

Name of Student-Athlete:_____



HEALTH PHYSICAL PACKET

Items to Complete before Turning in Physical:

| | Person to Initial |
|--|--------------------------|
| 1) Preliminary Check of Physical by Head Coach _____ | Coach of Sport |
| 2) St. Brendan Health Physical Packet Completed _____ | D. Herrera ATC |
| 3) Impact Tested (sports that apply) _____ | D. Herrera ATC |
| 4) Original Birth Certificate or Passport _____ | J. Arnaiz AD |



Archdiocese of Miami
Department of Schools

Athletic Consent and Release from Liability Certificate

This completed form must be kept on file by the school

Student Name _____

School _____

Sports in which student plans to participate: _____

- A. I/we hereby give consent for child/ward to participate in the interscholastic sports that I have listed above.
- B. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands 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/we release and hold harmless my child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami 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 my child's/ward's school, the schools against which it competes, the contest officials and the Archdiocese of Miami because of any accident or mishap involving the athletic participation of my child/ward. I further 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.

C. Insurance Information

My/our child is covered under our family health insurance plan which has limits of not less than \$25,000

Company _____ Policy Number: _____

I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE:

Date: _____ Signature of Parent/Guardian: _____

Date: _____ Signature of Parent/Guardian: _____



SAINT BRENDAN CATHOLIC HIGH SCHOOL
HEALTH PHYSICAL PACKET



SECTION I - STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____ M.I. _____
BIRTHDATE _____ FEMALE ☐ MALE ☐ SCHOOL YEAR _____ / _____ ID _____
ADDRESS _____ CITY _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ GRADE _____
ARE YOU A UNITED STATES CITIZEN YES ☐ NO ☐ SPORTS _____

SECTION II - PARENT/GUARDIAN INFORMATION & PARENT/GUARDIAN INSURANCE INFORMATION

FATHER _____ PHONE # _____ EMAIL _____
MOTHER _____ PHONE # _____ EMAIL _____
EMERGENCY CONTACT NAME _____ RELATIONSHIP _____
EMERGENCY CONTACT PHONE _____

PRIMARY INSURANCE INFORMATION THAT INCLUDES YOUR CHILD:

NAME OF INSURED: _____ EMPLOYER: _____
INSURANCE COMPANY NAME _____ PHONE # _____
INSURANCE COMPANY ADDRESS: _____
INSURANCE POLICY # _____
GROUP # _____
PRIMARY CARE PHYSICIAN _____ PHONE # _____

WAIVER OF LIABILITY AND RELEASE

I, _____, hereby voluntarily release the Archdiocese of Miami, Volunteers, Saint Brendan High School, and the Saint Brendan High School Alumni Association, their agents and employees, and all related entities and individuals (hereinafter collectively referred to as "Saint Brendan", from any and all liability, claims, demands, actions or rights of action, which are related to, or are in any way connected with my participation in the health physicals taking place. This release includes specifically, but is not limited to, the negligent acts or omissions of Saint Brendan.

We further agree, promise and covenant to not sue, assert or otherwise maintain or assert any claim against Saint Brendan from any injury, death or damage to my person, arising from or connected with participating in the aforementioned health physicals or from any claim asserted against us by other third parties.

IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF I AM HURT OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS EVENT, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST SAINT BRENDAN, EVEN IF THEY, OR ANY OF THEM, NEGLIGENCELY CAUSED THE INJURY OR DAMAGE SUFFERED BY ME.

In case of a dispute arising out of or in any way related to the health physicals or the terms of this waiver and release, I agree that shall be limited to a court of competent jurisdiction in Miami-Dade County, Florida.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, THAT I UNDERSTAND IT COMPLETELY, AND, THAT I AGREE TO BE BOUND BY ITS TERMS.

(Signature)

PRINT NAME:

PHONE NUMBER:

ADDRESS:



Archdiocese of Miami
Department of Schools

Athletic Pre-participation Physical Evaluation (Page 1 of 2)

This completed form must be kept on file by the school

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

Student Name: _____ Sex: _____ Age _____ Date of Birth _____ / _____ / _____

School: _____ Grade in School _____ Sport(s) expected to play _____

Home Address: _____ Home Phone () _____

Name of Parent/Guardian: _____

Person to Contact in Case of Emergency: _____

Relationship to Student: _____ Home Phone: () _____ Work Phone: () _____

Personal/Family Physician: _____ City/State: _____ Office Phone: () _____

Part 2. Medical History (to be completed by parent). Explain "yes" answers below. Circle questions for which you do not know the answer

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

Explain "Yes" answers here: _____

I hereby state, to the best of my knowledge, that my answers to the above questions are complete and correct.

