

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

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

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



### **MEDICAL HISTORY FORM**

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

Stude	Sex Assigned at Birth:Age:Date of Birth:/									
School	ol:	Ci	tu/State		Gr	ade in Sci	nooi:Sport(s):			
Name	e Address: e of Parent/Guardian:	CI	ity/state	·	F-m	ail:	nome rhone: ()			
Perso	on to Contact in Case of E	mergency:	***************************************		Relat	ionship to				
Emer	gency Contact Cell Phone	<b>≥:</b> ( )	Work	Phone	: (	)	o Student: Other Phone:	()		
Famil	ly Healthcare Provider:		City	/State:			Office Phone:	()		
List p	ast and current medical o	conditions:								
Have	you ever had surgery? If	yes, please list all surgical pro	ocedures	s and da	ates:				***************************************	***************************************
Medi	cines and supplements (p	please list all current prescrip	tion med	dication	ns, ove	er-the-cou	unter medicines, and supplem	nents (herbal	and nutr	ritional):
Do yo	ou have any allergies? If y	es, please list all of your aller	gies (i.e.	., medic	cines,	pollens, f	ood, insects):			
	nt Health Questionaire v the past two weeks, how	ersion 4 (PHQ-4) often have you been bothere	ed by any	y of the	follov	ving prob	lems? (Circle response)			
		Not at all		Severa	ıl day:		Over half of the days	Nearl	y everyd.	ıγ
Beer Marie	ing nervous, anxious, n edge	0		1	1		2		3	
Sec. 36. 3	being able to stop or the troi worrying	0		1	1		2		3	
E	e interest or pleasure oing things	0	***************************************		1.		2		3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
No. 20 10 10 10 10 10 10 10 10 10 10 10 10 10	ing down, depressed, opeless	0		***************************************	1.		2		3	
51.000 C 200.00									***************************************	*****************
Expla	IERAL QUESTIONS am "Yes" answers at the end a questions if you don't know		Yes	No	2012 22778	RT HEAL binued)	TH QUESTIONS ABOUT YOU		Yes	No
1	Do you have any concerns that your provider?	t you would liké to discuss with			8		tor ever requested a test for your hear electrocardiography (ECG) or echocard			
2	Has a provider ever denied or sports for any reason?	restricted your participation in			9		et light-headed or feel shorter of breat Iring exercise?	h than your		
3	Do you have any ongoing med	ical issues or recent illnesses?			10	Have you	ever had a seizure?			
НЕА	RT HEALTH QUESTIONS	ABOUT YOU	Yes	No	HEA	RT HEAL	TH QUESTIONS ABOUT YOUR	FAMILY	Yes	No
4	Have you ever passed out or n exercise?	early passed out during or after			11	had an un	amily member or relative died of hear nexpected or unexplained sudden deal ding drowning or unexplained car cras	th before age		
5	Have you ever had discomfort, your chest during exercise?	pain, tightness, or pressure in			12	as hyperti arrhythm	one in your family have a genetic hear rophic cardiomyopathy (HCM), Marfar ogenic right ventricular cardiomyopati	n Syndrome, hy (ARVC),		
6	Does your heart ever race, flut (irregular beats) during exercis	ter in your chest, or skip beats e?				syndrome	yndrome (LQTS), short QT syndrome (5 c, or catecholaminerigc polymorphic vo ia (CPVT)?			-
7	Has a doctor ever told you tha	t you have any heart problems?			13		ne in your family had a pacemaker or a or before age 35?	an implanted		



