



STUDENT ATHLETIC PACKET
2024-2025

THERESA AXFORD
Superintendent of Schools



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Dear Prospective Student-Athlete:

This packet includes ALL the paperwork that needs to be completed PRIOR to a student-athletes participation in athletics. It looks to be overwhelming, but in truth, it can be completed in a relatively short period of time. Please read each section thoroughly and carefully. If you have any questions, please contact the athletic director or any member of the athletic staff for clarification.

NOTE: Physicals are good for one year from the date signed off on by the doctor.

Brief Checklist for you to complete:

- Monroe County Student Athlete Contract
- Monroe County Activities Participation Form
- Monroe County Student Medical Information and Permission Form - must include photocopy of insurance card/policy (both sides)
- Consent for Medical Treatment Form - *must be notarized
- Consent & Release from Liability Form (EL3)
- Pre-participation Physical Evaluation (EL2)
- All 3 NFHS Completion Certificates – instruction sheet included in this packet

NOTE: Please check both sides of these forms, as some pages are front and back.

NOTE: Please make sure every signature is filled out and include the date. Most forms require a signature from a parent/guardian and the student.

Please be diligent about completing each of these forms, students cannot even participate in practice until all forms have been turned in. These forms may be turned into your head coach or athletic trainer.

MONROE COUNTY SCHOOLS

STUDENT ATHLETE CONTRACT

Students of the Monroe County School District (MCS D) have the opportunity and privilege to participate in extracurricular activities, including, but not limited to athletics, band chorus, performing groups, clubs, and student government. This Pride and Commitment Contract demonstrates each student's acceptance of becoming a representative of the school by becoming a member of an athletic team. Expectations of student athletes are higher than those of students and thus, this contract contains procedures, rules and expectations that go beyond the Student Code of Conduct. Should an athlete fail to abide by these expectations, both on school property and in the community, consequences may be implemented that exceed those in the Student Code of Conduct, including removal from a team or squad. This is your commitment to excelling as a student athlete in academics, sportsmanship and leadership.

CONDUCT EXPECTATIONS

- I will dress appropriately, use proper language, display a positive attitude and adhere to the MCS D Student Code of Conduct.
- I will be respectful of coaches, teammates, school adults, other students and community members.
- I will set a personal example of excellent conduct and sportsmanship, both on and off the field.
- I will attend classes and follow the attendance rules of the MCS D.
- I will give my best and follow the rules and procedures of any and all teams that I am a part of.
- I will follow all rules and regulations of the Florida High School Athletics Association (FHSAA).

COMMUNITY ROLE EXPECTATIONS

- I understand that my actions in the community are a reflection of my team, my school and myself.
- I will respect others and the property of others and will not physically or verbally harm another individual.
- I will follow the laws governing all citizens and residents of the United States, State of Florida and Monroe County.

PERSONAL HEALTH EXPECTATIONS

- I will refrain from the use of alcohol, all types of tobacco products and all drugs; nor shall I be in possession of such substances at any time in or out of school.
- I will not use any performance enhancing drugs.
- I will abide by the MCS D Athletic Drug Testing Program, where applicable.

ACADEMIC EXPECTATIONS

- I will maintain the required 2.0 GPA as required by the State of Florida at the end of each semester. I will adhere to the higher requirements in the MCS D guidelines that state that I must have a 2.0 GPA at mid-term and nine weeks reporting periods in order to actively participate in any game/match/meet with my team. Failure to do so will result in my inability to travel or participate in any game/match/meet until I am in compliance with the 2.0 GPA as determined by the head coach or Athletic Director.
- I understand that if I am not in attendance for a minimum of 4 periods or 2 blocks in school, I may not participate in any tryout, practice or game/match/meet that day. Documented emergencies or exceptions may only be approved by the Principal and/or Athletic Director. If traveling, I must be in attendance prior to the team departure time.

ATHLETIC EXPECTATIONS

- Eligibility is my responsibility and I must follow the NCAA Clearance guidelines, FHSAA guidelines, and MCSO Policies and guidelines to ensure that I remain eligible in order to participate with any team. Head Coaches and/or the Athletic Director can provide further information on the requirements.
- I will have all completed paperwork including a proper physical on file with the school Athletic Director prior to trying out, practicing or playing with any team.
- I will provide proof of insurance or purchase insurance before participating in any team activity.

