

2018-2019 Parent Consent for Athletics

EL3



Florida High School Athletic Association

Revised 04/16

Consent and Release from Liability Certificate (Page 1 of 4)

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: Vernon Middle

School District (if applicable): Washington

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

I have read the (condensed) FHSA Eligibility Rules printed on Page 4 of this "Consent and Release 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 FHSA 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 FHSA 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 FHSA 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 FHSA 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. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a 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 FHSA 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 FHSA 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 FHSA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSA, upon its request, of all records relevant to my child/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 ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSA 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 MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSA 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 THE RIGHT TO REFUSE TO SIGN THIS FORM, AND MY CHILD'S/WARD'S SCHOOL, THE SCHOOLS AGAINST WHICH IT COMPETES, THE SCHOOL DISTRICT, THE CONTEST OFFICIALS AND FHSA HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

E. I agree that in the event we'll pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSA 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 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 must sign)

Name of Student (printed) _____

Signature of Student _____

Date _____



Florida High School Athletic Association

Revised 05/18

Consent and Release from Liability Certificate (Page 1 of 4)

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School: _____ School District (if applicable): _____

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

I have read the (condensed) FHSA Eligibility Rules printed on Page 4 of this "Consent and Release 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 FHSA 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 FHSA 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 FHSA 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 FHSA 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. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by a 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 FHSA 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 FHSA 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 FHSA because of any accident or mishap involving the athletic participation of my child/ward. I authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I consent to the disclosure to the FHSA, upon its request, of all records relevant to my child/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.

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E. **I agree that in the event we/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSA 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 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 must sign)

Name of Student (printed) _____

Signature of Student _____

Date _____



Consent and Release from Liability Certificate for Concussions (Page 2 of 4)

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.

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 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.

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 health-care professional (AHCP). In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes). Close observation of the athlete should continue for several hours. You should also seek medical care and inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than to have your life changed forever. When in doubt, sit them out.

Return to play or practice:

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

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

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, 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-What You Need to Know" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

Name of Student-Athlete (printed)

Signature of Student-Athlete

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



Florida High School Athletic Association
**Consent and Release from Liability Certificate for
 Sudden Cardiac Arrest and Heat-Related Illness (Page 3 of 4)**

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.

School: _____ School District (if applicable): _____

Sudden Cardiac Arrest Information

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

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

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

It is strongly recommended all coaches, whether paid or volunteer, are regularly trained in CPR and the use of an AED. Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date.

Automatic external defibrillators (AEDs) are required at all FHSAA State Series games, tournaments and meets. The FHSAA also strongly recommends that they be available at all preseason and regular season events as well along with coaches/individuals trained in CPR.

What to do if your student-athlete collapses:

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

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

 Name of Student-Athlete (printed)

 Signature of Student-Athlete

 Date

 Name of Parent/Guardian (printed)

 Signature of Parent/Guardian

 Date

 Name of Parent/Guardian (printed)

 Signature of Parent/Guardian

 Date



Florida High School Athletic Association

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

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.

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 sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys weightlifting and wrestling), the student:

1. This form is non-transferable; a separate form must be completed for each different school at which a student participates.
2. Must be regularly enrolled and in regular attendance at your school. If the student is a home education student or attends a charter school or Florida Virtual School - Full time Program or a special/alternative school or certain small non-member private schools, the student must declare in writing his/her intention to participate in athletics to the school at which the student is permitted to participate. Home education students and students attending small non-member private schools must be approved through the use of a separate form prior to any participation. (FHSAA Bylaw 9.2, Policy 16 and Administrative Procedure 1.8)
3. Must attend school within 10 days of the beginning of each semester to be eligible during that semester. (FHSAA Bylaw 9.2)
4. Must maintain at least a cumulative 2.0 grade point average on a 4.0 unweighted scale prior to the semester in which the student wishes to participate. This GPA must include all courses taken since the student entered high school. A sixth, seventh or eighth grade student must have earned at least a 2.0 grade point average on 4.0 unweighted scale the previous semester. (FHSAA Bylaw 9.4)
5. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
6. Must not have enrolled in the ninth grade for the first time more than four school years ago. If the student is a sixth, seventh or eighth grade student, the student must not participate if repeating that grade. (FHSAA Bylaw 9.5)
7. Must have signed permission to participate from the student's parent(s)/legal guardian(s) on a form (EL3) provided the school. (Bylaw 9.8)
8. Must not turn 19 before September 1st to participate at the high school level; must not turn 16 prior to September 1st to participate at the junior high level; and must not turn 15 prior to September 1st to participate at the middle school level, otherwise the student becomes permanently ineligible. (FHSAA Bylaw 9.6)
9. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2).
10. Must be an amateur. This means the student must not accept money, gift or donation for participating in a sport, or use a name other than his/her own when participating. (FHSAA Bylaw 9.9)
11. Must not participate in an all-star contest in a sport prior to completing his/her high school eligibility in that sport. (FHSAA Policy 26)
12. 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)
13. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
14. Youth exchange, other international and immigrant students must be approved by the FHSAA office prior to any participation. Exceptions may apply. See your school's principal/athletic director. (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 acknowledges that the information on the Consent and Release from Liability Certificate in regards to the FHSAA's established rules and eligibility 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

Name of Parent/Guardian (printed)

Signature of Parent/Guardian

Date



PANHANDLE AREA EDUCATIONAL CONSORTIUM
EXTRACURRICULAR PARTICIPATION
MEDICAL INFORMATION RELEASE AUTHORIZATION

The Federal Health Insurance Portability and Accountability Act , commonly referred to as HIPAA, requires an individual, or the individual's legal representative (parent of a minor, legal guardian, trustee, power of attorney) to provide permission for the release and exchange of that individual's health information in certain circumstances. If you sign this form, you are giving the health care providers designated below permission to share the information you indicate below. This form complies with the provisions of 45 C.F.R. § 164.508(c) regarding authorizations for release and exchange of protected health information. This form must be filled out entirely.

Purpose of Authorization: This form is designed to allow designated coaches, sponsors, athletic trainers, and school appointed chaperones to obtain health information necessary to determine a student's fitness and eligibility to participate in extracurricular/sports activities and/or field trips.

Please complete the following:

I/we the parents or legal guardian of _____, an extracurricular/sports participant of the school or person/student traveling on a field trip, give the authorization as indicated below for the communication between medical providers and activity sponsors relative to the status of participation. Student Date of Birth _____

FROM MEDICAL PROVIDERS INDICATED BELOW:
Circle One Only:

A. All Providers

B. No Providers

C. Limited Providers

- 1 All providers except: _____
2 No providers but: _____

TO DESIGNATED COACHES, SPONSORS, ATHLETIC TRAINERS OR OTHER SCHOOL APPOINTED CHAPERONES:
Circle One Only:

A. Entire Health Record.

B. No protected health information.

C. Limited protected health information (describe information you do not wish for the provider to disclose, including any relevant time periods).

Enter the date that you want this authorization to expire. (If you do not enter a date, this authorization will expire one year from the date this form is signed.) _____

I understand that the information described above may be redisclosed by the person or group that I give the abovespecified health care providers permission to share my information with, and that my information would no longer be protected by the federal privacy regulations. Therefore, I release the providers identified above from all liability arising from the disclosure of my health information pursuant to this agreement.

I understand that I may inspect or request copies of any information disclosed by this authorization. I understand that I may revoke this authorization by notifying the Panhandle Area Education Consortium and the specified health care provider, in writing, knowing that previously disclosed information would not be subject to my revocation request.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, or eligibility for benefits.

I have been provided with a copy of this authorization.

Signature of Parent or Legal Guardian Date

Printed Name of Parent or Legal Guardian Relationship to Student.

If there is a legal document verifying that you are acting in a representative capacity for the student identified above, please attach a copy to this authorization.



