# Jupiter Middle School Athletic Eligibility Packet

# Packet Will NOT Be Accepted After September 30th

You **CANNOT** tryout for any sports team without a **COMPLETED** packet

Athlete Name and Grade:

'Please ensure that the following forms are com		
Only include the forms listed, please do not add	any other forms	*
Documents/Forms	Complete	Incomplete
Athletic Eligibility for Middle School Students		
Addendum to Consent and Release		
**Must be SIGNED and NOTARIZED		
Student Medical Consent for Athletics		
**Must be SIGNED and NOTARIZED		
EL3 Florida High School Athletic Association		
Consent and Release from Liability Certificate		
EL2 Physical Evaluation Florida High School		
Athletic Association Form <b>ONLY</b>		
**MUST be SIGNED by Physician/Doctor		
School health entry forms are NOT accepted		
Copy of Parent Health Insurance Card		
OR		
Palm Beach Student Health Insurance Card		
Copy of Student Birth Certificate	·	

If you have any questions, please email Nicole Loihle, Athletic Director:

Nicole.loihle@palmbeachschools.org



Birth Date

Student Name (first, mi, last)

Age Gender

# THE SCHOOL DISTRICT OF PALM BEACH COUNTY DEPARTMENT OF SECONDARY CURRICULUM

# Athletic Eligibility for Middle School Students

Student ID#

School Year

Date

Parents, in order for your son or daughter to be eligible to participate in athletics at his/her middle school during the upcoming school year, you and your son or daughter must complete this form and sign where indicated. **Make sure you read each page carefully before signing!** A parent or the student (if an adult or emancipated) needs to sign in front of a notary. We **cannot** notarize any papers if they come to us already signed.

Current Grade Name of Parent/Legal Guardian

i					
Student Address (st	reet, apt. #, city, state, zip code)			*	Student Phone #
First School Attende	ed This Year	School(s) Atte	ended Last Year		
Name of Emergency	y Contact		Relationship to Stude	nt	
Emergency Contact	Address (street, apt. #, city, state,	zip code)		Emerg	ency Home Phone #
Emergency Work #	Name of Student's Physician				Physician Phone #
List Sports					
		OF INSURANCE	FOR STUDENT		
Name of Medical Ins	surance Company (policy that cove	rs student)		Insurance F	Policy #
Name of Policy Hold	er (policy that covers student)	Policy Holder's R	elationship to Student	Policy Holder's PI	ace of Employment
	ATHLETIC ELIGIBILITY RE	QUIREMENTS F	OR MIDDLE SCHOOL	STUDENTS	Scarce Co. Comment of the Comment of
ALL STUDENT OBLALL SECTIONS OF first contest. ALL STUDENTS MUA STUDENT WHO HE to the school's Athlet ALL STUDENTS MU medical reimburseme A STUDENT MAY part of the school	INTS AND NEW STUDENTS must LIGATIONS must be met before par THIS FORM must be filled out, signs of the state	articipation in athle ined and MUST B le in the Athletic C prior to Septembe rticipation. erage or purchase sponsible for accid ars from the time has a given 9 week gran "I" incomplete w ified grade point a school will be calc e calculated with g conduct. (S.B. Po	tics/activities is allowed E ON FILE in Athletic E office.  If 1st of the current school student accident insurate and interscholastic at e/she first successfully ading period shall cause all be considered the salverage of 2.0 as well a culated to determine the grades for the last mark	d. Director's Office ter col year may submance which will properties. Completes the fifther a student to be in me as an "F" until it is acceptable conducting period of the p	it a hardship waiver byide minimal grade. Leligible for practice it is replaced with a luct for the previous during the previous revious year to
School		Athle	tic Director		Telephone #

l live with (check one)	Both Parents Mother Only	Father Only Guardian Other	
Relationship to other		I have lived with the person(s) stated above since	
f the options presented be	elow do not adequately describe your	residence situation, attach a note of explanation.	
I live in the assigned	attendance area for this school.	l have been accepted into a Choice Program.	
I am attending this so Specialist).	hoot on an approved student reassign	nment (reassignment requires approval by the Reassignment	
I have been assigned	to this school by the Department of E	Exceptional Student Education.	
CONSEN	T AND RELEASE OF LIABILITY CF	RTIFICATE - READ CAREFULLY BEFORE SIGNING	1000