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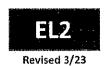
Stude	ent's Full Name:		***************************************	Da	te of Birth:/ School:		
BON	IE AND JOINT QUESTIONS	Yes	No	ME	DICAL QUESTIONS (continued)	Yes	No
14	Have you ever had a stress fracture?			26	Do you worry about your weight?		
15	Did you ever injure a bone, muscle, ligament, joint, or 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?		
ME	DICAL QUESTIONS	Yes	No	29	Have you ever had an eating disorder?		
17	Do you cough, wheeze, or have difficulty breathing during or after exercise or has a provider ever diagnosed you with asthma?			Exi	olain "Yes" answers here:		***************************************
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?						
19	Do you have grain or testicle pain or a painful bulge or hernia in the grain 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?					<del></del>	a
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?						<del></del>
25	Have you ever had or do you have any problems with your eyes or vision?						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
abov injuri prep: each	This form is not or cipation in high school sports is not without requestions allows for a trained clinician to assess and death. Florida Statute 1006.20 require articipation physical evaluation as the first steepear before participating in interscholastic are physical activity, including activities that occ	isk. The sess the s a stude p of inju	student individu ent canc ury preve competi	-athle al stu lidate ention tion c	dent-athlete against risk factors associated w for an interscholastic athletic team to succes a. This preparticipation physical evaluation shor or engaging in any practice, tryout, workout,	ith sports ssfully cor nall be co	s-relatec mplete a mpletec
the r we a elect recor	vereby state, to the best of our knowledge, to outine physical evaluation required by Florical evaluation required by Florical ended to the student should to the student should to the student should to the student (ECHO), echocardiogram (ECHO), and the student amedical evaluation with your health listed above.	da Statu Indergo and/or	te 1006 a cardio cardio si	.20, a ovasc tress	and FHSAA Bylaw 9.7, we understand and a ular assessment, which may include such d test. The FHSAA Sports Medicine Advisory Co	icknowled lagnostic mmittee	dge that tests as strongly
	nt-Athlete Name:(						
	t/Guardian Name:()						
Paren	t/Guardian Name:(/	orinted)	Parent/G	uardia	nn Signature: Da	ite:/_	/



# PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

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### PHYSICAL EXAMINATION FORM

Student's Full Name:			_ Date of Birth:/	/ Schoo	J;	
PHYSICIAN REMINDERS: Consider additional questions on n	nore sensitive issues.					
Do you feel stressed out or under a l	ot of pressure?		<ul> <li>Do you ever feel sad,</li> </ul>	hopeless, depressed, o	r anxious?	
<ul> <li>Do you feel safe at your home or res</li> </ul>	idence?		During the past 30 da	ays, did you use chewin	g tobacco, snuff, or	dip?
<ul> <li>Do you drink alcohol or use any other</li> </ul>	er drugs?		<ul> <li>Have you ever taken supplement?</li> </ul>	anabolic steroids or use	ed any other perform	nance-enhancing
<ul> <li>Have you ever taken any supplement performance?</li> </ul>	ts to help you gain or lose weight or	improve your				
Verify completion of FHSAA Cardiovascular history/symp					part of your ass	essment.
EXAMINATION					***************************************	
Height: W	/eight:			·····		
BP: / ( / ) Po	ulse: Vis	ion: R 20/	L 20/	Corrected:	Yes No	
MEDICAL - healthcare professio  Appearance  • Marfan stigmata (kyphoscollosis, hig prolapse [MVP], and aortic insufficie  Eyes, Ears, Nose, and Throat	th-arched palate, pectus excavatum,	11G11 <b>L</b>	yperlaxity, myopia, mitral v	NORM/	AL ABIVO	RMAL FINDINGS
Pupils equal     Hearing		connection and an account of the second acco	***************************************			
Lymph Nodes			MMMANANON-Nyola MMANANANA (MMANANANANANANANANANANANANANANANANANANA			
Murmurs (auscultation standing, aus	scultation supine, and Valsalva mane	euver)				
Lungs						
Abdomen		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
<ul><li>Skin</li><li>Herpes Simplex Virus (HSV), lesions s</li></ul>	suggestive of Methicilln-Resistant St	taphylococcus Au	reus (MRSA), or tinea corp	oris		
Neurological						
MUSCULOSKELETAL - healthcare	e professional shall initial ea	ich assessme	nt	NORM	AL ABNOF	MAL FINDINGS
Neck						
Back		······································				
Shoulder and Arm						
Elbow and Forearm				·	W Washer War and a second seco	
Wrist, Hand, and Fingers						······································
Hip and Thigh						
Knee		······································				
Leg and Ankle		accessing to present the control of			MATERIAL STATE OF THE STATE OF	······································
Foot and Toes						
Functional  Double-leg squat test, single-leg squares and squares are squares as a square square square squares are squares as a square square square squares are squares as a square square squares as a square square square squares are squares as a square square square squares are squares as a square square square squares as a square square square square squares are squares as a square square square square square square squares are squares as a square sq	at test, and box drop or step drop te	st				
	This form is not consid	lered valid u	ınless all sections a	are complete.		
*Consider electrocardiography (ECG), echocard Advisory Committee strongly recommends to a	liography (ECHO), referral to a cardiolo student-athlete (parent), a medical eva	ogist for abnorma Iluation with your	I cardiac history or examina healthcare provider for risk fi	tion findings, or any com actors of sudden cardiac a	bination thereof. The arrest which may inclu	e FHSAA Sports Medicini ide an electrocardiogram
Name of Healthcare Professional (p	print or type):				Date of Exam: _	//
Address:	Phone: (	)	E-ma	il:		
Signature of Healthcare Profession	al:	***************************************	Credentia	ls:	License #:	****