PANHANDLE AREA EDUCATIONAL CONSORTIUM

EXTRACURRICULAR PARTICIPATION MEDICAL INFORMATION RELEASE AUTHORIZATION

INTRODUCTION The privacy of medical records and information is protected and insured by new legislation entitled the Health Insurance Portability and Accountability Act ("HIPAA"). This law was developed to safeguard information about an individual's medical status from improperly being shared, discussed or released without their knowledge. The law is totally inclusive and does not allow for the beneficial communication about medical conditions or status absent valid authorization.

CONCERN – When an individual, especially a minor, participates in an extracurricular activity/field trip, there is always potential for injury or illness that may limit or prohibit participation. In order to make good decisions about the participation status of an individual, sponsors, coaches, directors, and chaperones need information concerning the individual participant's health status. Under the HIPAA regulations, that information may only be given by the parent or guardian of the minor participant (under 18) or the nonminor participant (18 or over). Medical providers including doctors, physical therapists, nurses, trainers, etc. may not directly discuss any medical condition of an extracurricular activity participant with the director of the activity without written consent from a parent or guardian or the adult participant.

REQUEST FOR CONSENT – Medical providers respect the right to privacy but also understand the need to communicate with activity directors about the participation status of individuals in their care. To accomplish this, a written consent form must be completed indicating the extent that this communication may occur. Three basic levels of consent are possible. These are A. TOTAL CONSENT, B. NO CONSENT, C. LIMITED CONSENT. This form is a request for a parent/guardian or adult participant to choose the level of consent desired. Included in the completion of this request form is the designation of what medical providers from whom medical information can be requested. There should be an understanding that total consent is still communication only BETWEEN those individuals who NEED to know the medical status of the participant. Since knowledge of certain medical information is necessary to determine the participation status and/ or the limitations of that participation (such as preseason medical screening), failure to release such information to the authorized sponsoring individual may disqualify the student from participating in extracurricular activities



STUDENT MEDICAL RELEASE FORM
PANHANDLE AREA EDUCATIONAL CONSORTIUM

Please fill this form out completely and sign

Student's Name _____ Circle one: Male Female

Date of Birth _____ Grade: _____ School Year: 20

Parent'(s) name(s) _____

Guardian(s) name(s) _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Emergency Phone: _____ Cell Phone: _____

Email: _____ @ _____

..... I/We hereby
give my/our permission for my/our child to attend the all school sponsored EXTRACURRICULAR/FIELD TRIPS
and PARTICIPATE IN SPORTS events during the next 12 months, beginning in July 1, 20____ to June 30,
20____. I/We understand that there will be adult supervision at these events. I/We also understand that if there are
any disciplinary problems with the above named Student, it will be our responsibility to pick up our child at the
site of the event and they will not be eligible for future events without specific approval of the school staff in
charge of those events or sports.

AUTHORIZATION FOR TREATMENT

I/We, the undersigned, parent(s)/Guardian(s) of the child named above on this consent form, do hereby
authorize the school district, it's staff, our representatives, as agent(s) for the undersigned to consent to a X-
ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care that is deemed
advisable by, and is to be rendered under the general supervision of any physician, physician extender, and
surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of any Hospital or
medical clinic whether such diagnosis or treatment is rendered at the office of said physician or said
hospitable.

It is understood that this authorization is given in advance of any specific diagnosis, assessment at time of
injury treatment or hospital care being required but is given to provide authority and power on the part of
our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which
the aforementioned physician in the exercise of his/her best judgment deem advisable; and to include
emergency or urgent care as deemed necessary by supervising personnel.

The authorization is given pursuant to the provisions of Section 456.057, Florida Statutes, which allows
Parent(s) or Guardian(s) to authorize any adult to consent to medical or dental treatment as stated in the
above paragraphs).

This authorization shall remain effective from the date below, unless sooner revoked in writing delivered to
said agent(s).