complete copy of the FHSAA By Laws is available to me/us to review at my (the student's) school's administrative office. We know of no reason why I (the student) am not eligible to represent my school in athletic competition. If accepted as a representative, we agree to follow the rules of my school and the FHSAA and to abide by their decisions. I/we know that participation is a privilege. I/we have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept such risks. I (the student) voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. I/we hold harmless and release the student's school, the school district's employees and agents, the schools against which it competes, the Palm Beach County School Board and the contest officials, the National Federation of State High School Associations, (NFHS) and the 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 any of the above-referenced entities because of any accident or mishap involving the student's athletic participation. I/we further authorize EMERGENCY MEDICAL TREATMENT for myself/our child/ ward should the need arise for such treatment while I am/my child/ward is under the supervision of the school. In consideration for being allowed to participate in Interscholastic Athletic programs, I/we, for my/our heirs, executors and administrators, release and forever discharge THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, its agents, representatives and employees of all liability, claims, actions, damages, costs or expenses which I/we may have against them arising out of or in any way connected with my (the student's) participation in an Interscholastic Athletic program, including travel associated with the Athletic Program. I/we understand that this waiver includes any claims based on negligence, action or inaction of any of the above named entities and persons. I/we hereby give permission for the school or District to use the student photograph, video image, writing, voice recording, name, grade level, school name, description of participation and statistics in officially recognized activities and sports, weight and height as a member of an athletic team, dates of attendance, diplomas and awards received, date and place of birth and most recent previous school attended, in newspapers, school productions, web sites, etc. and/or similar school or District-sponsored publications or in school or District-approved news media interviews, videos, articles and photographs. The released parties, however, are under no obligation to exercise said rights herein. I/we hereby give consent for my/our child/ward to participate in the following interscholastic sports that I/we have NOT MARKED OUT. Sports: Baseball, Basketball, Soccer, Fast-Pitch Softball, Track & Field, Volleyball.

Other sports added to form by school:

I/we understand that participation may necessitate an early dismissal from classes. I/We consent to the disclosure, by my/our child's/ward's school, to the FHSAA, upon its request, of all detailed (athletic or otherwise) financial, scholastic and attendance records of such school concerning my/our child/ward.

#### ADDENDUM TO CONSENT AND RELEASE

This form was created to comply with the provisions of Fla. Stat. § 744.301 as it relates to the enforceability of a waiver or release executed by a parent/guardian on behalf of their child/ward. This addendum applies to the parent/guardian waiving the right of a child/ward in advance of the child/s/ward's participation in an activity.

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

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 THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA 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 THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA, 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 A RIGHT TO REFUSE TO SIGN THIS FORM, AND THE SCHOOL BOARD OF PALM BEACH COUNTY, FLORIDA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

# I/WE HAVE READ THIS CAREFULLY, UNDERSTAND IT, AND KNOW IT CONTAINS A RELEASE Where appropriate both parent(s)/legal guardian(s) should sign.

Signature of Student	Date	Signature of Parent/Legal Guardian	Date
		Signature of Parent/Legal Guardian	Date
STATE OF FLORIDA COUNTY OF			
Sworn to or affirmed and subscribed bef	ore me this day of	, , by(parent/guardian or adult/e	emancipated student)
Personally Known OR Produ	uced Identification	Signature of Notary Public - State	e of Florida
Type of Identification Produced PBSD 1588MS (Rev. 12/5/2014) ORIG	INAL - School Athletic Office		Page 3 of 3



### THE SCHOOL DISTRICT OF PALM BEACH COUNTY

# **Student Medical Consent for Athletics**

Print Student Name	Birth Date	
do hereby consent to any and all emerge operations which may be advisable by th grant authority to administer and perform diagnostic procedures which may be dee admitted, is to remain in the hospital until any additional pages, if needed, including	and parent(s) or legal guardian(s) whose signatures are concy medical and/or surgical treatment including anest e patient's physicians and/or surgeons. The intention all and singularly examinations, treatments, anesthermed advisable or necessary. We also agree that the links or her physician recommends that the patient is grany relevant provisions in student's IEP or 504 plan made to contact the parent. This would not prevent the strinterests of the child.	sthesia and hereof being to stics, operations and patient, when discharged.(Attach ) In the event of an
In witness of our consent and agreement our signatures below:	to the matters stated in the preceding sentences, we	have subscribed
	Signature of Student	Date
	Signature of Parent/Guardian	Date
	Signature of Parent/Guardian	Date
	Telephone or cell number to call in case of emergency	
NOTARY OF PARENT'S/LEGAL GU STATE OF FLORIDA COUNTY OF	ARDIAN'S OR ADULT/EMANCIPATED STUDENT'	S SIGNATURE
Sworn to or affirmed and subscribed before m	e this, day of,,	
(parent/guardian or ad	dult/emancipated student)	
Personally Known OR Produced Ic		State of Florida
PRSD 1589 (Rev. 3/31/2010) ORIGINAL - Set	nool	



Name of Student (printed)

School:

## Florida High School Athletic Association

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



Revised 3/23

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

School District (if applicable):

