurance on this athlete.
 Primary Insurance Company: _____ Policy Number: _____
 Insurance Company Address: _____

You understand if a parent, guardian or student falsifies any signature or information on the emergency medical treatment card, the student will be declared ineligible to participate in any Orange County interscholastic activity for one full calendar year from disclosure date. You further give your permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold the School Board and its employees harmless in the administration of such assistance. I herby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms Florida Statues (92.525) "Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

Signature of Parent/Legal Guardian _____ Print Name of Parent/Legal Guardian _____ Date _____
 Telephone (H) _____ Telephone (W) _____ Other _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

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↓ **Fill Out Both!** ↑

EMERGENCY TREATMENT AUTHORIZATION CARD-English SCHOOL BOARD OF ORANGE COUNTY, Florida (Please Print)

Athlete's Legal Name: _____ School: _____ Grade _____
 Athlete's Date of Birth: _____ Date of last tetanus shot: _____
 My child is allergic to the following medications: _____
 My child has the following allergies: _____
 Please identify any serious injuries or illnesses your child has had: _____
 Alternate family member/friend to contact in case of emergency: _____
 Name: _____ Telephone Number(s): _____
 Primary Care Doctor Name: _____ Telephone Number: _____
 You understand that the insurance offered by Orange County Public Schools is a secondary policy and will pay only after your personal insurance pays. You Also understand that your child is only covered by OCPS sport insurance during the FHSAA specified season. Please write "none" if you have no personal insurance on this athlete.
 Primary Insurance Company: _____ Policy Number: _____
 Insurance Company Address: _____

You understand if a parent, guardian or student falsifies any signature or information on the emergency medical treatment card, the student will be declared ineligible to participate in any Orange County interscholastic activity for one full calendar year from disclosure date. You further give your permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold the School Board and its employees harmless in the administration of such assistance. I herby acknowledge and certify that I have read the emergency medical document, that I understand and agree with its terms Florida Statues (92.525) "Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

Signature of Parent/Legal Guardian _____ Print Name of Parent/Legal Guardian _____ Date _____
 Telephone (H) _____ Telephone (W) _____ Other _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

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Florida High School Athletic Association

Consent and Release from Liability Certificate (Page 1 of 2)

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: Freedom High School School District (if applicable): Orange

Part 1. Student Acknowledgement and Release (to be signed by student at the bottom)

I have read the (condensed) FHSAA Eligibility Rules printed on the reverse side of this "Consent and Release Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a parent(s)/guardian(s) at the bottom; where divorced or separated, parent/guardian with legal custody must sign.)

A. I hereby give consent for my child/ward to participate in any FHSAA recognized or sanctioned sport EXCEPT for the following sport(s):

Sports NOT Cleared to Play:
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. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, promotional and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSAA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

- E. I agree that in the event we/ I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.
- F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.
- G. Please check the appropriate box(es):

My child/ward is covered under our family health insurance plan, which has limits of not less than \$25,000.
 Company: _____ Policy Number: _____
 My child/ward is covered by his/her school's activities medical base insurance plan.
 I have purchased supplemental football insurance through my child's/ward's school.

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

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

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

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

Name of Student (printed) _____ Signature of Student _____ Date _____



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

This completed form must be kept on file by the school.

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 sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
2. Must attend school within 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)
3. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)
6. Must not transfer schools after the first day of practice of a sport, otherwise the student cannot participate at the new school for the remainder of that sport season. Exceptions may apply. See your school's principal/athletic director after first attending the new school. (FHSAA Bylaw 9.3)
7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student's eligibility may be impacted. (FHSAA Bylaw 9.2) Exceptions may apply. See your school's principal/athletic director after first attending the new school.
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student's eligibility may be impacted. (FHSAA Bylaw 9.3)
9. Must not have enrolled in the ninth grade for the first time more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
10. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
11. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (FHSAA Bylaw 9.6)
12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered. Parents and students must also submit a completed EL3CH which serves to address heat illness and concussion dangers. (FHSAA Bylaw 9.7)
13. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
14. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
15. 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)
16. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
17. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (FHSAA Policy 17)
18. 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.
19. This form is non-transferable; a separate form must be completed for each different school at which a student participates.

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.



Florida High School Athletic Association

Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 1 of 2)

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.

