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Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

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Parents,

Welcome to Walker Middle Magnet School Athletics. We are excited about another great year of extracurricular sports at the Home of the Wolves. By obtaining this packet of information, you and your child are taking the first step to becoming a member of a great team of athletes, coaches and fans. The packet of information attached must be fully completed and returned by the deadline for each extramural sport as announced prior to the first day of practice.

1. You will need to complete an **Application for Athletic Participation**. Please sign and have your child sign in all the appropriate spaces.
2. Parents must complete the **Medical Release Form** (both the top copy and **the bottom copy**). **If the parent chooses Part 1, both copies must be notarized.**
3. Each student **must have** a completed **Pre-participation Physical Evaluation (EL2)** form attached to their paperwork. Parents fill out page 1 and Physician fills out pages 2 and 3.
4. Sign and date the **Concussion and Heat-Related Illness Certificate (EL3CH)**.
5. **Sports Insurance** will also need to be purchased in order to participate. This can be done by money order or online. The website is: www.HCPSAAthleticProtection.com. You will need to provide confirmation that the insurance was purchased.
6. A copy of the student's **birth certificate** must be included with the packet.

Please turn in completed paperwork to the Student Affairs Office by 4:00 on the deadline date. **There are no exceptions to deadlines.** If you have any questions, please email or call Dr. Pizarro.

Thank you for your interest and support of Walker Middle Magnet School Athletics.

David Pizarro
David.Pizarro@sdhc.k12.fl.us

Charlie Walker Middle Magnet School • 8282 North Mobley Road • Odessa, FL 33556 • 813-631-4726

Raymond O. Shelton School Administrative Center • 901 East Kennedy Blvd. • Tampa, FL 33602 • Website: www.sdhc.k12.fl.us
School District Main Office: 813-272-4000 • P.O. Box 3408 • Tampa, FL 33601-3408



**Hillsborough County Public Schools
Application for Athletic Participation
Middle Schools**

FOR SCHOOL USE ONLY:		
Physical Evaluation Date:		
MONTH	DAY	YEAR

Name (as it appears on birth certificate)		School		Age
Street Address		Home Phone	Date of Birth	
City / State / Zip Code		Parent Work Phone	Parent Cell Phone	
Name of school attended last year		Sex (circle one) M F		Date entered current grade
Student Number	Social Security Number	Current Grade Level		

I hereby understand and agree as follows:

This agreement is made voluntarily on my part and is made with the understanding that I have not violated any of the rules of the School District of Hillsborough County. I will, to the best of my ability, stay academically eligible, keep training rules, and conduct myself so as to bring honor to my school, my team, and myself.

Date: _____ Signature: _____
Student-athlete

PERMISSION TO PARTICIPATE AND TRAVEL

The undersigned as parent or legal guardian gives consent for the athlete identified herein to engage in athletics as a representative of _____ School and to accompany the team as a member on its many trips.

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

EXAMINING PHYSICIAN'S CERTIFICATE—In compliance with Florida Statute 1006.20—the physician's certificate is valid for one year (365 days) from the date of the physical examination. **FHSAA form EL2 must be completed, signed and attached to this application for participation.**

*Florida Statute s 1006.20(2)(c) The organization shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation **each year prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team.** Such medical evaluation can only be administered by a practitioner licensed under the provisions of chapter 458, chapter 459, chapter 460, or s. 464.012, and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform pre-participation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. No student shall be eligible to participate in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.*

Participation Requirements

Check list for student-athletes and parents/guardians

The following items must be properly completed and turned in to the Assistant Principal before the student-athlete will be issued equipment or begin practice.

<input type="checkbox"/>	Completed physical examination (FHSAA form EL02)
<input type="checkbox"/>	Completed Application for Athletic Participation
<input type="checkbox"/>	Mandatory insurance coverage (www.hcpsathleticprotection)
<input type="checkbox"/>	Birth certificate -- initial eligibility
<input type="checkbox"/>	Complete medical release forms (2 per athlete)
<input type="checkbox"/>	FHSAA form EL3CH

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE,
ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS**
(Both the applicant student and a parent or legal guardian must read carefully and sign.)

SPORTS (check applicable sport or sports)

Volleyball

Basketball

Track

Soccer

Flag
Football

Student and Parent/Legal Guardian

I am fully aware that practicing, playing, or trying out as a participant in any sport can be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play, participate, or trying out in any of the above sports include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and serious injury or impairment to any other aspects of my body, general health and well being. I understand that the dangers and risks of playing or practicing to play or participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and I agree to obey such instructions.