Part 1: Student Acknowledgement and I have read the (condensed) FHSAA Eligibility Rules printed or represent my school in interscholastic athletic competition. If know that athletic participation is a privilege. I know of the risk death, is possible in such participation, and choose to accept swith full understanding of the risks involved. Should I be 18 ye my school, the schools against which it competes, the school d such athletic participation and agree to take no legal action againstic participation and agree to take no legal action againstic participation and agree to take no legal action againstic participation and agree to take no legal action againstic participation and agree to take no legal action againstic participation and agree to take no legal action againstic participation and agree to take no legal action againstic participation and specific participations and specific participations. It is not provided that the released parties the right to photograph and publicity, advertising, promotional, and commercial materials will understand that the authorizations and rights granted herein school. By doing so, however, I understand that I will no longer	In page 5 of this "Consent and Release from Liability Consent and Release from Liability Consented as a representative, I agree to follow the rule is involved in athletic participation, understand that serius risks. I voluntarily accept any and all responsibility for are of age or older, or should I be emancipated from mistrict, the contest officials, and FHSAA of any and all responsibility for the FHSAA because of any accident or mishap involud treatment for illness or injury become necessary. It is relating to enrollment and attendance, academic stance, for videotape me and further to use my name, face, like without reservation or limitation. The released parties, he are voluntary and that I may revoke any or all of them be eligible for participation in interscholastic athletics.	certificate" and know of no reason why I am not eligible to so f my school and FHSAA and to abide by their decisions, ous injury, including the potential for a concussion, and ever my own safety and welfare while participating in athletics by parent(s)/guardian(s), I hereby release and hold harmless esponsibility and liability for any injury or claim resulting from diving my athletic participation. I hereby authorize the use or nereby grant to FHSAA the right to review all records relevant ding, age, discipline, finances, residence, and physical fitness, eness, voice, and appearance in connection with exhibitions, bowever, are under no obligation to exercise said rights herein, in at any time by submitting said revocation in writing to my
Part 2: Parent/Guardian Consent, Ackr the bottom; where divorced or separated, parent/gu	nowledgement and Release (to be co	mpleted and signed by parent(s)/guardian(s) at
A. I hereby give consent for my child/ward to participate in a	· · · · · · · · · · · · · · · · · · ·	e following sport(s):
B. I understand that participation may necessitate an early di C. I know of and acknowledge that my child/ward knows of t in such participation and choose to accept any and all respons release and hold harmless my child's/ward's school, the schoo flability for any injury or claim resulting from such athletic partic participation of my child/ward. As required in F.S. 1014.06(1), I in F.S. 456.001, or someone under the direct supervision of a he school. I further hereby authorize the use of disclosure of my c consent to the disclosure to the FHSAA, upon its request, of all and attendance, academic standing, age, discipline, finances, re and further to use said child's/ward's name, face, likeness, voi without reservation or limitation. The released parties, howeve D. Lam aware of the potential danger of concussions and/or lonce such an injury is sustained without proper medical clearan READ THIS FORM COMPLETELY AND CAREFULLY. YO! ACTIVITY. YOU ARE AGREEING THAT, EVEN IF YOUR C THE CONTEST OFFICIALS. AND FHSAA USE REASON SERIOUSLY INJURED OR KILLED BY PARTICIPATING II CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING T FROM YOUR CHILD'S/WARD'S SCHOOL, THE SCHOOL IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUD RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. THE SCHOOLS AGAINST WHICH IT COMPETES, THE YOUR CHILD/WARD PARTICIPATE IF YOU DO NOT SIGNING. I Lagree that, in the event we/l pursue litigation seeking Inju- HISAA State Series contests, such action shall be filed in the Ala I understand that the authorizations and rights granted he my child's/ward's school. By doing so, however, I understand that the properties of the properties box(es):  My child/ward is covered by his/her school's activities med I have purchased supplemental football insurance through I HAVE READ THIS CAREFULLY AND Kil	the risks involved in interscholastic athletic participation ibility for his/her safety and welfare while participating is against which it competes, the school district, the cripation and agree to take no legal action against the FIS specifically authorize healthcare services to be provide salthcare practitioner, should the need arise for such tre hild's/ward's individually identifiable health information records relevant to my child's/ward's athletic eligibility sidence, and physical fitness. I grant the released partice, and appearance in connection with exhibitions, put, are under no obligation to exercise said rights herein, head and neck injuries in interscholastic athletics. I also nee.  U ARE AGREEING TO LET YOUR MINOR CHILD HILD'S/WARD'S SCHOOL, THE SCHOOLS AGAIL ABLE CARE IN PROVIDING THIS ACTIVITY, TIN THIS ACTIVITY BECAUSE THERE ARE CERTAL THIS FORM, YOU ARE GIVING UP YOUR CHILD'S, AGAINST WHICH IT COMPETES, THE SCHOOL ING DEATH, TO YOUR CHILD/WARD OR ANY YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM.  INCOMPETED TO SIGN THE CONTEST OFFICIALS, SIN THIS FORM.  Incrive relief or other legal action impacting my child/we chua County, Florida, Circuit Court.  Increin are voluntary and that I may revoke any or all of that my child/ward will no longer be eligible for participative plan, which has limits of not less than \$25,000.  Policy Number:  Inclied base insurance plan.	in athletics. With full understanding of the risks involved, I ontest officials, and FHSAA of any and all responsibility and SAA because of any accident or mishap involving the athletic d for my child/ward by a healthcare practitioner, as defined atment, while my child/ward is under the supervision of the n should treatment for illness or injury become necessary. I including, but not limited to, records relating to enrollment es the right to photograph and/or videotape my child/ward blicity, advertising, promotional, and commercial materials thave knowledge about the risk of continuing to participate with the properties of the continuing to participate with the properties of the properties. The SCHOOL DISTRICT, HERE IS A CHANCE YOUR CHILD/WARD MAY BE IN DANGERS INHERENT IN THE ACTIVITY WHICH S/WARD'S RIGHT AND YOUR RIGHT TO RECOVER IN DISTRICT, THE CONTEST OFFICIALS, AND FHSAA PROPOERTY DAMAGE THAT RESULTS FROM THE HIS FORM, AND YOUR CHILD'S/WARD'S SCHOOL, AND FHSAA HAS THE RIGHT TO REFUSE TO LET and (individually) or my child's/ward's team participation in them at any time by submitting said revocation in writing to ion in Interscholastic athletics.
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
,	Y AND KNOW IT CONTAINS A RELEASE (stude	

