THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

MIDDLE SCHOOL ATHLETIC CONSENT FORM

Part 1. Student Information School _____

Student Name _____ Grade in School _____ Age_____

Home Address_____ Home Phone _____

Name of Parent_____ Work Phone_____

Emergency Contact Person_____ Phone Number_____

Part 2. Student Acknowledgement and Release

I have been informed, know of, and understand the risks involved in athletic participation, including transmission of communicable diseases, serious injury, 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 middle school athletics, with full understanding of the risks involved. **I hereby release and hold harmless the School Board of Osceola County, its officers, employees and agents; the School District of Osceola County; my school, school boards, school districts, and the schools against which the School Board of Osceola County, the School District of Osceola County, and my school competes, and the contest officials of any and all responsibility and liability for any injury or claim arising out of, resulting from or involving such athletic participation and participation in the middle school athletic activities, including but not limited to practice and actual competition, and agree to take no legal action against the School Board of Osceola County or any of its officers, employees and agents because of any accident or mishap involving my athletic participation. This release applies to all participation in middle school athletic activities for the entire school year.** I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand the authorization and rights granted herein are voluntary and that I may revoke any and all of them at any time by submitting said revocation in writing to my school. If I choose to submit a revocation, however, I understand that I will no longer be eligible for participation in middle school athletics.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

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

Part 3. Parental Consent, Acknowledgement and Release From Liability Certificate

(To be signed by all parents; where divorced or separated, parent with legal custody must sign.)

A. I/We hereby give consent for my/our child/ward to participate in Middle School Athletic Activities.

B. I/We accept any and all responsibility for his/her safety and welfare while in transit to the athletic event. With full understanding of the risks involved**. I/We release and hold harmless the School Board of Osceola County, its officers, employees and agents; the School District of Osceola County; my/our child's/ward's school; school boards, school districts, and the schools against which the School Board of Osceola County, the School District of Osceola County and my school competes, and the contest officials of any and all responsibility and liability for any injury or claim arising out of, resulting from or involving such accident that may occur in transit to or from the athletic event.**

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

MIDDLE SCHOOL ATHLETIC CONSENT FORM

C. Read this form completely and carefully. You are agreeing to let your minor child/ward engage in a potentially dangerous activity. You are agreeing that, even if your child's/ward's school, the schools against which it competes, the school district, and the contest officials use reasonable care in providing this activity, there is a chance your child/ward may be exposed to communicable diseases, may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form you are giving up your child's/ward's right and your right to recover from your child's/ward's school, the schools against which it competes, the school board, the school district, and the contest officials in a lawsuit for any personal injury, including death, to your child/ward or any property damage that results from the risks that are a natural part of the activity. You have the right to refuse to sign this form, and your child's/ward's school, the school against which it competes, the school board, the school district, and the contest officials have the right to refuse to let your child/ward participate if you do not sign this form.

D. I/We know of, and acknowledge that my child/ward knows of, the risks involved in middle school athletic participation, including transmission of communicable diseases, 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 school athletics. **With full understanding of the risks involved, I/we release and hold harmless the School Board of Osceola County, and its officers, employees and assigns; the School District of Osceola County; my/our child's/ward's school; and the school boards, school districts and the schools against which the School Board of Osceola County, the School District of Osceola County and my school competes and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and participation in the middle school athletic activities and agree to take no legal action against the School Board of Osceola County, and its officers, employees or agent because of any accident or mishap arising out of, resulting from or involving the athletic participation, including but not limited to practice or actual competition of my/our child/ward and agree to take no legal action against the School Board of Osceola County or any officer, employee or agent because of any accident or mishap involving athletic participation. This release applies to all participation in middle school athletic activities for the entire school year.** I/We authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/We 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/we 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. I/We understand that the authorization and rights granted herein are voluntary and that I may revoke any and all of them at any time by submitting said revocation in writing to my child's/ward's school. If I choose to submit a revocation, however, I understand that my child/ward will no longer be eligible for participation in middle school athletics.

