

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
ELEMENTARY ATHLETIC CONSENT FORM

Part 1. Student Information SCHOOL: _____

Student Name _____ Grade in School _____ Age _____ DOB _____

Home Address _____ Home Phone _____

Name of Parent/Guardian _____ Work Phone _____

Emergency Contact Person _____ Phone Number _____

Part 2. Parent / Guardian / Student Acknowledgement and Release

- A. I/We hereby give consent for my/our child/ward to participate in Elementary athletic activities.
- B. I have been informed and acknowledge that my child/ward knows of, the risks involved in Elementary 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 Elementary athletics. **With full understanding of the risks involved, I/we release and hold harmless the School Board of Osceola County, my/our child's/ward's school, the schools against which it competes and the contest officials of any and all responsibility and liability for any injury or claim resulting from such athletic participation and participation in the Elementary athletic activities and agree to take no legal action against any of the above-referenced entities because of any accident or mishap involving the athletic participation of my/our child/ward. This release applies to all participation in Elementary athletic activities.** I/We authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my child/ward is under the supervision of the school. I/We 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/we 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.
- C. I/We accept any and all responsibility for his/her safety and welfare while in transit to the athletic event. With full understanding of the risks involved, **I/we release and hold harmless the School Board of Osceola County, my/our child's/ward's school, the schools against which it competes, and the contest officials of any and all responsibility and liability for any injury or claim resulting from any accident that may occur in transit to or from the athletic event.**
- D. Please check the appropriate line. Student Insurance policy is secondary to all other sources of coverage.

_____ My child/ward is covered under our family health plan which has limits of not less than \$25,000.
Company _____ Policy Number _____

_____ I/We have no health insurance for my/our child/ward and we have elected to purchase School Time and/or 24 hour student accident insurance from Florida School Insurance to cover our child. **www.schoolinsuranceofflorida.com**
Policy Number _____

_____ I/We do not carry insurance for my/our child/ward and understand that said child is only covered for participation in Elementary athletics and not covered for the school day and for any other outside extracurricular activities provided by the school.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE

Parent / Guardian Name (Printed)

Parent / Guardian Name (Signature)

Date

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
CONCUSSION, SUDDEN CARDIAC ARREST and HEAT ILLNESS- Consent and Release From Liability Certificate.

This completed form must be kept on file by the school.

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 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.

* FREE Educational Video on Concussions are located at www.nfhslearn.com and or sportssafetyinternational.org

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 an 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
- Emotions out of proportion to circumstances (inappropriate crying or anger)
- Altered vision
- Delayed verbal and motor responses
- Decreased coordination, reaction time
- Memory loss
- Irritability, depression, anxiety, sleep disturbances, easy fatigability
- Dizziness, including light-headedness, vertigo (spinning) or loss of equilibrium (being off balance or swimming sensation)
- * Lack of awareness of surroundings
- * Headache or persistent headache, nausea, vomiting
- * Sensitivity to light or noise
- * Disorientation, slurred or incoherent speech
- * Confusion and inability to focus attention
- * Sudden change in academic performance or drop in grades
- * 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 of 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 athletic 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 that 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.cdc.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 conclusion can be drawn.

I acknowledge the annual requirement for **my child/ward to view** "Concussion in Sports-What You Need to Know" at www.flhslearn.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.

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Name of Student-Athlete (PRINT)	Signature of Student-Athlete	Date
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian	Date

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
CONCUSSION, SUDDEN CARDIAC ARREST and HEAT ILLNESS- Consent and Release From Liability Certificate.

This completed form must be kept on file by the school.

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.

*FREE Educational Video on Sudden Cardiac Arrest are located at www.nfhslearn.com and or sportssafetyinternational.org

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 camps 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.

The undersigned, on behalf of themselves, the other parent/guardian, the minor student and all assigns and representatives thereof, and to the fullest extent allowed by Florida Law do hereby knowingly accept the inherent risks presented by participation in this program and as a condition of such participation do hereby release and hold harmless the School Board/District of Osceola County, Florida, and all of its agents and employees from and against any and all lawsuits, claims, actions, damages or any other matter related to or arising out of the student's participation in this program, (the "Released Matters"), including Released Matters that are caused in whole or any part by the negligence of the School Board/District or any employee or agent thereof.

Name of Student-Athlete (PRINT) Signature of Student-Athlete ____/____/____
Date

Name of Parent/Guardian (PRINT) Signature of Parent/Guardian ____/____/____
Date

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

2019-20
SCHOOL YEAR

MEDICAL AUTHORIZATION FORM
Athletic Department

2019-20
SCHOOL YEAR

Student's Name: _____ DOB: ____/____/____

Grade: _____ Date Signed: _____

I, the undersigned parent/guardian, in the event that I cannot be reached and/or the team is out of the county during an interscholastic event, do hereby authorize the designated SDOC coach or other emergency personnel, if it is deemed necessary, to transport my child to the nearest appropriate healthcare facility and obtain any necessary medical treatment. **This authorization is valid for the 2019-20 school year.**

I further understand that the School Insurance Policy does not guarantee policy benefits. The Student Insurance policy is secondary to all other sources of coverage and may not pay 100% for all incurred medical expenses. Any and all expenses and liability for said expenses incurred as a result of this medical treatment shall be fully assumed by me.

Claim information or eligibility contact: School Insurance of Florida – Policy # 09-0142-2020. (Expires June 2020) P.O Box 784268, Winter Garden, FL 34778-4628. Phone: 407-798-0290; Fax: 407-798-0296

In order for you to receive the maximum insurance benefits, for which you are entitled, you MUST use your primary insurance network. Contact your insurance company prior to seeking ongoing treatment for an injury.

Food/ Medication Allergies: _____

Special Medical Conditions: _____

Insurance Company / Policy Number: _____

Date of Last Tetanus Shot (If known): _____

Parent / Guardian (Print Name) _____ Signature / Phone Number

Witness – Print Name (Must be of legal Age) _____ Witness Signature: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Print Name / Relationship to Child _____ Phone Number(s) _____

Print Name / Relationship to Child _____ Phone Number(s) _____