Concussion Information

What is a concussion?

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or acceleration, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head. You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or a bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional and cleared by a medical doctor.

What are the signs and symptoms of 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

What can happen if my child keeps on playing 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.

What do I do if I suspect my child has suffered a concussion?

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), or a licensed physician assistant under the direct supervision of a MD/DO (as per Chapters 458 and 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.

When can my child return to play or practice?

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit <http://www.cdc.gov/concussioninyouthsports/> or <http://www.seeingstarsfoundation.org>

Statement of Student Athlete Responsibility

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

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association

Consent and Release from Liability Certificate for Concussion and Heat-Related Illness (Page 2 of 2)

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.

FHSAA Heat-Related Illnesses Information

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat Stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat Exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat Cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms, or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on page 1 and page 2 have been read and understood.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Florida Hospital



407-303-8012

CONSENT FOR COGNITIVE TESTING and RELEASE OF INFORMATION

I give permission and authorize FREEDOM HIGH SCHOOL and/or the Florida Hospital Sports Concussion Program to test my child using *ImPACT*[®] (Immediate Post-concussion Assessment and Cognitive Testing). *ImPACT*[®] testing is part of a concussion program that has been incorporated as part of the school's athletic program to provide the highest level of care for head injuries to an athlete and assist in determining when it is safe for the athlete to return to athletic participation.

I understand that my child will receive a baseline test prior to participating in school sports programs, which may need to be repeated depending upon preliminary results of the initial test. The baseline test results will be on file in the Florida Hospital Sports Concussion Program and accessible by my school's Athletic Trainer and will be used for comparison purposes only in the event of an injury. In the event of an injury, I understand that one or more additional *ImPACT*[®] tests may be administered, and the results compared to the baseline test results by a member of the Florida Hospital Sports Concussion Program and shared with me. I release and hold FREEDOM HIGH SCHOOL to release the results of the *ImPACT*[®] test(s) of my child to the Florida Hospital Sports Concussion Program, which may consist of neuropsychologists, primary care physicians, neuro-surgeons, athletic trainers and other treating physicians. I understand that there is no charge for the baseline *ImPACT*[®] testing.

I may revoke my consent at any time by submitting a revocation request in writing to my child's school.

I understand that this consent for testing and authorization for release of my child's information will expire at the end of each school year.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

I give my permission for (Name of Child) _____

(Child's Date of Birth) _____ to have a baseline and post-injury *ImPACT*[®] test administered at a location designated by my child's school. In addition to the member(s) of the Florida Hospital Sports Concussion Program and the school's Athletic Trainer, FREEDOM HIGH SCHOOL may release the *ImPACT*[®] results to my child's primary care physician, neurologist, or other treating physician, as indicated below.

Name of parent or guardian: _____

Signature of parent or guardian: _____ Date: _____

PLEASE PRINT THE FOLLOWING INFORMATION:

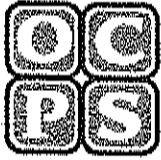
Name of primary care physician: _____

Name of practice or group: _____

Phone number: _____

Student's home address: _____

Parent or guardian phone numbers (please indicate preferred contact number & time if necessary): _____



Orange County Public Schools

445 West Amelia Street • Orlando, FL 32801-1129 • Phone 407.317.3200 • www.ocps.net

Orange County Public Schools Athletics Verification of Residency Certificate

Student's Name _____ Date _____
School Freedom High _____ Grade _____

I understand that the address used to enroll my child at this school, which I have listed below, is our legal domicile.*

I understand that it is Orange County Public Schools policy that if a parent, guardian, or student falsifies any information regarding residency or guardianship, the student-athlete will be ineligible from representing any Orange County school for a period of one year from the date of discovery.

Furthermore, if a falsification is discovered, the student-athlete will be reported to the Florida High School Athletic Association (FHSAA) who may impose further sanctions concerning athletic eligibility.

When a student-athlete is determined to be ineligible due to falsification of residency, he/she may appeal the ruling to the Florida High School Athletic Association.

Address _____ City _____ Zip _____

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

* Domicile is defined as the place where parents/guardians have their true and fixed, permanent home and to which they have, whenever absent, the intention of returning. The parent/guardian's domicile determines the student's domicile. Common indicators of domicile are home ownership or in the absence of home ownership, a residential lease.