Signature of Student

Date



Name of Parent/Guardian (printed)

Name of Student (printed)

### Florida High School Athletic Association

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



Revised 3/23

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

Concussion Information Concusion 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, adden deceleration or accident as a low of pict to the head, of you do to another part of the body with force transmitted to the head. You cannot see a concussion, and more than 90% of all concussions without loss of consciousness. Signs and symptomes of concussion may show up right after the injury or can take hours or days to fully appear. All concussions are counted the symptoms of standard and the complication including brain damage and, in rare case, even death. Deam a 'differ of a plane and the concussions are content by a mercinal decoration of the concussion and concussion may appear immediately accounted by a mercinal doctor.  Signs and Symptoms of a Concussion symptoms or signs of concussion yourself, your child about the immediately removed from play, evaluated by a mercinal doctor.  Signs and Symptoms on any 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 ayms to resolve and, in are cases or if the athlete has sustained multiple concussions, the symptoms can be protonged. Signs and symptoms of concussion can include (not all-level levels and the concussion of proportion to circumstances (inappropriate crying or anger)  - Interest the concept of the concussion of proportion to circumstances (inappropriate crying or anger)  - Headache or persistent headache, nauses, womiting  - Altered vision  - Altered vision  - Sensitivity to light or noise  - Discontinuous, burned, or incoherent speech  - Discontinuous proton of the sign of the si	chool:	School District (if appli	cable):
a blow or jolk to the head, or by a slow to another part of the body with force transmitted to the head. Wou cannot see a conscision, and more than 90% of all concussion without loss of conclosuress. Signs, and symptoms of concussion may show up right after the injury or can table horse or days to fully appear. All concussions reported by a medical form of 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 you prefered now mynotoms of concussion or if you notice the symptoms or signs of concussion yourself your child should be immediately removed from play, evaluated by a my professional, and deared 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 or so that stare or seeing stars.  Vacant stare or seeing stars.  Vacant stare or seeing stars.  Vacant stare or seeing stars.  Lad of avareness of surroundings  Sensitivity to light or noise.  Delayed every control or circumstances (inappropriate crying or anger)  Sensitivity to light or noise.  Delayed every and motor responses  Discincination, surrounding light headerdess, vertige (spinning), or loss of equilibrium (being off-balance or swimming sensation)  Decreased coordination, reaction time.  Condusion and inability to focus attention.  Memory loss.  Discincination, surrounding light headerdess, vertige (spinning), or loss of equilibrium (being off-balance or swimming sensation)  Decreased coordination, nearction time.  Condusion and inability to focus attention  Malletes with signs and symptoms of concussion should be removed from activity (play or practice) intendiately. Continuing to play with the signs and symptoms of the first concussion resolved and two fresh has had a chance to heal are at risk for prologened from the activity immediately. No athlete may return to activi			
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 florger for symptoms or 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-incided to resolve and, in rare cases) are supported to the concussion of the symptoms of surrouncings.  ** Vacant stare or seeing stars**  ** Lack of awareness of surrouncings**  ** Emotions out of proportion to forcemstances (inappropriate crying or anger)**  ** Headache or persistent headache, nausea, womiting**  ** All-ared vision**  ** Sansthirty to light or notes**  ** Discrimations, surred, or incoherent speech**  ** Discrimations, surred,	blow or jolt to the head, or by a blow to another part of the Ithout loss of consciousness. Signs and symptoms of concuss Id, if not managed properly, may result in complications incl ports any symptoms of concussion, or if you notice the sym	body with force transmitted to the head. You cannot see ion may show up right after the injury or can take hours or uding brain damage and, in rare cases, even death. Even a	a concussion, and more than 90% of all concussions occu days to fully appear. All concussions are potentially seriou of "ding" or a bump on the head can be serious. If your child
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 florger for symptoms or 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-incided to resolve and, in rare cases) are supported to the concussion of the symptoms of surrouncings.  ** Vacant stare or seeing stars**  ** Lack of awareness of surrouncings**  ** Emotions out of proportion to forcemstances (inappropriate crying or anger)**  ** Headache or persistent headache, nausea, womiting**  ** All-ared vision**  ** Sansthirty to light or notes**  ** Discrimations, surred, or incoherent speech**  ** Discrimations, surred,	igns and Symptoms of a Concussion:		
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  Desired vision in motor responses  Disordentation, surred, or incoherent speech  Disordentation, surved, or incoherent speech  Light speech surved, surv	incussion symptoms may appear immediately after the injur	y or can take several days to appear. Studies have shown	that it takes on average 10-14 days or longer for symptom
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<ul> <li>Lack of awareness of surroundings</li> <li>Emotions out of proportion to circumstances (inappropriate crying or anger)</li> <li>Headache or persistent headache, nausea, vomiting</li> <li>Altered vision</li> <li>Sensitivity to light or noise</li> <li>Delayed verbal and motor responses</li> <li>Disorienation, subrred, or incoherent speech</li> <li>Disorienation, subrred, or incoherent speech</li> <li>Diszrienation, subred, or incoherent speech</li> <li>Diszrienation, subrred, or incoherent speech</li> <li>Diszrienation, subrred, or incoherent speech</li> <li>Diszrienation, subred, or incoherent speech</li> <li>Diszrienation, subred, or incoherent speech</li> <li>Diszrienation, subred, sub</li></ul>	Vacant stare or seeing stars		
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acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illne on y parents, team doctor, athletic trainer, or coaches associated with my sport, including any signs and symptoms of concussion. I have read and understand the all aformation on concussion. I will inform the supervising coach, athletic trainer, or team physician immediately if I experience any of these symptoms or witness a team with these symptoms. Furthermore, I have been advised of the dangers or participation for myself and that of my child/ward.	my parents, team doctor, athletic trainer, or coaches asso ormation on concussion. I will inform the supervising coac	ciated with my sport, including any signs and symptom h, athletic trainer, or team physician immediately if I ex	is of concussion. I have read and understand the above perience any of these symptoms or witness a teammate
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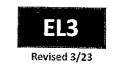
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#### Florida High School Athletic Association