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and/or cardio stress test.

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

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL This form is valid for 365 calendar days from the date signed below.



### **MEDICAL ELIGIBILITY FORM**

Student Information (to be completed by student's Full Name:		d at Birth: Age: Date:	of Rieth
School:	Grade in Sci	hool: Sport(s):	7 Direction / /
School: Home Address:	City/State:	Home Phone: ()	
Name of Parent/Guardian:	E-mail:		
Person to Contact in Case of Emergency:	Relationship to	o Student:	
Emergency Contact Cell Phone: ()	Work Phone: ()	Other Phone: (	
Family Healthcare Provider:	City/State:	Office Phone: (	
☐ Medically eligible for all sports without restriction			
Medically eligible for all sports without restriction w	vith recommendations for further evaluatio	n or treatment of: (use additional shee	t, if necessary)
☐ Medically eligible for only certain sports as listed be	ełow:		
☐ Not medically eligible for any sports			,
Recommendations: (use additional sheet, if necessary)			
conditions that arise after the date of this medical professional prior to participation in activities.  Name of Healthcare Professional (print or type):	,		Date://
Signature of Healthcare Professional:			
SHARED EMERGENCY INFORMATION - complete	ed at the time of assessment by practi	tioner and parent	* ·
Check this box if there is no relevant medical participation in competitive sports.	I history to share related to	Provider Stamp (if require	ed by school)
Medications: (use additional sheet, if necessary)			
List:			
Relevant medical history to be reviewed by athletic	: trainer/team physician: (explain belov	w, use additional sheet, if necessary	······································
☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concus	ssion 🗌 Diabetes 🔲 Heat Illness 🔲 Ort	thopedic 🗖 Surgical History 🗖 Sick	e Cell Trait 🔲 Other
Explain:			
Signature of Student:	Date:/ Signature of Parent/Gu	Jardian:	Date:/
We hereby state, to the best of our knowledge the infor advised that the student should undergo a cardiovascula			

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



# PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL This form is valid for 365 calendar days from the date signed below.



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

# **MEDICAL ELIGIBILITY FORM - Referred Provider Form**

Student Information (to be completed by student						
Student's Full Name:	Sex /	Assigned at Birth:	_ Age: Da	ite of Birth:	//	
School:	Grac	le in School: Spo	rt(s):			
School: Home Address:	City/State:	Home Phor	ne: ()			
Name of Parent/Guardian:			w			
Person to Contact in Case of Emergency:	Relatio	nship to Student:				
Emergency Contact Cell Phone: ()	Work Phone: (	)	Other Phone: (_			
Family Healthcare Provider:	City/State:		Office Phone: (_	)		
Referred for:	Diag	nosis:				_
I hereby certify the evaluation and assessment for which the conclusions documented below:	nis student-athlete was referred h	as been conducted by mys	elf or a clinician u	nder my direc	t supervision wi	th
☐ Medically eligible for all sports without restriction as	of the date signed below					
☐ Medically eligible for all sports without restriction aft	er completion of the following tre	eatment plan: (use additio	nal sheet, if neces	isary)		
Medically eligible for only certain sports as listed belo	ow:					
☐ Not medically eligible for any sports	, , , , , , , , , , , , , , , , , , , ,	AAAAAA MAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	W.W.			
Further Recommendations: (use additional sheet, if necess	ary)					
Name of Healthcare Professional (print or type):				Date:	_//	
Address:			Phone: (_	)		
Signature of Healthcare Professional:						
	•					
Provider Stamp (if required by school)						