SCOPE OF CONSEQUENCES

- I acknowledge that a violation of any MCSD Student Code of Conduct (SCC) requirements or the MCSD Athletes Contract will result in consequences as outlined in either document and determined by the Principal.
- If I receive consequences for any improper behavior resulting in In-School Suspension, Saturday School or Detention, I will not be allowed to play in a game until the consequence has been completed.
- If I receive Out-of-School Suspension, I will not be able to practice or participate in any team activities until I am allowed back in school. A minimum requirement of missing one game/match/meet will be imposed and further consequences may be imposed as determined by the Principal and/or Head Coach.
- Violation of the drug, alcohol or tobacco policy whether in or out of school will result in consequences outlined in the MCSD policies and SCC as well as a period of inactive participation to be determined by the Principal and may result in removal from the team.
- If arrested, the privileges of athletic competition will be taken away for a period to be determined by the Principal and could result in removal from a team.
- If I quit or am removed from a team, I will not be able to try out for another sport team until the end of the regular season of the first sport in which I quit or was removed is complete. Exceptions or special circumstances will be dealt with through the Athletic Director.

By signing this, I am indicating my willingness and commitment to my school, my teams and my community. I am responsible for my behavior and following all expectations and will have pride in my personal conduct and effort. I understand that these are universal rules and that any and all teams that I am on may have additional expectations. I will maintain a level of respect and sportsmanship that brings pride to my coaches, teams, school, and myself. Parent signatures acknowledge the expectations for their child.

Student Signature

Date

Parent/Guardian Signature

Date

Head Coach Signature

Date

MONROE COUNTY SCHOOLS ACTIVITIES PARTICIPATION FORM

Student Name: _____ Grade: _____ DOB: _____

School: _____ SS#: _____

Residence: _____ City: _____ Zip: _____

Insurance Company: _____ Policy #: _____

Important Medical Information (Please check all that apply) Heart Disease ___ Diabetes ___ Epilepsy

High Blood Pressure ___ Sickle Cell ___ Allergies _____

Medications: _____

Other Medical Information: _____

Parent/Guardian Contact Information

Father: _____ (H) _____ (W) _____

Mother: _____ (H) _____ (W) _____

Other: _____ (H) _____ (W) _____

Student's Statement of Voluntary Participation:

I hereby state that this application to compete in Interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that such activities involve the potential for catastrophic injury, or even death, which is inherent in all sports. I further state that I have not violated any of the eligibility rules and regulations of the Florida High School Athletic Association and agree to abide by FHSAA rules and Monroe County School Board and School guidelines and procedures.

I choose to participate in the following sports:

Basketball ___ Cross Country _____ Football ___ Soccer ___

Volleyball _____ Cheerleading _____ Dance ___

Student Signature: _____ Date: _____

Parent/Guardian Statement of Permission:

"I hereby give my consent for the above named student (1) to represent his/her school in athletic activities, those checked on this form after being examined by a physician, provided that such athletic activities are approved by the FHSAA: (2) to accompany any school team of which he/she is a member on any of its local or out of town trips. I authorize the school to obtain through a physician of its own choice any medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel, understanding that such activities involve the potential for catastrophic injury, or even death, which is inherent in all sports. I agree not to hold the school or anyone acting in its behalf or the FHSAA responsible for any injury occurring to the above named students in the course of such athletic activities or such travel. I also agree to pay any transportation or medical expense not covered by insurance."

Parent Signature: _____ Date: _____

MONROE COUNTY STUDENT MEDICAL INFORMATION & PERMISSION FORM

SCHOOL: H O R A C R E O ' B R Y A N T S C H O O L SCHOOL PHONE #: 305-296-5628

Policy and procedure in the event a child requires medical treatment while on any school sponsored trip is to contact the parents to advise them of the situation and obtain consent and direction on how to proceed. In the event of an emergency, and should we be unable to reach you, your signature below would grant permission for routine emergency treatment.