In consideration of the Hillsborough School District permitting me or my child to try out for the _____ middle school (indicate sport) _____

team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing, participating in that sport, **I HEREBY ASSUME ALL THE RISKS ASSOCIATED WITH PARTICIPATING AND AGREE TO HOLD THE HILLSBOROUGH COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND VOLUNTEERS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CAUSES OF WHICH MAY ARISE BY OR IN CONNECTION WITH MY PARTICIPATION IN ALL ACTIVITIES RELATED TO THIS SPORT.**

I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE THE HILLSBOROUGH COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, AND COACHES, (all for the purposes herein referred to as "Releasees") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any and all claims, demands, damages, actions, causes of actions, or suits in equity, of whatsoever kind or nature on account of injury to the person or property or resulting in the death of the undersigns, **WHETHER CAUSED BY THE NEGLIGENCE OF THE HILLSBOROUGH COUNTY SCHOOL DISTRICT, ITS EMPLOYEES, AGENTS, REPRESENTATIVES, COACHES, AND VOLUNTEERS OR OTHERWISE** which the undersigned is participating, competing and/or practicing for any and all activities related to the team. The terms hereof shall serve as a release and assumption of risks for my heirs, estate, executor, administrators, assignees, and for all members of my family.

We hereby assume full responsibility for the risk of bodily injury, death, or property damage due to the negligence of the Hillsborough County School District, its employees, agents, representatives, coaches, and volunteers or other otherwise while participating, competing, trying out, and/or practicing for any and all of the activities related to the team.

We further expressly agree that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the state in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

We have read and voluntarily signed the release and waiver of liability and agreement, and further agree that no oral representation, statement, or inducement apart from the foregoing written agreement has been made.

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

The following to be completed only if sport is soccer:

I specifically acknowledge that **soccer** is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports. I expressly acknowledge and agree that the activity is very dangerous and involves the risk of serious injury and/or death and/or property damage.

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

What You Should Know About Middle School Athletic Eligibility

Scholastic Requirements

To be academically eligible for middle school extramurals a student must have a 2.0 grade point average (GPA) based on an unweighted 4.0 scale from the previous 9 weeks grading period to try out and participate in a sport. He or she must complete a weekly progress report from each assigned teacher beginning one week before the first contest regarding his or her academics and conduct. More than one "F" in academics cumulative for the quarter or an "F" in conduct will disqualify the student from extramural participation for the coming week. Eligibility is gained or lost on the last day of the previous grading period.

Residence

The student must be a bona fide student at the school where he or she is participating and must be assigned to the school by Hillsborough County Public Schools. Additionally, home school students who are registered through Hillsborough County Public Schools and charter school students who are enrolled in a Hillsborough County registered charter school are eligible for athletic participation at their school of residence.

Sportsmanship

Any player displaying unsportsmanlike behavior or any misconduct will be removed from the game and may not return during that game or the next contest. If it is the last game of a sport season, this suspension will carry over to the next contest where the student is eligible for participation.

Age

Beginning 7/1/2013, any student that has reached the age of 15 before September 1st will be ineligible to participate in interscholastic athletics for that year.

Limit of Eligibility

A student may participate in middle school extramurals for three years. The first year as a sixth grader, the first year as a seventh grader, and the first year as an eighth grader. Eligibility begins with the promotion to the next grade.

MEDIA RELEASE

I give permission for my child to be interviewed, photographed or videotaped for use in school/district publications, school/district productions or for use by the general news media for print or broadcast purposes; and for his/her name to be published via school/district publications and websites, and in news publications and broadcasts.

Date: _____

Signature: _____
Signature of parent or legal guardian

INSURANCE

As parents or legal guardians of the athlete identified herein, I understand that all student-athletes shall be required to purchase athletic insurance provided through the school board insurance program in order to participate in the Hillsborough County extramural sports listed below.

Volleyball

Soccer

Track

Basketball

Football

_____ Signature: _____
Date Signature of Parent/Legal Guardian

UNIFORMS, EQUIPMENT, AND SUPPLIES

I understand that I, _____ (student-athlete), and my parents/legal guardians, _____ (parents/legal guardians are responsible for any uniforms, equipment, and/or supplies issued to me while participating in the sport of _____. I agree to correct any damage item and replace any lost item.

_____ Signature: _____
Date Signature of Parent/Legal Guardian

I have reviewed this Application for Extramural Participation card completely.

Signature of Student-Athlete Date

Signature of Parent/Guardian Date

Signature of Head Coach Date

Signature of Principal/Assistant Principal Date



School District of Hillsborough County
MEDICAL RELEASE FORM

Name of Student: _____

Name of Parent: _____

Parent home phone: _____ Parent business phone: _____ Parent cell phone: _____

PART I (ONLY COMPLETE PART I OR PART II)

The undersigned as the parents and/or legal guardians of _____ do hereby consent to any and all medical and surgical treatments, including anesthesia and operations that may be deemed advisable by any qualified physician selected by agents or officials of the Hillsborough County School Board. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, and diagnostic procedures that may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. No action will be taken until an attempt is made to contact me at the phone number(s) listed above.