School:

# Florida High School Athletic Association

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



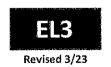
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School District (if applicable):

I have read the (condensed) FHSAA Eligibility Rules printed represent my school in interscholastic athletic competition, know that athletic participation is a privilege. I know of the reath, is possible in such participation, and choose to accep with full understanding of the risks involved. Should I be 18 my school, the schools against which it competes, the school such athletic participation and agree to take no legal action disclosure of my individually identifiable health information to my athletic eligibility including, but not limited to, my recoil hereby grant the released parties the right to photograph apublicity, advertising, promotional, and commercial material	nd Release (to be signed by student at the botto of on page 5 of this "Consent and Release from Liability Certi If accepted as a representative, I agree to follow the rules of isks involved in athletic participation, understand that serious t such risks. I voluntarily accept any and all responsibility for many and agree of age or older, or should I be emancipated from my participation, the contest officials, and FHSAA of any and all responsagainst the FHSAA because of any accident or mishap involving should treatment for illness or injury become necessary. I here ords relating to enrollment and attendance, academic standing and/or videotape me and further to use my name, face, likeness without reservation or limitation. The released parties, however the revoluntary and that I may revoke any or all of them at ger be eligible for participation in interscholastic athletics.	ficate" and know of no reason why I am not eligible to my school and FHSAA and to abide by their decisions. I injury, including the potential for a concussion, and even ny own safety and welfare while participating in athletics, arent(s)/guardian(s), I hereby release and hold harmless in sibility and liability for any injury or claim resulting from my athletic participation. I hereby authorize the use or early grant to FHSAA the right to review all records relevant, age, discipline, finances, residence, and physical fitness. ss, voice, and appearance in connection with exhibitions, over, are under no obligation to exercise said rights herein.
Part 2: Parent/Guardian Consent, Ac the bottom; where divorced or separated, parent/	knowledgement and Release (to be comp	pleted and signed by parent(s)/guardian(s) at
		sllowing enorths
A. I hereby give consent for my child/ward to participate i	n any FHSAA recognized or sanctioned sport EXCEPT for the fo	prowing sport(s):
in such participation and choose to accept any and all resprehease and hold harmless my child's/ward's school, the sciliability for any injury or claim resulting from such athletic paparticipation of my child/ward. As required in F.S. 1014.06(in F.S. 456.001, or someone under the direct supervision of school. I further hereby authorize the use of disclosure of monsent to the disclosure to the FHSAA, upon its request, of and attendance, academic standing, age, discipline, finance and further to use said child's/ward's name, face, likeness, without reservation or limitation. The released parties, how D. I am aware of the potential danger of concussions and once such an injury is sustained without proper medical cleic READ THIS FORM COMPLETELY AND CAREFULLY.  