Signature of Parent/Guardian _____ Date: _____



Archdiocese of Miami
Department of Schools

Athletic Pre-participation Physical Evaluation (Page 2 of 2)

This completed form must be kept on file by the school

Part 3. Physical Examination (to be completed by physician).

Student Name: _____ Date of Birth _____/_____/_____

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

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. Skin | _____ | _____ | _____ |
| MUSCULOSKELETAL | | | |
| 9. Neck | _____ | _____ | _____ |
| 10. Back | _____ | _____ | _____ |
| 11. Shoulder/Arm | _____ | _____ | _____ |
| 12. Elbow/Forearm | _____ | _____ | _____ |
| 13. Wrist/Hand | _____ | _____ | _____ |
| 14. Hip/Thigh | _____ | _____ | _____ |
| 15. Knee | _____ | _____ | _____ |
| 16. Leg/Ankle | _____ | _____ | _____ |
| 17. Foot | _____ | _____ | _____ |

* - Station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN

____ Cleared without limitation
____ Not cleared for _____ Reason _____
____ Cleared after completing evaluation/rehabilitation for: _____
____ Referred to _____ For _____

Recommendations: _____

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

Address: _____

Signature of Physician: _____, MD, DO, DC, ARNP

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
____ Not cleared for _____ Reason _____
____ Cleared after completing evaluation/rehabilitation for: _____
____ Referred to _____ For _____

Recommendations: _____

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

Address: _____

Signature of Physician: _____, MD, DO, DC, ARNP

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 (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.
This form is non-transferable; a change of schools during the validity period of this form will require this form to be re-submitted.

School: _____ School District (if applicable): _____

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

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

Part 2. 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 FHSAA recognized or sanctioned sport **EXCEPT** for the following sport(s): _____

List sport(s) exceptions here

- B. I understand that participation may necessitate an early dismissal from classes.
- C. I know of, and acknowledge that my child/ward knows of, the risks involved in interscholastic athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics. With full understanding of the risks involved, I release and hold harmless my child's/ward's school, the schools against which it competes, the school district, the contest officials and FHSAA of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against the FHSAA because of any accident or mishap involving the athletic participation of my child/ward. 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 FHSAA, 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 FHSAA 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 FHSAA 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 FHSAA 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/I pursue litigation seeking injunctive relief or other legal action impacting my child (individually) or my child's team participation in FHSAA state series contests, such action shall be filed in the Alachua County, Florida, Circuit Court.

F. I understand that the authorizations and rights granted herein are voluntary and that I may revoke any or all of them at any time by submitting said revocation in writing to my 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 (Page 2 of 2)

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

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. 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)
2. Must attend school within 10 days of the beginning of **each semester** to be eligible during **that semester**. (FHSAA Bylaw 9.2)
3. 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)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 9.4)
5. Must participate at the school in which the student first enrolls (attends), or at which the student first takes part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 9.2)
6. Must not transfer schools after the first day of practice of a sport, otherwise the student cannot participate at the new school for the remainder of that sport season. Exceptions may apply. See your school's principal/athletic director after first attending the new school. (FHSAA Bylaw 9.3)
7. Must not participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with a school or coached by a representative of a school other than the one the student attends, or has attended, and then attend that school, otherwise the student's eligibility may be impacted. (FHSAA Bylaw 9.2) Exceptions may apply. See your school's principal/athletic director after first attending the new school.
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student's eligibility may be impacted. (FHSAA Bylaw 9.3)
9. 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)
10. 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)
11. Must be less than 19 years 9 months old to participate in high school; 16 years 9 months old to participate in junior high school; and 15 years 9 months old to participate in middle school, otherwise the student becomes ineligible to participate at that level. Students entering 9th grade in 2014-15 and thereafter must not turn 19 before September 1st, otherwise the student becomes ineligible to participate. (FHSAA Bylaw 9.6)
12. Must undergo a pre-participation physical evaluation and be certified as being physically fit for participation in interscholastic athletics (form EL2). The physical evaluation is valid for 365 calendar days from the date that it was administered. Parents and students must also submit a completed EL3CH which serves to address heat illness and concussion dangers. (FHSAA Bylaw 9.7)
13. 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)
14. 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)
15. 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)
16. Must not provide false information to his/her school or to the FHSAA to gain eligibility. (FHSAA Bylaw 9.1)
17. 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)
18. 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.
19. **This form is non-transferable**; a separate form must be completed for each different school at which a student participates.