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



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

School:	School District (if applicable):
Sudden Cardiac Arrest Information	
When this happens blood stops flowing to the brain and other vital organs. SCA is N	rdiac arrest (SAC) occurs when the heart suddenly and unexpectedly stops beating. IOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart Ifunction in the heart's electrical system, causing the heart to suddenly stop beating.

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

SCA can cause death if it is not treated within minutes.

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.

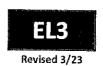
By signing this agreement, I acknowledge the annual requirement for my child/ward to view the "Sudden Cardiac Arrest" course at www.nghslearn.com. I acknowledge that the information on Sudden Cardiac Arrest has been read and understood. I have been advised of the dangers of participation for myself and 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	



# Florida High School Athletic Association

# **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 applicab	ole):
participate in conditioning and practices in the summ cannot properly cool themselves by sweating. Sweating	ent-athletes who participate in high school sports in Flori- mer months and other times of extreme heat. Student-ath ing is the body's natural air conditioning, but when a pers and life-threatening. Very high body temperatures may dan deaths are preventable.	letes suffer heat-related illness when their bodies on's body temperature rises rapidly, sweating just
What are some common heat-related injuries in spo	rts?	
and the body cannot cool down. Student-athletes car leading causes of death in young athletes, especially collapse and central nervous system (CNS) dysfunction themselves with these by viewing the free video resounce. EHS is preventable by taking the proper precauti	us heat-related illness. EHS is a medical emergency. It hap n die or become permanently disabled from EHS if not pro in Florida. The two main criteria for diagnosing EHS are re n. There are many signs and symptoms associated with EH urces provided by the National Federation of High School S ions and understanding the symptoms of someone who ha taff members that includes early recognition of symptoms	operly recognized and managed. EHS is one of the ectal temperature >105F (40.5C) immediately post IS. Parents and student-athletes should familiarize ports (NFHS) or the FHSAA.
related illness. Etil is defined as the inability to continu	ommon heat-related condition observed in active population ue exercise in the heat because the heart has difficulty prov days practicing or conditioning in high temperature weathe	viding enough oxygenated blood to all the working
conditioning phase when the body is not properly con and replacement of fluid and electrolytes. The exact I	mping often in the legs, arms, or abdomen with muscle con nditioned and more subject to fatigue. Heat cramps can ea mechanism of muscle cramps in warm environmental con by via inadequate electrolytes in the athlete's diet. Althoug rtional sickling.	sily be treated with rest, stretching of the muscle, aditions is unknown but can be caused acutely by
ls my student at risk?		
reporting a high incidence of exertional heat stroke c Research also states many reports of EHS emergencies	neat stroke and other heat-related injuries. While every st cases in football players, especially those who play the line is are during summertime or preseason conditioning sessior , poor circulation, sunburn, and prescription drug or alcoho	eman position and in very lean distance runners. ns. Other conditions that can increase your risk for
What is the FHSAA doing to keep my student safe?		
on EHI as well as strategies to prevent these injuries. F	Heat Illness". This policy provides specific procedures for HSAA Policy 41 also provides procedures for schools to fol management of a student-athlete suffering from a heat inj	llow for preseason acclimatization, environmental
How can I help to keep my student safe when it come	es to the heat?	
<ul> <li>Discuss nutrition, proper hydration, body weight,</li> <li>Talk to your school and coach about safeguards the</li> <li>Monitor fluid intake of your student while at hom</li> </ul>	at https://www.nfhs.org/media/1015695/ksi-5-pillars-of-e. and the importance of sleep and rest with your family hea hey have in place to keep kids safe in the heat and what the ne and routinely check in with your student-athlete to inqu rainer, team physician, coach, or your family healthcare pro	of the sports physical ey will do for some some at the time for the sports physical ey will do for someone who becomes ill or injured lire about how they feel
By signing this agreement, I acknowledge the annual icknowledge that the information on Heat-Related II hat of my child/ward.	I requirement for my child/ward to view the "Heat Illne Ilness has been read and understood. I have been advise	ess Prevention" course at www.nghslearn.com. I and of the dangers of participation for myself and
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date