ACTIVITY, YOU ARE AGREEING THAT, EVEN IF YOU THE CONTEST OFFICIALS, AND FHSAA USE REAS SERIOUSLY INJURED OR KILLED BY PARTICIPATIN CANNOT BE AVOIDED OR ELIMINATED. BY SIGNIN FROM YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE ACTIVITY AND COMPETES COMPANY; school, By doing so, however, I understand Company; while the authorizations and rights granted the computation of the school of the proper and company; and company; and company; and company; and company; and company in the school of the school	of the risks involved in interscholastic athletic participation, unansibility for his/her safety and welfare while participating in nools against which it competes, the school district, the continuous against which it competes, the school district, the continuous against which it competes, the school district, the continuous against the FHSAAL), I specifically authorize healthcare services to be provided for a healthcare practitioner, should the need arise for such treatry child's/ward's individually identifiable health information is all records relevant to my child's/ward's athletic eligibility incompetes, residence, and physical fitness. I grant the released parties voice, and appearance in connection with exhibitions, public ever, are under no obligation to exercise said rights herein. For head and neck injuries in interscholastic athletics. I also have a rance.  YOU ARE AGREEING TO LET YOUR MINOR CHILD/WR CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINS ONABLE CARE IN PROVIDING THIS ACTIVITY, THE GIN THIS ACTIVITY BECAUSE THERE ARE CERTAIN IG THIS FORM, YOU ARE GIVING UP YOUR CHILD'S/DOLS AGAINST WHICH IT COMPETES, THE SCHOOL UDING DEATH, TO YOUR CHILD/WARD OR ANY PETY, YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS HE SCHOOL DISTRICT, THE CONTEST OFFICIALS, A SIGN THIS FORM.  Injunctive relief or other legal action impacting my child/ward. Alachua County, Florida, Circuit Court.  I derein are voluntary and that I may revoke any or all of the it that my child/ward will no longer be eligible for participation rance plan, which has limits of not less than \$25,000.  Policy Number:	athletics. With full understanding of the risks involved, I est officials, and FHSAA of any and all responsibility and a because of any accident or mishap involving the athletic or my child/ward by a healthcare practitioner, as defined nent, while my child/ward is under the supervision of the hould treatment for illness or injury become necessary. I cluding, but not limited to, records relating to enrollment the right to photograph and/or videotape my child/ward city, advertising, promotional, and commercial materials have knowledge about the risk of continuing to participate ward enrollment that it is a property of the risk of continuing to participate. Ward Engage in a potentially Dangerous of the property of the risk of continuing to participate ward enrollment in the School District, ree is a chance your child/ward may be dangers inherent in the activity which ward's right and your right to recover district, the contest officials, and fhsaa ropoerty damage that results from the Form, and your child's/ward's school, and findividually) or my child's/ward's team participation in m at any time by submitting said revocation in writing to
My child/ward is covered by his/her school's activities I have purchased supplemental football insurance thro		
••••	D KNOW IT CONTAINS A RELEASE (only one parent,	/guardian signature is required)
Name of Parent/Guardian ( <i>printed</i> )	Signature of Parent/Guardian	Date
Name of Parent/Guardian ( <i>printed</i> )	Signature of Parent/Guardian	Date
	EULLY AND KNOW IT CONTAINS A RELEASE (studen	
Name of Student <i>(printed)</i>	Signature of Student	Date
A ANTECE AND AND AND AND AND A PARTICLE AND AND A	a. (D a	