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.



Florida High School Athletic Association

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

STUDENT ACKNOWLEDGEMENT AND CONSENT

I have read and signed the Florida High School Athletic Association (FHSA) *Consent and Release from Liability Certificate* (EL3) and I have also read the St. Brendan Student Handbook. I also agree to comply with the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers.

I agree to follow the rules of St. Brendan, the GMAC, and the FHSA and 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 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, including the responsibility of reporting my injuries and illnesses to the appropriate St. Brendan staff, including the symptoms of concussion.

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 St. Brendan, the schools against which it competes, the contest officials, GMAC, 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 parties named 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 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. I understand and agree that such use (of my name, image or other information) by St. Brendan or any entity authorized by it shall be without compensation to me. 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. **I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

Name of Student Printed

Signature of Student

Date

PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT

I/we have read and signed the Florida High School Athletic Association (FHSA) *Consent and Release from Liability Certificate* (EL3) and I/we have also read the St. Brendan Student Handbook. I/we also agree that my child will comply with M-DCPS Board Rules and the Greater Miami Athletic Conference (GMAC) Bylaws in regard to athletic participation and student transfers. I/we know of, and acknowledge, that my/our child/ward knows of, the risks involved in interscholastic athletic competition, 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, including the responsibility of reporting my/our child's/ward's injuries and illnesses to the appropriate St. Brendan staff, including the symptoms of concussion.

With the full understanding of the risks involved, I/we for ourselves, and for our child/ward, HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT(S) NOT TO SUE St. Brendan, its officers, employees, agents, representatives, insurers, and assigns (referred to as "releases"), from any and all liability to the undersigned, his/her parents, child, personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we for ourselves and for our child/ward, HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releases or otherwise which is in any way related to the athletic participation of the child/ward. I/we authorize emergency medical treatment for my/our child/ward should the need arise for such treatment while my/our child/ward is under the supervision of the school. I/we hereby authorize the use or disclosure of my/our child's/ward's individually identifiable health information should treatment for illness or injury become necessary. **I/we consent to the disclosure, by my/our child's/ward's school, to the FHSA, upon its request, of all the records relevant to his/her athletic eligibility including, but not limited to, his or her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence, and physical fitness.** In addition, I/we grant the releases the right to photograph and/or videotape my/our 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. I understand and agree that such use (of my name, image or other information) by the St. Brendan or any entity authorized by it shall be without compensation to me. The released parties, however, are under no obligation to exercise said rights herein.

I/we understand that the authorizations and rights granted herein are voluntary and that I/we may revoke any or all of them at any time by submitting said revocation in writing to my/our child's/ward's school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics. **I / WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

Name of Parent Printed

Signature of Parent

Date

I/we have read and understood the previous information. Furthermore, I/we have reviewed my/our child's medical history form (EL2) and agree that it is accurate and complete. I/we give consent for my/our child to participate in ImPACT Testing: Cognitive Testing and Post Concussion Testing. I/we give consent for the medical staff to perform the pre-season sport physical examination on my/our child, which I/we understand is not a substitute for regular check-ups and care from our own family physician. I/we also give consent for trained medical staff (licensed athletic trainer, fire/rescue, physician) to treat my/our child, if necessary, at any physical, practice, or game upon my/our absence. My/our signature in the space(s) below indicates that the requirements have been carefully read and permission is granted for my/our child to participate in all interscholastic athletics, with the exception of

(IF NO EXCEPTION, WRITE "NONE")

PARENT/GUARDIAN _____ PARENT/GUARDIAN _____
(Please print name) (Please print name)

SIGNATURE _____ DATE _____
Father Mother Guardian

SIGNATURE _____ DATE _____
Father Mother Guardian

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____

BY _____, WHO PRODUCED A LEGAL IDENTIFICATION OR IS PERSONALLY KNOWN TO ME.

NOTARY NAME _____
(Please print name)

NOTARY SIGNATURE _____

MY COMMISSION EXPIRES _____



NOTARY SEAL