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Signature of parent or guardian: _____ Date: _____

Please list any medical conditions or allergies: _____

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH
SUBSCRIBED AND SWORN TO BEFORE ME A NOTARY PUBLIC, THIS _____ DAY OF _____ 20____.
My Commission expires: _____
Notary Public: _____

PART II (ONLY COMPLETE PART I OR PART II)

As parent or guardian of the athlete listed above, I do not desire to sign the medical and surgical release form above.

Signature of parent or guardian: _____ Date: _____

(Do not sign both parts. This form does not need to be notarized if Part II is signed.)



School District of Hillsborough County
MEDICAL RELEASE FORM

Name of Student: _____

Name of Parent: _____

Parent home phone: _____ Parent business phone: _____ Parent cell phone: _____

PART I (ONLY COMPLETE PART I OR PART II)

The undersigned as the parents and/or legal guardians of _____ do hereby consent to any and all medical and surgical treatments, including anesthesia and operations that may be deemed advisable by any qualified physician selected by agents or officials of the Hillsborough County School Board. The intention hereof is to grant authority to administer and to perform all and singularly any examination, treatments, anesthetics, operations, and diagnostic procedures that may now or during the course of the patient's care, be deemed advisable or necessary by any qualified physician. No action will be taken until an attempt is made to contact me at the phone number(s) listed above.

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Signature of parent or guardian: _____ Date: _____

Please list any medical conditions or allergies: _____

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH
SUBSCRIBED AND SWORN TO BEFORE ME A NOTARY PUBLIC, THIS _____ DAY OF _____ 20____.
My Commission expires: _____
Notary Public: _____

PART II (ONLY COMPLETE PART I OR PART II)

As parent or guardian of the athlete listed above, I do not desire to sign the medical and surgical release form above.

Signature of parent or guardian: _____ Date: _____

(Do not sign both parts. This form does not need to be notarized if Part II is signed.)



Preparticipation Physical Evaluation (Page 1 of 3)

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

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

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

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

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

FEMALES ONLY (optional)

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

Explain "Yes" answers here: _____

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

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



Preparticipation Physical Evaluation (Page 2 of 3)

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

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

Student's Name: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)

Temperature: _____ Hearing: right: P ____ F ____ left: P ____ F ____

Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
----------	--------	-------------------	-----------

MEDICAL

- | | | | |
|---------------------------|-------|-------|-------|
| 1. Appearance | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat | _____ | _____ | _____ |
| 3. Lymph Nodes | _____ | _____ | _____ |
| 4. Heart | _____ | _____ | _____ |
| 5. Pulses | _____ | _____ | _____ |
| 6. Lungs | _____ | _____ | _____ |
| 7. Abdomen | _____ | _____ | _____ |
| 8. Genitalia (males only) | _____ | _____ | _____ |
| 9. Skin | _____ | _____ | _____ |

MUSCULOSKELETAL

- | | | | |
|-------------------|-------|-------|-------|
| 10. Neck | _____ | _____ | _____ |
| 11. Back | _____ | _____ | _____ |
| 12. Shoulder/Arm | _____ | _____ | _____ |
| 13. Elbow/Forearm | _____ | _____ | _____ |
| 14. Wrist/Hand | _____ | _____ | _____ |
| 15. Hip/Thigh | _____ | _____ | _____ |
| 16. Knee | _____ | _____ | _____ |
| 17. Leg/Ankle | _____ | _____ | _____ |
| 18. Foot | _____ | _____ | _____ |

* – station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

____ Cleared without limitation

____ Disability: _____ Diagnosis: _____

____ Precautions: _____

____ Not cleared for: _____ Reason: _____

____ Cleared after completing evaluation/rehabilitation for: _____

____ Referred to _____ For: _____

Recommendations: _____

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

Address: _____

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 3 of 3)

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

ASSESSMENT OF PHYSICIAN TO WHOM REFERRED (if applicable)

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

___ Cleared without limitation

___ Disability: _____ Diagnosis: _____

___ Precautions: _____

___ Not cleared for: _____ Reason: _____

___ Cleared after completing evaluation/rehabilitation for: _____

Recommendations: _____

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

Address: _____

Signature of Physician: _____

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



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

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

Concussion Information

What is a concussion?

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

What are the signs and symptoms of concussion?

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

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

What can happen if my child keeps on playing with a concussion or returns too soon?

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

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

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

When can my child return to play or practice?

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

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

Statement of Student Athlete Responsibility

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

Name of Student-Athlete (printed)

Signature of Student-Athlete

_____/_____/_____
Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

_____/_____/_____
Date



Florida High School Athletic Association

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

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the most recent signature.

FHSAA Heat-Related Illnesses Information

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

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

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

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

Who’s at Risk?

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

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

Name of Student-Athlete (printed)

Signature of Student-Athlete

_____/_____/_____
Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

_____/_____/_____
Date