INSURANCE INFORMATION

Student's Full Name: _____

Health Insurance Carrier: _____ Policy #: _____

I agree that in the event emergency treatment is provided for my child, I will pay any transportation or medical expenses not covered by my insurance company or if I do not have insurance, I agree to pay all such expenses incurred.

IMPORTANT MEDICAL INFORMATION

Please check all that apply:

_____ Heart Disease _____ Diabetes _____ High Blood Pressure _____ Epilepsy

_____ Allergies _____ Other (please list below) _____ Medications (please list below)

PARENT/GUARDIAN PHONE NUMBERS

Father: _____ Ph: _____

Mother: _____ Ph: _____

Other: _____ Ph: _____

I/we grant the school staff the right to order emergency medical treatment for my/our child and I/we understand that any and all financial responsibility of such services rests with me/us. Finally I/we agree to hold harmless the school staff and school program for all actions taken on behalf of my/our child.

Parent(s)/Guardian(s) Signature(s)

Date

***If any program or event requires a student to leave the county, this form and the Consent for Medical Treatment form (MCSD-ADM002) must be executed.**

STUDENT NAME: _____

CONSENT FOR MEDICAL TREATMENT

(Required for students when participating in athletics, student activities, and field trips outside of Monroe County School District only)

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations, which may be deemed advisable by physician and surgeons. The intention hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetic, operations and diagnostic procedures, which may now, or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until a physician recommends the patient's discharge.

In witness of our consent and agreement to the matters stated in the three preceding sentences, we have subscribed our signatures below.

Student Athlete

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, in the year of the Lord _____.

Notary Public
State of Florida at Large

My commission expires _____

*** If there are any specific medical practices, which are prohibited in regards to religious convictions, please list below:



Florida High School Athletic Association
Consent and Release from Liability Certificate
 (Page 1 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): _____

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

I have read the (condensed) FHSAA Eligibility Rules printed on page 5 of this "Consent and Release from Liability Certificate" and know of no reason why I am not eligible to represent my school in interscholastic athletic competition. If accepted as a representative, I agree to follow the rules of my school and FHSAA and to abide by their decisions. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, including the potential for a concussion, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I hereby release and hold harmless my school, the schools against which it competes, the school district, the contest officials, and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving my athletic participation. I hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I hereby grant to FHSAA the right to review all records relevant to my athletic eligibility including, but not limited to, my records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness. I hereby grant the released parties the right to photograph and/or videotape me and further to use my name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my school. By doing so, however, I understand that I will no longer be eligible for participation in interscholastic athletics.

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

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

List sport(s) exceptions here

B. I understand that participation may necessitate an early dismissal from classes.

C. I know of and acknowledge that my child/ward knows of the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials, and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. As required in F.S. 1014.06(1), I specifically authorize healthcare services to be provided for my child/ward by a healthcare practitioner, as defined in F.S. 456.001, or someone under the direct supervision of a healthcare practitioner, should the need arise for such treatment, while my child/ward is under the supervision of the school. I further hereby authorize the use of disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSAA, upon its request, of all records relevant to my child's/ward's athletic eligibility including, but not limited to, records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness. I grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising, promotional, and commercial materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

D. I am aware of the potential danger of concussions and/or head and neck injuries in interscholastic athletics. I also have knowledge about the risk of continuing to participate once such an injury is sustained without proper medical clearance.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD/WARD ENGAGE IN A POTENTIALLY DANGEROUS

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

E. I agree that, in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child/ward (individually) or my child's/ward's team participation in FHSAA State Series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my child's/ward's school. By doing so, however, I understand that my child/ward will no longer be eligible for participation in interscholastic athletics.

G. Please check the appropriate box(es):

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

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

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

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

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE *(student signature is required)*

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



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

School: _____ School District (if applicable): _____

Concussion Information

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

Signs and Symptoms of a Concussion:

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

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

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

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

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

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

Return to play or practice:

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

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

Statement of Student-Athlete Responsibility:

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

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

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

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

Name of Student (printed) Signature of Student Date



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

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. Sudden cardiac arrest (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.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest has been read and understood. I have been advised of the dangers of participation for myself and that of my child/ward.