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



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School:	School District (if applicable):
Concussion Information	

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

#### Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes on average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

- Vacant stare or seeing stars
- Lack of awareness of surroundings
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Headache or persistent headache, nausea, vomiting
- Altered vision
- Sensitivity to light or noise
- · Delayed verbal and motor responses
- · Disorientation, slurred, or incoherent speech
- · Dizziness, including light-headedness, vertigo (spinning), or loss of equilibrium (being off-balance or swimming sensation)
- · Decreased coordination, reaction time
- · Confusion and inability to focus attention
- Memory loss
- · Sudden change in academic performance or drop in grades
- · Irritability, depression, anxiety, sleep disturbances, easy figitability
- · In rare cases, loss of consciousness

#### DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk for prolonged concussion symptoms, permanent disability and even death (called "Second Impact Syndrome" where the brain swells uncontrollably). There is also evidence that multiple concussions can lead to long-term symptoms, including early dementia.

# Steps to take if you suspect your child has suffered a concussion:

Any athlete suspected of suffering a concussion should be removed from the activity immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from an appropriate healthcare professional (AHCP). In Florida, an appropriate healthcare professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes) or a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

#### Return to play or practice:

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

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

#### Statement of Student-Athlete Responsibility:

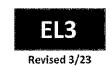
Parents and student should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on an autopsy (known as Chronic Traumatic Encephalopathy (CTE). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotrophic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long-term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

Lacknowledge 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)



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School	:School District (if applicable):

#### **Sudden Cardiac Arrest Information**

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

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

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

#### Are there warning signs?

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Removal from play/return to play

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

By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Sudden Cardiac Arrest" course at www.nghslearn.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	



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



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

School:	School District (if applicable):
Heat-Related Illness Information	
Heat-related illness is a cause for concern for student-athletes who participa	te in high school sports in Florida. Especially vulnerable are those students who
	ies of extreme heat. Student-athletes suffer heat-related illness when their bodies
cannot properly cool themselves by sweating. Sweating is the body's natural a	ir 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 h	gigh hody temperatures may damage the brain or other vital organs and can cause

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

disability and even death. Heat-related illnesses and deaths are preventable.

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.nghslearn.com. I acknowledge that the information on Heat-Related Illness has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Descriptions (Company)	Circohomo de Donasta (Consultar	Data
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
Name of Student (printed)	Signature of Student	Date



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

EL3
Revised 3/23

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

School:	·	School District (if applicable):	

# Attention Student and Parent(s)/Guardian(s)

Your school is a member of the Florida High School Athletic Association (FHSAA) and follows established rules. To be eligible to represent your school in interscholastic athletics, in an FHSAA recognized and/or sanctioned sport, the student:

- 1. Must complete an EL3 for each school at which the student participates; this form is non-transferable.
- 2. Must display good sportsmanship and follow the rules of competition **before**, **during**, **and after** every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
- 3. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1.1.2)
- 4. Must be regularly enrolled in and in regular attendance at your school. If the student is a home education student, a charter school student, an alternative/special school student, a non-member private school student, or a Florida Virtual School Full-Time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at the student is permitted to participate. Home Education students and students attending a non-member private school must complete additional paperwork prior to participating. (FHSAA Bylaw 9.2, FHSAA Policy 16.6, and Administrative Procedure 1.8)
- 5. Must attend school within the **first ten (10) days** of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2.3)
- 6. Must maintain at least a cumulative 2.0 GPA on a 4.0 scale (unweighted) prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered 9th grade. A 6th, 7th, or 8th grade student must have earned at least a 2.0 GPA on a 4.0 scale (unweighted) during the previous semester. (FHSAA Bylaw 9.4.1 and F.S. 1006.15(3)a)
- 7. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4.7)
- 8. Must not have enrolled in the 9th grade for the first time more than **eight consecutive semesters** ago. A 6th, 7th, or 8th grade student may not participate at any level if the student is **repeating** that grade level. (FHSAA Bylaw 9.5)
- 9. Must not turn 19 before July 1st to participate at the high school level; must not turn 16 before July 1st to participate at the junior high school level; and must not turn 15 before July 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
- 10. Must undergo a preparticipation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) provided to the school. (FHSAA Bylaw 9.7 and F.S. 1002.20(17)b)
- 11. Must have **signed permission** to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school. (FHSAA Bylaw 9.8)
- 12. Must be an **amateur**. This means the student must not accept money, gifts, or donations for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
- Must not participate in an all-star contest in a sport prior to exhausting his/her high school eligibility in that sport. (FHSAA Policy 26)
- 14. Youth Exchange, Other International, and Immigrant students must be **approved** by the FHSAA Office prior to participation. Exceptions may apply. (FHSAA Policy 17)
- 15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

If the student is declared or ruled ineligible due to one or more of the FHSAA rules and regulations, the student has the right to request that the school file an appeal on behalf of the student. See the principal or athletic director for information regarding this process.

By signing this agreement, the undersigned acknowledge that the information on the Consent and Release from Liability Certificate in regard to the FHSAA's established rules and eligibility have been read and understood.