Signature of Parent/Guardian

Signature of Student

Date

Date

Name of Student (printed)

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

Name of Parent/Guardian (printed)



#### Florida High School Athletic Association

# Consent and Release from Liability Certificate (Page 5 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):	W

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

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

- 1. Must complete an EL3 for each school at which the student participates; this form is non-transferable.
- 2. Must display good sportsmanship and follow the rules of competition before, during, and after every contest in which the student participates. If not, the student may be suspended from participation for a period of time. (FHSAA Bylaw 7.1)
- 3. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1.1.2)
- 4. Must be regularly enrolled in and in regular attendance at your school. If the student is a home education student, a charter school student, an alternative/special school student, a non-member private school student, or a Florida Virtual School Full-Time Public Program student, the student must declare in writing his/her intent to participate in athletics to the school at the student is permitted to participate. Home Education students and students attending a non-member private school must complete additional paperwork prior to participating. (FHSAA Bylaw 9.2, FHSAA Policy 16.6, and Administrative Procedure 1.8)
- 5. Must attend school within the first ten (10) days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2.3)
- 6. Must maintain at least a cumulative 2.0 GPA on a 4.0 scale (unweighted) prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered 9th grade. A 6th, 7th, or 8th grade student must have earned at least a 2.0 GPA on a 4.0 scale (unweighted) during the previous semester. (FHSAA Bylaw 9.4.1 and F.S. 1006.15(3)a)
- 7. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4.7)
- 8. Must not have enrolled in the 9th grade for the first time more than eight consecutive semesters ago. A 6th, 7th, or 8th grade student may not participate at any level if the student is repeating that grade level. (FHSAA Bylaw 9.5)
- 9. Must not turn **19 before July 1st** to participate at the high school level; must not turn **16 before July 1st** to participate at the junior high school level; and must not turn **15 before July 1st** to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
- 10. Must undergo a preparticipation physical evaluation and be certified as being physically fit for participation in interscholastic athletics on a form (EL2) provided to the school. (FHSAA Bylaw 9.7 and F.S. 1002,20(17)b)
- 11. Must have **signed permission** to participate from the student's parent(s)/guardian(s) on a form (EL3) provided to the school. (FHSAA Bylaw 9.8)
- 12. Must be an amateur. This means the student must not accept money, gifts, or donations for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
- 13. Must not participate in an all-star contest in a sport prior to exhausting his/her high school eligibility in that sport. (FHSAA Policy 26)
- 14. Youth Exchange, Other International, and Immigrant students must be approved by the FHSAA Office prior to participation, Exceptions may apply. (FHSAA Policy 17)
- 15. Must refrain from hazing/bullying while a member of an athletic team or while participating in any athletic activities sponsored by or affiliated with a member school.

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

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

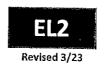
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
Name of Student (printed)	Signature of Student	Date



