

Taylor County High School

900 N. Johnson Stripling Road

Perry, Florida 32347

850-838-2525
Fax 850-838-2521

Dear Parent/Guardian,

We are pleased to have your student participating in athletics at Taylor County High School. Due to the possibility of injury during athletic activities and games, each participant is required to have adequate medical coverage. Please supply the following information for us so we can provide care for your son/daughter should the need arise. Thank you in advance for your assistance.

Sincerely,
Ryan Smith
Athletic Director

STUDENT'S NAME _____

WE DO NOT WISH TO PURCHASE INSURANCE ON _____

INSURANCE COMPANY _____

POLICY NUMBER _____

(Please attach a copy of insurance card/policy)

PERSON RESPONSIBLE FOR ALL INSURANCE AND MEDICAL BILLS. _____

PARENT'S SIGNATURE _____

*INSURANCE IS AVAILABLE TO OUR STUDENTS. PACKETS ARE AVAILABLE AT THE SCHOOL IN THE FRONT OFFICE.

CHECK HERE IF YOU WOULD LIKE TO SIGN UP FOR INSURANCE. _____

Taylor County Sports Hydration Statement

I, _____ the parent of
_____ (a bulldog player)

have read and understand the material on hydration. The head coach has explained the problems associated with dehydration and the steps that can be taken to prevent dehydration. The coach has also explained the following ways the bulldog staff will minimize the risk of dehydration.

*We will provide frequent water breaks during practice – every 15 - 20 minutes.

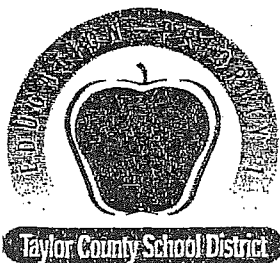
* We have educated players and parents on the causes and preventions of dehydration through the forms given to parents.

*We are instructing players to consume only non-caffeinated drinks during the day and extreme heat situations.

*We are instructing parents and players to monitor weight during the day and extreme heat situations.

Date _____

Parent / Guardian Signature _____



Field Trip Activity Participation Form Medical and Liability Release

The undersigned _____ of _____
(Parent/Legal Guardian) (Address)

Parent or Guardian of _____, a student in the Taylor County
School District agrees that:

1. The above named student has my permission to participate in all educational fieldtrips during the _____ school year, as approved by the principal. I understand that I will be notified in writing in advance of the dates and locations of these field trips.
2. I agree to release the District School Board of Taylor County, Florida and its representatives from any claim for personal injury or damages resulting from my student's participation in educational field trip activities.
3. I understand the activity and give my permission to my child's participation.
4. I give permission for my child to travel by the means of school transportation.
5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my child:
 - A. Physical problems or limitations _____
 - B. Current Medication _____
 - C. Drugs or other allergies _____
 - D. Name and phone # of physician _____
 - E. Name and phone # where I may be reached _____
6. The above named student is covered by medical/liability insurance _____
7. As the parent or legal guardian of the above named student, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT THE DISTRICT SCHOOL BOARD OF TAYLOR COUNTY IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN THE FIELD TRIP ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

(Parent or Guardian Signature)

(Date)

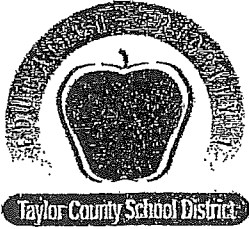
STATE OF FLORIDA
COUNTY OF TAYLOR

The forgoing instrument was acknowledged and signed before me this

_____ day of _____

Notary Public

My commission expires _____



CONSENT FORM

STUDENT RANDOM EXTRACURRICULAR DRUG TESTING

TAYLOR COUNTY SCHOOL DISTRICT

I have received a copy of the Taylor County School Board Policy entitled *STUDENT RANDOM DRUG TESTING*. I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in extracurricular activities in Taylor County Public Schools. I further understand that if I fail to report for a drug test without a verified excuse acceptable to my school principal or the principal's designee, or if a drug test establishes a positive test result, I will face consequences as set forth in the *STUDENT RANDOM DRUG TESTING* policy established by the School Board.

By signing and dating this form I understand that random drug testing will be conducted quarterly, or as deemed necessary by the school principal, throughout the calendar year. I understand that in the event of an initial positive test result, a request that the remainder of the sample be tested will be at the expense of the student and/or his/her parent/guardian/custodian.

I further consent to the confidential release of all information and records, including drug test results that are generated or obtained pursuant to the Policy to the persons so indicated in the Policy, including but not limited to the principal or the principal's designee, and drug counseling program in which I enroll and to my parent/guardian/custodian.

I hereby consent to the administration of drug testing and the conditions listed in this consent.

STUDENT NAME: _____ DATE: _____

STUDENT SIGNATURE: _____

Notary Public

State of Florida

Parent/Guardian/Custodian Name: _____ Date: _____

Parent/Guardian/Custodian Signature: _____

Notary Public

State of Florida



Florida High School Athletic Association
Preparticipation Physical Evaluation (Page 2 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

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

Student's Name: _____ Date of Birth: ____/____/____
Height: _____ Weight: _____ % Body Fat (optional): _____ Pulse: _____ Blood Pressure: ____/____ (____/____, ____/____)
Temperature: _____ Hearing: right: P _____ F _____ left: P _____ F _____
Visual Acuity: Right 20/____ Left 20/____ Corrected: Yes No Pupils: Equal _____ Unequal _____

FINDINGS NORMAL ABNORMAL FINDINGS INITIALS*

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
1. Appearance	_____	_____	_____
2. Eyes/Ears/Nose/Throat	_____	_____	_____
3. Lymph Nodes	_____	_____	_____
4. Heart	_____	_____	_____
5. Pulses	_____	_____	_____
6. Lungs	_____	_____	_____
7. Abdomen	_____	_____	_____
8. Genitalia (males only)	_____	_____	_____
9. Skin	_____	_____	_____
MUSCULOSKELETAL			
10. Neck	_____	_____	_____
11. Back	_____	_____	_____
12. Shoulder/Arm	_____	_____	_____
13. Elbow/Forearm	_____	_____	_____
14. Wrist/Hand	_____	_____	_____
15. Hip/Thigh	_____	_____	_____
16. Knee	_____	_____	_____
17. Leg/Ankle	_____	_____	_____
18. Foot	_____	_____	_____

* - station-based examination only

ASSESSMENT OF EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER

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

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

Recommendations: _____

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

Signature of Physician/Physician Assistant/Nurse Practitioner: _____



Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2.

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

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

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

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

Explain "Yes" answers here: _____

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

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



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, 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 must be approved by the FHSAA office prior to any participation. (FHSAA Bylaw 9.2)
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 fall practice or the first day of school, or otherwise the student cannot participate at the new school for the remainder of the school year. (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 will be ineligible there for one year. (FHSAA Bylaw 9.3)
8. Must not transfer to a school that the student's coach has relocated to within a year, otherwise the student will be ineligible there for one year. (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)/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. (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 after which time the student must successfully undergo another physical evaluation to continue his/her participation. (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. Foreign exchange and international students must be approved by the FHSAA office prior to any participation. (FHSAA Policy 17)

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

EL 3

Consent and Release from Liability Certificate (Page 1 of 2)

Revised 04/12

This completed form must be kept on file by the school

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.

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) exception 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.

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.

D. 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. E. 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. F. 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:

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

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



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), or a licensed physicians assistant under the direct supervision of a MD/DO (as per Chapters 458 and 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



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