

DO NOT TEAR APART – PLEASE COMPLETE THE ENTIRE FORM AND RETURN TO THE SCHOOL OFFICE FOR PROCESSING

ASSESSMENT

- Cleared without limitation.
- Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name of Physician (print or type): _____ Date: _____
Address: _____

Signature of Physician: _____, MD or DO

PART 5: Parental/Guardian Consent, Acknowledgement and Release

- I/We do hereby approve of my child's participation in approved athletic activities (practice, games, competition and travel) as a representative of his/her middle school.
- I/We clearly understand that participation in athletic activities creates a risk of severe injury (including paralysis or death) normally associated with such activities and that the risk increases as the sport becomes more vigorous and involves more bodily contact.
- I/We acknowledge that the Seminole County Public Schools, Contest Officials Associations or the Athletic Trainers are not liable for medical expenses (i.e., hospital, physician, emergency transportation, etc.) or other charges incurred for such services, as may be rendered for or on behalf of my child as a result of injury or illness.
- I/We understand that if my child is injured or becomes ill, the Seminole County Public Schools will not be liable unless the injury or illness is the result of negligent conduct on the part of any employee of the Seminole County Public Schools.
- I/We do hereby approve emergency treatment, as deemed necessary by the hospital and/or medical personnel (Physician, Physical Therapist, Emergency Medical Services, Athletic Trainer, and Coaches) attending to my child on site.
- I/We do hereby give permission for the information contained in the Sports Screening/Physical form to be given to any medical personnel and emergency care facility administering treatment to my child.
- I/We understand that this health examination is entirely voluntary on my part and the part of the doctors; therefore, I agree to release doctors and personnel involved in the examination of any circumstances that might arise (directly or indirectly) from said examination.
- I/We understand a release (note) from my child's doctor must be submitted to the office each time my child is seen by a doctor to continue to participate in sports during the school year.
- I/We understand that participation may necessitate early dismissal from classes.
- Furthermore I grant the released parties the right to photograph and/or videotape my child's/ward's face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.
- I give my consent for my child/ward to participate in the following interscholastic sport(s) not crossed out: volleyball, cross country, track and field, cheerleading other _____.
- I/We also state that all questions have been answered correctly and my eligibility will be forfeited for false answers or failure to follow the requirements.

PART 6: STUDENT CONSENT, ACKNOWLEDGE AND RELEASE

I have read the rules and know of no reason that I am not eligible to participate in my school's athletic competition. As a representative I agree to abide by my school's rules, regulations and decisions. I know that participating is a privilege and I understand that serious injury and even death is possible. I agree to accept this responsibility and fully understand all risks involved. I voluntarily accept all responsibility for my own safety and welfare. Should I be 18 or become emancipated from my parent(s) I release and hold harmless my school, schools I compete against, and contest officials of any and all responsibility and liability for any injury or claim resulting from my athletic participation and agree to take no legal action because of any accident or mishap. I 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 and promotional materials without reservation or limitation. The released parties, however, are under no obligation to exercise said rights herein.

I / WE PARENT (S) AND STUDENT ATHLETE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

PRINT NAME (S) CLEARLY PLEASE

Student _____ Student Signature _____ Date _____

Parent/Guardian _____ Parent/Guardian Signature _____ Date _____

Parent/Guardian _____ Parent/Guardian Signature _____ Date _____

Seminole County Public Schools, Florida

Sports Screening/Physical & Parent/Student Release Form

Addendum to SCPS Form 985

I.

In addition to the routine medical evaluation required by s.1006.20, Florida Statutes and FHSAA Bylaw 11.8, 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.

II.

I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that his authorization is voluntary and that I may revoke it at any time by submitting the revocation in writing to my school.

III.

I hereby grant to SCPS 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.

IV.

I understand that the authorizations and rights are voluntary and that I may revoke 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.

I/We Parent(s) and Student Athlete have read this information carefully and know it contains a release. This form must be signed in the presence of a notary.