Signed _____ Dated _____

Print Name _____

(Parent or Guardian)



Washington County School District

652 Third Street
Chipley, FL. 32428
850-638-6222

Photo Release and Waiver

I hereby grant Washington County School District (WCSD) the absolute and irrevocable right and unrestricted permission to use, reuse, publish, and republish photographic portraits, pictures or video (collectively "Photographs") taken of my son/daughter, in whole or in part, individually or in any and all media and for any purpose whatsoever, including internal or external school publications, for media illustration, promotion, art, editorial, and advertising during the academic year. For example, WCSD may use:

- Photos of Student(s) taken at or by WCSD during school events and activities for school publications and the school website for promotional purposes.
- Photos of Student(s) taken at or by WCSD during school events and activities to be published in external publications such as newspapers and magazines both in print and online.

In addition, I understand and agree that the Student's or Students' schoolwork or artwork may be published on WCSD's website and in various print publications during the academic year. I further agree that such photos, artwork or schoolwork may identify my child by name and grade and as a WCSD student.

Further, I hereby release and discharge WCSD from any and all claims and demands arising out of or in connection with the use of the Photographs, including without limitation, any and all claims for libel or violation of any right of publicity or privacy. I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

This release shall be binding upon me and my heirs, legal representatives, and assigns. This authorization and release shall inure to the benefit of the employees, legal representatives, licensees, agent, and assigns of WCSD. I have read the foregoing and fully understand the contents thereof. As parent or legal guardian of Student(s), I agree to the foregoing and affix my signature below.

Student(s) Name

Date

If the person signing is under 18 years of age, the release form should also be signed by a parent or guardian, as follows:

Parent or Guardian

Date

I hereby certify and represent that I am the parent or guardian of the Talent/Presenter named above, and that I consent and agree to the foregoing release on behalf of the Talent/Presenter.

Mr. Joseph Taylor, Superintendent
Washington County School District
<http://wcsdschools.com>

Student's Legal Name (Last, First, Middle)	Gender	Student Date of Birth
--	--------	-----------------------

Grade (2018-2019)

Mailing Address if different from above with City, State, Zip Code

Race (check all that apply): White: _____ Black or African American: _____ Asian _____
American Indian or Alaskan Native _____ Native Hawaiian or Other Pacific Islander _____

Bus Driver's Name

Bus Number

Child lives with: both parents ☐ mother ☐ father ☐ other ☐; please specify _____

Custody: _____
(List any special custody problems and be sure to submit legal documents for the child's cumulative folder)

Military Y N				
Father/guardian's name	Home Phone	Place of Employment	Work Phone	Cell Phone

Father/Guardian's Address	Father/Guardian's E-Mail Address
---------------------------	----------------------------------

Military Y N				
Mother/guardian's name	Home Phone	Place of Employment	Work Phone	Cell Phone

Mother/Guardian's Address	Mother/Guardian's E-Mail Address
---------------------------	----------------------------------

Please list below anyone who has permission to pick up your child at any time including instances where he/she becomes sick or injured and you cannot be reached in the order they are to be contacted.

1. _____			
Name	Relationship to child	Daytime phone	Cell phone

[illegible]

Name	Relationship to child	Daytime phone	Cell phone

(Please complete the reverse side)

Revised 07/2018

Personal Physician _____ Phone # _____

Please list any allergies and reaction to the allergies that your child has:

Allergy _____ reaction _____

Allergy _____ reaction _____

Allergy _____ reaction _____

Chronic health problems: _____

Daily medications: _____

List any operations, serious injuries, or major illnesses this child had/has and give dates: _____

List other children who live in the same household.

<u>Name</u>	<u>Relationship to above</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has student ever attended a Washington County school? Where _____ When _____

Has student been identified as a Student with a Disability? Yes _____ No _____

School health services are provided by the Washington County Health Department Staff. IF you do not wish for your child to participate in the school health services program, you must submit a letter to the school nurse. Please list any services you do not desire for your child on the letter you submit.

In case of accident or serious illness during the school day, I request that the school contact me. In case of emergency, I hereby give the school permission for my child to be transported by Emergency Medical Services to the hospital and give the necessary treatment. I understand that I will be responsible for any and all related charges.

I understand that it is the parent's/guardian's responsibility to notify the school of any change in this information throughout the school year.

Parent/Guardian Signature

Date