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

# MONSIGNOR EDWARD PACE HIGH SCHOOL

Setting the Pace in Catholic Education

# Parental Consent and Release of Liability Form

() promoners ()	parent/legal guardian of
111218	a student at Monsignor Edward Pace Hig of Inc. for myself and the above named student, our legal representatives, next of kin and assigns inafter jointly referred as "Student") request that the Student be permitted to participate in a school recognized sports program ("Program"
exami	erstand that as a condition of participating in the program the Student must have a physical ination by a doctor clearing the student for physical activity.  In this Consent and Release, I hereby:
1. 2. 3.	Certify that the Student has been cleared to participate in the Program by a duly licensed medical doctor and that I agree to submit a letter to the school signed by the doctor with clears the Student to participate in said program to him/her engaging in any activity. Release, discharge, indemnify, and covenant not to sue Monsignor Edward Pace High School, the Archdiocese of Miami, The Most Reverend Thomas Wenski Individually or as a corporation sole and their employees, agents and volunteers ("Releases") for any claim, demand, action or liability whatsoever on account of injury to the person or property of Student in conjunction with participation in such Program or the medical examination. Indemnify and hold harmless the Releases and each of them from any loss, liability, damage, claim, or cost the incur incident to the Student's participation in the above, whether caused in whole or part by the negligence of the Releases or otherwise.
COASIGE	r represent that the Student is covered by accident and health insurance apart from any se provided by the School with is primary to any other coverage, and I agree to maintain coverag arce and effect while the Student participates in the Program.
I further participa Program	agree that the School, its agents and/or employees have the right to terminate the ation of the above student for reasonable cause, as determined within the discretion of the
Cross Co	or Edward Pace High School Inc. recognizes only the following "Florida High School Athletic ion sanctioned sports in season": Baseball, JV Baseball, Basketball (boys/girls), JV Basketball, untry (boys/girls), Cheerleading, Flag Football, Football, JV Football, Golf, Soccer (boys/girls), 100/5/girls), Track (boys/girls), Volleyball (boys/girls), Wrestling (boys/girls), Softball.
Initials .	
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# Monsignor Edward Pace High School Parental Consent and Release of Liability Form - Page 2

Parents acknowledge that we have been informed that my son/daughter may be injured while participating in athletic practice or competition for Monsignor Edward Pace High School. I understand that it is possible that the student may sustain an injury, which may result in permanent disability, paralysis or possibly death. I understand that paralysis may include loss of movement, feeling, and use of my arms, legs, and trunk. I further understand that paralysis may involve complete loss of sexual function, and /or bowel and bladder control which would require the use of external aids, attached or inserted into my body for the collection and removal of body waste. I understand that paralysis and its effects could last for the Students entire lifetime. In addition, we understand than an injury to any part of the body joints, (ankle, knee, hip, spine, shoulder, etc.) my result in disfigurement, loss of movement, strength, or feeling which may last for the Students entire life.

We understand that it is in the Students responsibility to adhere to all rules and regulations of his/her chosen sport. I understand that an infraction of the rules may result in injury to me or to my opponent. I further understand that if my child is ejected or disqualified from a contest that then result in a fine, I acknowledge that my child will be withheld from any other activity until the fine is paid. Also, that if said fine is not paid in a timely fashion, it will be added to the child's tuition. I also understand that no modification of protective equipment or uniform should be made. In addition, I understand that it is the Students responsibility to report faulty or poor fitting equipment immediately to the coach, equipment manager, or Athletic Trainer.

We understand that all injuries are to be reported by the Student to the Athletic Trainer and the Head Coach immediately. I understand that the Student and Parent are responsible for follow up care and treatment of Students under the supervision of the Athletic Training Staff.

Monsignor Edward Pace High School Inc. is not responsible for Student participation in sports not referred to as "Florida High School Association Sanctioned Sport in Season", as listed in this document. Parents hereby acknowledge that Students who participate in any such program or activity do so at their own risk. Parents and Students further acknowledge that the School does not control or sanction any such program or activity and that it shall not be held liable for any injuries or damages sustained by Students or others arising from participation in such program of activities.

e have carefully read and accept the risks of participation in						
<u>)</u>	/20Season.		(list sports) during the			
	Stude	ent Name	Student Signature	Date		
	Parer	nt/ Guardian Name	Parent/ Guardian Signature	Date		