PRINT NAME CLEARLY

Student _____

Student Signature _____

Date _____

Parent _____

Parent Signature _____

Date _____

State of Florida

County of _____ Sworn to and subscribed before me this _____ day of _____ 200_____

() is personally known or produced identification () type of identification produced _____

Notary Stamp

Signature of Notary Public



SCHOOL _____ Grade _____

SEMINOLE COUNTY PUBLIC SCHOOLS, FL – ATHLETICS EMERGENCY CARD 20__-20__

ATHLETE _____ MALE FEMALE BIRTHDATE _____
 Last Name First Name (MM/DD/YY)

DATE OF PHYSICAL _____ Insurance () Birth Certificate () GPA _____ Eligible ()

PHYSICIAN'S NAME _____ PHONE _____

ALLERGIES _____ EYE GLASSES: YES NO CONTACTS: YES NO

MEDICATIONS _____ EMERGENCY MEDICATIONS: _____

MEDICAL CONCERNS: _____

MOTHER'S NAME _____ Cell Phone _____ Home Phone _____

FATHER'S NAME _____ Cell Phone _____ Home Phone _____

HOME ADDRESS _____
 (Number & Street) (Apt. #) (City) (Zip Code)

PERSON AUTHORIZED TO CARE FOR STUDENT IN CASE PARENT CANNOT BE REACHED:

NAME _____ ADDRESS _____

PHONE _____ CELL PHONE _____ RELATIONSHIP _____

Your insurance must remain current during this sport. You must notify your coach immediately if you change residence, cell phone number or no longer have insurance coverage.

SCPS Form 1416 (Rev. 2/22/16) SB

**** COMPLETE BOTH SIDES OF THIS FORM ****

PARENTAL CONSENT

STUDENT'S FULL NAME _____ AGE _____

SCHOOL _____ GRADE _____

I consent to the sharing of my child's health information as listed on the reverse side with appropriate school personnel unless specified in writing to the principal.

In the event of serious accident or illness, I request that the school contact me. If I cannot be reached, the school may make the necessary arrangements to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or medical facility. I will assume responsibility of payment for services rendered.

In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact a parent/legal guardian, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child.

All medical concerns regarding my child have been provided on this card for the care of my child.

We have health insurance through _____
 (NAME OF COMPANY) (POLICY #)

We have purchased Student Accident Insurance to supplement my personal insurance. YES NO
https://schoolinsuranceofflorida.com/pages/parent_pages/9035

PARENT OR LEGAL GUARDIAN _____ DATE _____
 (SIGNATURE)

**THE SCHOOL BOARD OF SEMINOLE COUNTY, FLORIDA
WAIVER AND RELEASE FOR ATHLETIC PARTICIPATION**

I. Student Release and Waiver – to be signed by student

I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury and even death is possible in such participation, and choose to accept such risks. I 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 otherwise emancipated, I hereby release and hold harmless the School Board of Seminole County, Florida, its officers, employees and agents; the school district of Seminole County, Florida; and my school (including but not limited to, the principal, athletic director, coaches, staff, and athletic trainers) of any and all responsibility and liability, including liability for their own negligence, for any injury or claim involving such athletic participation. This includes but is not limited to practice, fundraising, games, and competitions. I agree to take no legal action against any of the above listed parties involving my participation in athletic activities.

I have read this waiver carefully and know it contains a release

Student name (printed)

Student Signature

Date

II. Parental Release and Waiver – to be completed by parent/guardian or adult student with legal authority to make educational decisions

I know of and acknowledge that my child/ward is participating in interscholastic activities and such participation includes risks, including serious injury and even death. I voluntarily accept any and all responsibility for my child's safety and welfare while participating in athletics and fully understand the risks involved. On behalf of myself and my child, I hereby release and hold harmless the School Board of Seminole County, Florida, its officers, employees and agents; the school district of Seminole County, Florida; and my child's school (including but not limited to, the principal, athletic director, coaches, staff, and athletic trainers) of any and all responsibility and liability, including liability for their own negligence, for any injury or claim involving such athletic participation. This includes but is not limited to practice, fundraising, games, and competitions. I agree to take no legal action on behalf of myself or my child against any of the above listed parties involving my child's participation in athletic activities.

I have read this waiver carefully and know it contains a release

Parent/Guardian name (printed)
(or adult student)

Parent/Guardian signature
(or adult student)

Date