E. Please check the appropriate line.

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

Company_____ Policy Number _____

_____ I/We have no health insurance for my/our child/ward and we have elected to purchase the 24 hour student basic accident insurance plan or the school time basic accident insurance plan from Florida School Insurance. See their website for application: **www.floridaschoolinsurance.com**

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Name of Parent (Printed)	Signature of Parent	Date
Name of Parent (Printed)	Signature of Parent	Date

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

MIDDLE SCHOOL ATHLETIC CONSENT FORM – Preparticipation Physical Evaluation

This completed form must be kept on file by the school of participation. Physicals completed in the spring (after April 1) are valid for spring sports participation and July 1 through June 30 of the following school year.

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
1. Have you had a medical illness or injury since your last check up or sports physical?	___	___
2. Do you have an ongoing chronic illness?	___	___
3. Have you ever been hospitalized overnight?	___	___
4. Have you ever had surgery?	___	___
5. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___
6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?	___	___
7. Do you have any allergies (for example, pollen, latex, medicine, food, or stinging insects)?	___	___
8. Have you ever had a rash or hives develop during or after exercise?	___	___
9. Have you ever passed out during or after exercise?	___	___
10. Have you ever been dizzy during or after exercise?	___	___
11. Have you ever had chest pain during or after exercise?	___	___
12. Do you get tired more quickly than your friends do during exercise?	___	___
13. Have you ever had racing of your heart or skipped heartbeats?	___	___
14. Have you had high blood pressure or high cholesterol?	___	___
15. Have you ever been told you have a heart murmur?	___	___
16. Has any family member or relative died of heart problems or sudden death before age 50?	___	___
17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?	___	___
18. Has a physician ever denied or restricted your participation in sports for any heart problems?	___	___
19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, blisters or pressure sores)?	___	___
20. Have you ever had a head injury or concussion?	___	___
21. Have you ever been knocked out, become unconscious, or lost your memory?	___	___
22. Have you ever had a seizure?	___	___
23. Do you have frequent or severe headaches?	___	___
24. Have you ever had numbness or tingling in your arms, hands, legs, or feet?	___	___
25. Have you ever had a stinger, burner, or pinched nerve?	___	___
26. Have you ever become ill from exercising in the heat?	___	___
27. Do you cough, wheeze, or have trouble breathing during or after activity?	___	___
28. Do you have asthma?	___	___
29. Do you have seasonal allergies that require medical treatment?	___	___
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)?	___	___
31. Have you had any problems with your eyes or vision?	___	___
32. Do you wear glasses, contacts, or protective eyewear?	___	___
33. Have you ever had a sprain, strain, or swelling after injury?	___	___
34. Have you broken or fractured any bones or dislocated any joints?	___	___
35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?		
If yes, check appropriate blank and explain below.		
___ Head ___ Neck ___ Back ___ Chest ___ Shoulder ___ Upper Arm ___ Elbow ___ Forearm ___ Wrist ___ Hand ___ Finger ___ Foot ___ Hip ___ Thigh ___ Knee ___ Shin/Calf ___ Ankle		
36. Do you want to weigh more or less than you do now?	___	___
37. Do you lose weight regularly to meet weight requirements for your sport?	___	___
38. Do you feel stressed out?	___	___
39. Have you ever been diagnosed with sickle cell anemia?	___	___
40. Have you ever been diagnosed with having the sickle cell trait?	___	___

41. Record the dates of your most recent immunizations (shots) for:
Tetanus: _____ Measles:_____
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 FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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

MIDDLE SCHOOL ATHLETIC CONSENT FORM – Preparticipation Physical Evaluation

This completed form must be kept on file by the school of participation. Physicals completed in the spring (after April 1) are valid for spring sports participation and July 1 through June 30 of the following school year.

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*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* – 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: _____

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.