Signature lines for 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.*

EL2

Revised 4/24

MEDICAL HISTORY FORM

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

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

List past and current medical conditions:

Have you ever had surgery? If yes, please list all surgical procedures and dates:

Medicines and supplements (please list all current prescription medications, over-the-counter medicines, and supplements (herbal and nutritional):

Do you have any allergies? If yes, please list all of your allergies (i.e., medicines, pollens, food, insects):

Patient Health Questionnaire version 4 (PHQ-4)

Over the past two weeks, how often have you been bothered by any of the following problems? (Circle response)

	Not at all	Several days	Over half of the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3

GENERAL QUESTIONS		Yes	No	HEART HEALTH QUESTIONS ABOUT YOU		Yes	No
HEART HEALTH QUESTIONS ABOUT YOU		Yes	No	HEART HEALTH QUESTIONS ABOUT YOUR FAMILY		Yes	No
1	Do you have any concerns that you would like to discuss with your provider?			8	Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography (ECHO)?		
2	Has a provider ever denied or restricted your participation in sports for any reason?			9	Do you get light-headed or feel shorter of breath than your friends during exercise?		
3	Do you have any ongoing medical issues or recent illnesses?			10	Have you ever had a seizure?		
4	Have you ever passed out or nearly passed out during or after exercise?			11	Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35? (including drowning or unexplained car crash)		
5	Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			12	Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan Syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
6	Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?			13	Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		
7	Has a doctor ever told you that you have any heart problems?						

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



PREPARTICIPATION PHYSICAL EVALUATION (Page 2 of 4)

*This medical history form should be retained by the healthcare provider and/or parent.
This form is valid for 365 calendar days from the date signed below.*

EL2

Revised 4/24

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

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

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

Participation in high school sports is not without risk. The student-athlete and parent/guardian acknowledge truthful answers to the above questions allows for a trained clinician to assess the individual student-athlete against risk factors associated with sports-related injuries and death. Florida Statute 1006.20 requires a student candidate for an interscholastic athletic team to successfully complete a preparticipation physical evaluation as the first step of injury prevention. This preparticipation physical evaluation shall be completed each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity, including activities that occur outside of the school year.

We hereby state, to the best of our knowledge, that our answers to the above questions are complete and correct. In addition to the routine physical evaluation required by Florida Statute 1006.20, and FHSAA Bylaw 9.7, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test. The FHSAA Sports Medicine Advisory Committee strongly recommends a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include the special tests listed above.

Student-Athlete Name: _____ (printed) Student-Athlete Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___

Parent/Guardian Name: _____ (printed) Parent/Guardian Signature: _____ Date: ___/___/___

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PREPARTICIPATION PHYSICAL EVALUATION (Page 3 of 4)
*This medical history form should be retained by the healthcare provider and/or parent.
 This form is valid for 365 calendar days from the date signed below.*

EL2

Revised 4/24

PHYSICAL EXAMINATION FORM

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

HEALTHCARE PROFESSIONAL REMINDERS:

Consider additional questions on more sensitive issues.

• Do you feel stressed out or under a lot of pressure?	• Do you ever feel sad, hopeless, depressed, or anxious?
• Do you feel safe at your home or residence?	• During the past 30 days, did you use chewing tobacco, snuff, or dip?
• Do you drink alcohol or use any other drugs?	• Have you ever taken anabolic steroids or used any other performance-enhancing supplement?
• Have you ever taken any supplements to help you gain or lose weight or improve your performance?	• Have you experienced performance changes, felt fatigued, and/or experienced times of low energy during the past year?