### 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**

		e completed by student a					ed at Birth: Age:	Data of Bind		,	
Sch	ool:					Grade in Sc	chool: Sport(s):	Date Of Bifti	1:/_	/	
Hon	ne Address:		City/Si	tate:		31000 111 31	chool: Sport(s): Home Phone: ( )				
Nan	ne of Parent/Guardian:				E-1	mail:					
Parc	ion to contact in case of	rmergency:			No.	ationenin i	ta Studanti				
Eme	ergency Contact Cell Phor	ne: ()	W	ork Phon	ie: (	)	Other Phone: Office Phone;	()			
Fam	ily Healthcare Provider: _			City/State	e:		Office Phone:	()			
							······				
List	past and current medical	conditions:									
Hav	e you ever had surgery? I	f yes, please list all surgical p	roced	ures and	dates						
Med	licines and supplements (	please list all current prescri	iption	medicatio	ons, o	ver-the-co	unter medicines, and supplem	ents (herba	l and nut	ritional):	
Do y	ou have any allergies? If	yes, please list all of your allo	ergies	(i.e., med	licines	, pollens,	food, insects):		· <u>·····</u> ·		
	ent Health Questionaire the past two weeks, how	version 4 (PHQ-4) v often have you been bothe	red by	any of th	e follo	wing prot	plems? (Circle response)				
		Not at all		And Mark Notes			Over half of the days	» Near	ly everyd	ay	
Feeling nervous, anxious,		0			1		2		3		
Not being able to stop or control worrying		0	o		1		2	3		3	
Little interest or pleasure in doing things		0			1		2	3			
Feeling down, depressed, or hopeless		0			1		2		3		
,											
Expl	IERAL QUESTIONS ain "Yes" answers at the end e questions if you don't know		Yes	No	1	ART HEAL	TH QUESTIONS ABOUT YOU		Yes	No	
Do you have any concerns that you would like to discuss with your provider?		t you would like to discuss with			8	Has a doctor ever requested a test for your heart? For example, electrocardlography (ECG) or echocardlography (ECHO)?			per to the make two	The second with any or a	
2	Has a provider ever denied or restricted your participation in sports for any reason?				Do you get light-headed or feel shorter of breath than your friends during exercise?		than your				
3 Do you have any ongoing medical issues or recent illnesses?		lical issues or recent illnesses?			10 Have you ever had a seizure?						
HEART HEALTH QUESTIONS ABOUT YOU			Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No			
4 Have you ever passed out or nearly passed out during or after exercise?		early passed out during or after			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)					
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		, pain, tightness, or pressure in			as hypertr		Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC),				
6	Does your heart ever race, flut (Irregular beats) during exercis				12	long QT sy syndrome,	long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminerigc polymorphic ventricular tachycardia (CPVT)?				
7	Has a doctor ever told you that	t you have any heart problems?			13	Has anyone in your family had a promption or a lamb and					

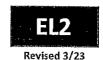


Parent/Guardian Name: \_\_\_\_\_

### PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

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

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



Stud	ent's Full Name:		<del></del>	Da	te of Birth:/ School:		<del></del>
вог	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?		1
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?	***************************************	
MEI	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?			Exp	lain "Yes" answers here:		
18	Are you missing a kidney, an eye, a testicle, your spleen, or any other organ?			-			
19	Do you have groin or testicle pain or a painful bulge or hernia in the groin area?						
20	Do you have any recurring skin rashes or rashes that come and go, including herpes or methicillin-resistant staphylococcus aureus (MRSA)?			_			
21	Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?						
22	Have you ever had numbness, had tingling, had weakness in your arms or legs, or been unable to move your arms or legs after being hit or falling?	**************************************					
23	Have you ever become ill while exercising in the heat?						
24	Do you or does someone in your family have sickle cell trait or disease?						
25	Have you ever had or do you have any problems with your eyes or vision?			l —			
bovenjuri repa ach ther Ve h	This form is not conjugation in high school sports is not without rise questions allows for a trained clinician to asset as and death. Florida Statute 1006.20 requires articipation physical evaluation as the first step year before participating in interscholastic at physical activity, including activities that occurred by state, to the best of our knowledge, thoutine physical evaluation required by Floridate hereby advised that the student should un	sk. The sess the in a stude of injuring the first or a routside at our session statut	student- ndividua ent candi ry preve ompetiti e of the answers e 1006.	athle date date ntion ion or school to th	lent-athlete against risk factors associated with for an interscholastic athletic team to success. This preparticipation physical evaluation share engaging in any practice, tryout, workout, of year.  e above questions are complete and corrected the end of the end	th sports sfully con all be cor condition t. In add	related inpleted mpleted ning, o lition to lige tha
lectr econ ests l	ocardiogram (ECG), echocardiogram (ECHO), a nmends a medical evaluation with your healtho isted above.	nd/or c are pro	ardio str vider for	ess te risk f	est. The FHSAA Sports Medicine Advisory Con actors of sudden cardiac arrest which may ind	nmittee s clude the	strongl specia
uder	nt-Athlete Name:(pr	rinted) S	tudent-A	thlete	Signature: Dat	:e:/_	_/_
rent	/Guardian Name: /pr	inted) D	arent/Gu	ardian	Signature: Dat	o: /	,

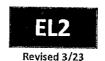
\_\_\_\_\_\_(printed) Parent/Guardian Signature: \_\_\_\_\_



### PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)

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

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



### PHYSICAL EXAMINATION FORM

tude	ent's Full Name: _					Date of Birth: /_	/ School:	
	SICIAN REMIND ider additional qu		on more sensi	itive issues.				
٠	Do you feel stressed o	ut or und	der a lot of pressur	·e?		Do you ever feel sad, h	opeless, depressed, or anx	ious?
Do you feel safe at your home or residence?						<ul> <li>During the past 30 day</li> </ul>	s, did you use chewing tob	acco, snuff, or dip?
•	Do you drink alcohol	or use any	y other drugs?			<ul> <li>Have you ever taken ar supplement?</li> </ul>	nabolic steroids or used any	other performance-enhancing
•	Have you ever taken a performance?	iny supple	ements to help you	gain or lose weight	or improve your			
	Verify completio Cardiovascular h	n of FH. istory/s	SAA EL2 Medio	cal History (page tions include Q4	es 1 and 2), rev 4-Q13 of Medic	riew these medical histocal Histocal History form. (check	ory responses as part box if complete)	of your assessment.
3	MINATION 18							Mar Aren de Maria
leig	ht:		Weight:		<del></del>			
P:	/ (	/ )	Pulse:		/ision: R 20/	L 20/	Corrected: Yes	No No
	DCAL healthear		ssional shall in	nital eath asses	sment .		NORMAL	ABNORMAL FINDING
٠	rance Marfan stigmata (kypł prolapse (MVP), and a			ate, pectus excavatui	m, arachnodactyl, f	hyperlaxity, myopia, mitral valv	ve	
•	Ears, Nose, and Throat Pupils equal Hearing		MARKET THE PARTY OF THE PARTY O		**************************************	**************************************		
mph	ı Nodes	***************************************	**************************************		·			
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	logical 301105K319748	heath	cale no esso	nal shall initial	each assessme	n	NORMAL	ABNORMAL FINDING
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ъе								
ano	d Ankle							
ot ar	nd Toes							
octio	onal Double-leg squat test, s	ingle-leg	squat test, and bo	x drop or step drop	test			
			This for	m is not consi	dered valid u	ınless all sections are	complete.	
side: sory (	r electrocardiography (E Committee strongly reco	CG), echo mmends t	cardiography (ECHC to a student-athlete	)), referral to a cardio (parent), a medical e	plogist for abnormal valuation with your F	cardiac history or examination healthcare provider for risk facto	i findings, or any combinations of sudden cardiac arrest w	n thereof, The FHSAA Sports Med hich may include an electrocardiog
ne (	of Healthcare Pro	fessiona	al (print or type	e):			Date	of Exam: / /
lres	\$:			Phone:	( )	E-mail:		ense #:

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# PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

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

EL2
Revised 3/23

#### **MEDICAL ELIGIBILITY FORM**

Student Information (to be completed by s	tudent and parent) print legib	ly		
Student's Full Name:	Sex	Assigned at Birth: _	Age: Dat	e of Birth: //
School:	Gra	de in School:	Sport(s):	
Name of Parent/Guardian:	City/State.	nome r	-none: ()	
Person to Contact in Case of Emergency:	Relation	onshin to Student:		
Emergency Contact Cell Phone: ()	Work Phone: (	/ising to student	Other Phone: 1	
Family Healthcare Provider:	City/State:		Office Phone: (	
☐ Medically eligible for all sports without restriction	n			
☐ Medically eligible for all sports without restriction	n with recommendations for further	evaluation or treatmen	nt of: (use additional sho	eet, If necessary)
☐ Medically eligible for only certain sports as listed	below:			
☐ Not medically eligible for any sports				
Recommendations: (use additional sheet, if necessary)		·		
I hereby certify that I have examined the above- the conclusion(s) listed above. A copy of the exa conditions that arise after the date of this medi professional prior to participation in activities.	ım has been retained and can be	accessed by the pa	rent as requested. A	ny injury or other medical
Name of Healthcare Professional (print or type):	•			Date: / /
Address:			Phone: (	1
Signature of Healthcare Professional:		Credentials:	Licen	
SHARED EMERGENCY INFORMATION - comple	ted at the time of assessment b	y practitioner and p	arent	1、16. 经基本的
Check this box if there is no relevant medic participation in competitive sports.	cal history to share related to	Pro	ovider Stamp (if requi	ired by school)
Medications: (use additional sheet, if necessary)				
List:			•	
LIST.				
Relevant medical history to be reviewed by athlet	ric trainer/team physician: (explo	in helow use additic	anal sheet if necessa	eu)
☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Conc				
Explain:			-	
,		·		
Signature of Student:	Date:/ Signature of Pa	rent/Guardian:		Date:/
We hereby state, to the best of our knowledge the info advised that the student should undergo a cardiovascu and/or cardio stress test.	ormation recorded on this form is co llar assessment, which may include s	mplete and correct. Washen diagnostic tests a	Ve understand and ackr is electrocardiogram (El	nowledge that we are hereby CG), echocardiogram (ECHO),

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 - Refer	rred Provider Form	
Student Information (to be completed by student's Full Name:		d at Birth: Age: Date of Birth: / /
School:	Grade in Sch	rool: Sport(s):
Home Address:	City/State:	Home Phone: ()
Name of Parent/Guardian:	E-mail:	
Person to Contact in Case of Emergency:	Relationship to	Student:
Emergency Contact Cell Phone: ()	Work Phone: ()	Other Phone: ( )
Family Healthcare Provider:	City/State:	Office Phone: ()
Referred for:	Diagnosis:	
		onducted by myself or a clinician under my direct supervision wit
Medically eligible for all sports without restriction	on as of the date signed below	
☐ Medically eligible for all sports without restriction	on after completion of the following treatment p	olan: (use additional sheet, if necessary)
☐ Medically eligible for only certain sports as listed	d below:	
☐ Not medically eligible for any sports		
Further Recommendations: (use additional sheet, if n	ecessary)	
Name of Healthcare Professional (print or type):		Date://
Address:		Phone: ()
Signature of Healthcare Professional:	Cred	dentials: License #:
Provider Stamp (if required by school)	one and a second	