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

CONCUSSION, HEAT RELATED ILLNESS AND SUDDEN CARDIAC ARREST - CONSENT AND RELEASE FROM LIABILITY CERTIFICATE

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

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 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.

* FREE Educational Video on Concussions are located at www.nfhslearn.com and or sportsafetyinternational.org

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 an average 10-14 days or longer for symptoms to resolve and, in rare cases or if the athlete has sustained multiple concussions, the symptoms can be prolonged. Signs and symptoms of concussion can include: (not all-inclusive)

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

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

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk of 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 athletic 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). 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 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/headsup/youthsports/ or http://www.seeingstarsfoundation.org

Statement of Student Athlete Responsibility

Parents and students 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 autopsy (known as Chronic Traumatic Encephalopathy CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotropic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports-What You Need to Know" 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 of participation for myself and that of my child/ward.

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

CONCUSSION, HEAT RELATED ILLNESS AND SUDDEN CARDIAC ARREST - CONSENT AND RELEASE FROM LIABILITY CERTIFICATE

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

SUDDEN CARDIAC ARREST INFORMATION:

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of sudden cardiac arrest include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

What to do if your student-athlete collapses.

1.) Call 911
2.) Send for an AED
3.) Begin compressions

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 camps 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, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

I have been advised of the dangers of participation for myself and that of my child/ward. The undersigned, on behalf of themselves, the other parent/guardian, the minor student and all assigns and representatives thereof, and to the fullest extent allowed by Florida Law do hereby knowingly accept the inherent risks presented by participation in this program and as a condition of such participation do hereby release and hold harmless the School Board/District of Osceola County, Florida, and all of its agents and employees from and against any and all lawsuits, claims, actions, damages or any other matter related to or arising out of the student's participation in this program, (the "Released Matters"), including Released Matters that are caused in whole or any part by the negligence of the School Board/District or any employee or agent thereof.

_____	_____	_____/_____/_____
Name of Student-Athlete (PRINT)	Signature of Student-Athlete	Date
_____	_____	_____/_____/_____
Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian	Date

Original: Athletic Director/School
Copy: Coach

An Equal Opportunity Agency

FC-600-2561 (Rev. 09/10/18)

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

2022-23 SCHOOL YEAR	MEDICAL AUTHORIZATION FORM Athletic Department	2022-23 SCHOOL YEAR

Student's Name: _____ **Grade**: _____ **DOB**: ___/___/____

I, the undersigned parent/guardian, in the event that I cannot be reached and/or the team is out of the county during an interscholastic event, do hereby authorize the designated SDOC coach or other emergency personnel, if it is deemed necessary, to transport my child to the nearest appropriate healthcare facility and obtain any necessary medical treatment. **This authorization is valid for the 2022-23 school year.**

I further understand that the School Insurance Policy does not guarantee policy benefits. The Student Insurance policy is secondary to all other sources of coverage and may not pay 100% for all incurred medical expenses. Any and all expenses and liability for said expenses incurred as a result of this medical treatment shall be fully assumed by me.

Claim information or eligibility contact: School Insurance of Florida - Policy # 09-0142-2023 (Expires June 30, 2023) P.O. Box 784268, Winter Garden, FL 34778-4628. Phone: 407-798-0290; Fax: 407-798-0296.

In order for you to receive the maximum insurance benefits, for which you are entitled, you MUST use your primary insurance network. Contact your insurance company prior to seeking ongoing treatment for an injury.

Food/ Medication Allergies: _____

_____

Special Medical Conditions: _____

_____

Insurance Company / Policy Number: _____

_____

Date of Last Tetanus Shot (If known): _____

_____ _____

Signature of Parent / Guardian **Phone Number(s)**

_____ _____

Witness (Must be of legal age) **Print Name**

ADDITIONAL EMERGENCY CONTACT INFORMATION

_____ _____

Print Name / Relationship to Child **Phone Number(s)**

_____ _____

Print Name / Relationship to Child **Phone Number(s)**

Original: Athletic Director
Copy: Coach