Verify completion of FHSAA EL2 Medical History (pages 1 and 2), review these medical history responses as part of your assessment. Cardiovascular history/symptom questions include Q4-Q13 of Medical History form. *(check box if complete)*

EXAMINATION

Height: _____ **Weight:** _____

BP: ___ / ___ (___ / ___) **Pulse:** _____ **Vision:** R 20/ _____ L 20/ _____ **Corrected:** Yes No

MEDICAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyl, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, Ears, Nose, and Throat • Pupils equal • Hearing		
Lymph Nodes		
Heart • Murmurs (auscultation standing, auscultation supine, and Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes Simplex Virus (HSV), lesions suggestive of Methicillin-Resistant Staphylococcus Aureus (MRSA), or tinea corporis		
Neurological		

MUSCULOSKELETAL - healthcare professional shall initial each assessment	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and Arm		
Elbow and Forearm		
Wrist, Hand, and Fingers		
Hip and Thigh		
Knee		
Leg and Ankle		
Foot and Toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

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

*Consider electrocardiography (ECG), echocardiography (ECHO), referral to a cardiologist for abnormal cardiac history or examination findings, or any combination thereof. The FHSAA Sports Medicine Advisory Committee strongly recommends to a student-athlete (parent), a medical evaluation with your healthcare provider for risk factors of sudden cardiac arrest which may include an electrocardiogram.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___ / ___ / _____

Address: _____ Phone: (____) _____ E-mail: _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____



PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

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

EL2

Revised 4/24

MEDICAL ELIGIBILITY FORM

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

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

The preparticipation physical evaluation must be administered by a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with the practitioner's regulatory board. (§1006.20(2)(c), F.S.)

- Medically eligible for all sports without restriction
Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of: (use additional sheet, if necessary)

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Recommendations: (use additional sheet, if necessary)

I hereby certify that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ____/____/____
Address: _____ Phone: (____) _____
Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp (if required by school)

Medications: (use additional sheet, if necessary)

List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: (explain below, use additional sheet, if necessary)

- Allergies Asthma Cardiac/Heart Concussion Diabetes Heat Illness Orthopedic Surgical History Sickle Cell Trait Other

Explain: _____

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

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. We understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (ECG), echocardiogram (ECHO), and/or cardio stress test.

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



PREPARTICIPATION PHYSICAL EVALUATION (Supplement)

SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL

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

EL2

Revised 4/24

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

MEDICAL ELIGIBILITY FORM - Referred Provider Form

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

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

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

- Medically eligible for all sports without restriction as of the date signed below
- Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*

Medically eligible for only certain sports as listed below:

Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/___

Address: _____ Phone: (____) _____

Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*

THIS MUST BE COMPLETED BY ALL STUDENT ATHLETES BEFORE ANY ATHLETIC PARTICIPATION

As per the requirements described in the FHSAA EL3 Consent and Release Forms, ALL prospective student athletes are required to annually review the information presented in 3 courses provided by the NFHS (listed below). These courses are free of charge and parents/guardians are also encouraged to review the information presented.

IN ORDER TO PARTICIPATE IN ANY ATHLETIC ACTIVITIES, STUDENTS MUST PRINT OUT ALL THREE COMPLETION CERTIFICATES AND TURN IT IN TO THE ATHLETIC TRAINER WITH THEIR COMPLETED ATHLETIC PACKET. FAILURE TO DO SO WILL RENDER YOUR ATHLETE AS INELIGIBLE FOR PARTICIPATION IN ATHLETICS.

Course 1: NFHS "Concussion for Students"

Course 2: NFHS "Sudden Cardiac Arrest"

Course 3: NFHS "Heat Illness Prevention"

(Important Note: If you have completed these courses anytime in the past, the course must be "ordered" prior to beginning the course.)

Course Ordering

Step 1: Go to www.nfhslearn.com.

Step 2: "Sign In" to your account OR If you do not have an account, "Register" for an account.

Step 3: Click "Courses" at the top of the page.

Step 4: Type the name of the course where it says, "Search for Courses".

Step 5: Select the course by clicking on the picture or "View Course".

Step 6: Select your state and click "Order Course."

Step 7: Select "Myself", if the course will be completed by you.

Step 8: Click "Continue" and follow the on-screen prompts to finish the checkout process. (Again, there is no fee for any of these courses.)

Beginning a Course

Step 1: Go to www.nfhslearn.com and sign in to your account.

Step 3: From your "Dashboard", click "My Courses".

Step 4: Click "Begin Course" on the course you wish to take.

Your course will launch on the same page of the web browser.

Step 5: Click "Back to Dashboard" when ready to exit course.

Be sure to print ALL three certificates of completion at the end of the course as each school's athletic department is required to keep a copy on file.