# EUSTIS MIDDLE SCHOOL MUSTANGS



**REQUIRED FORMS FOR SPORTS PARTICIPATION** 

\*\*\*\*ATTACH A COPY OF HEALTH INSURANCE CARD\*\*\*\*

# **LAKE COUNTY SCHOOLS**

# SPORTS SCREENING PHYSICAL EXAMINATION

### NOTICE TO PARENT/LEGAL GUARDIAN

Lake County Schools recommends that your child have a yearly comprehensive physical examination by your personal physician. The screening sport physical, given by volunteer doctors, are not intended to replace your child's regular health maintenance. It is the responsibility of the parent/guardian to make the choice for medical care regarding your child. It is your clear understanding that participation in athletic activities creates a risk normally associated with such activities and that the risk increases as the sport becomes more vigorous and/or involves bodily contact.

## PARENTAL/LEGAL GUARDIAN & CHILD/WARD NOTICE OF RESPONSIBILITY & CONSENT FOR PARTICIPATION

As a parent/legal guardian of a student who will be participating in any Lake County School Board (LCSB) athletic activity, your authorization to permit your child/ward to participate requires you understand and agree to certain rules, responsibilities and regulations.

- Athletics is a sports activity that will require your child/ward to maintain satisfactory grades and behavior in accordance with the LCSB Code
  of Conduct and school/team rules. Once a child is approved for sports activities you hereby give consent for participation.
- You understand if a parent, guardian or student falsifies any signature or information on the sports screening physical examination form, the child/ward will be declared ineligible to participate in any Lake County interscholastic activity for one full calendar year from disclosure date.
- 3. You understand that your child/ward must have a physical evaluation each year and be certified as being physically fit to participate in interscholastic athletic programs. A physical evaluation shall be valid for a period not to exceed one calendar year from the date of practitioner's signature. The student cannot be allowed to participate in any activity related to interscholastic athletic programs until the fully executed physical evaluation form is on file in the school.
- 4. You further give permission for appropriate school staff and their designees to render medical treatment or authorize medical treatment by a hospital and/or doctor and agree to hold LCSB and its employees harmless in the administration of such assistance.
- 5. You understand that if the child/ward consults a medical physician concerning any injury received in a LCSB sponsored athletic practice or interscholastic sports contest, written medical approval must be obtained from a physician prior to the child/ward's further participation in activity. You understand that a written doctor's note on the doctor's stationary or prescription pad must be given to the athletic trainer or athletic director before that student will be allowed to resume activity.
- 6. You also consent for your child to be transported in connection with participation in athletic activities. You fully understand that this consent is given knowing that your child/ward's participation in approved activities may, from time to time, require travel out of state as well as out of and within Lake County. You realize, and agree, that the travel may be by private or publicly owned vehicles, bus, passenger car, on foot or various other means, as deemed appropriate and approved by the school principal.
- 7. Athletics require that your child/ward and you commit to timely arrival and departure from the activity in accordance with the directive issued by the school principal or coach designated by the school principal to direct said activities. Your failure to timely pick up your child/ward may result in your child/ward's exclusion from the athletic activity.
- 8. You do authorize and give permission to the school principal, coaches, and school representatives to release your child at the conclusion of the athletic activity. You do authorize and give permission to your child to individually determine his/her method and means of returning to your home upon conclusion of any daily athletic activity including but not limited to his/her walking, riding with a friend, or any other means of transportation he/she chooses. If you have elected to give your child/ward permission herein, you hereby release the LCSB, its employees, agents, and assigns, from any and all liability or claim that may arise from or after your child/ward leaves the athletic activity.
- 9. You do grant permission to the school principal, coaches, school representatives the right to photograph and/or videotape your child/ward and further to use name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising, and promotional materials without reservation or limitation.
- 10. You do grant permission to LCSB to release any and all athletic injury information relating to the named athlete to the Sports Medicine Program Injury Registry.
- 11. In addition to the routine sports screening evaluation required by FHSAA Bylaws, you understand and acknowledge that you are hereby advised that your child/ward should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test provided by your personal physician.
- 12. You further hereby authorize the use or disclosure of your child's/ward's individually identifiable health information should treatment for illness or injury become necessary. You understand that this authorization is voluntary and that you may revoke it at any time by submitting the revocation in writing to your child/ward's school principal.
- 13. Hazing is defined as any method that causes, or is likely to cause, bodily danger or physical harm, or serious mental or emotional harm to any student. You understand activities that expose individuals to embarrassment, abuse, ridicule, or humiliation will not be tolerated and are subject to enforcement under the LCSB Code of Conduct, depending upon the seriousness of the violation.
- 14. You and child/ward have read and discussed the LCSB Code of Conduct and acknowledge that she/he may be disciplined or removed from a team if any of the provisions are violated.

I hereby acknowledge and certify that I have read the sports screening document.  I understand and agree to be bound by its terms.				
Signature of Parent/Legal Guardian	Printed Name of Parent/Guardian	Date		
Signature of Student	Printed Name of Student	 Date		

# FAMILY / STUDENT HEALTH HISTORY

Student NameD				Sex	
Street /	Address				
City		State	Zip Code		
Home I	Phone	Other Phone(s) _			
Identif answe	y the answers on the r	wer for each of the following questions as well as circle any onext page.	questions you are unable to answer.	Explain "yes"	
YES	NO	Have you had a medical illness or injury since your last medic	al check or sports physical?		
YES	NO	Do you have an ongoing chronic illness?			
YES	NO	Have you ever been hospitalized overnight?			
YES	NO	Are you currently taking any prescription or nonprescription m	redications or pills or using an inhaler?		
YES	NO	Have you taken any supplements or vitamins to help you gain	or lose weight to improve performance?	?	
YES	NO	Do you have any allergies? (For example pollen, medicine, lat	ex, food, or stinging insects)		
YES	NO	Have you ever had a rash or hives develop during or after exe	rcise?		
YES	NO	Have you ever passed out during or after exercise?			
YES	NO	Have you ever been dizzy during or after exercise?			
YES	NO	Do you get tired more quickly than your friends do during exe	rcise?		
YES	NO	Have you had a severe viral infection? (For example: myocard	ditis or mononucleosis)		
YES	NO	Do you have any current skin problems? (For example: itching	रु, rashes, acne, warts, fungus, blisters o	r pressure sores)	
YES	NO	Have you ever become ill from exercising in the heat?			
YES	NO	Do you cough, wheeze, or have trouble breathing during or af	ter activity?		
YES	NO	Do you have asthma?			
YES	NO	Do you have seasonal allergies that require medical treatmer	it?		
YES	NO	Have you had any problems with your eyes or vision?			
YES	NO	Do you wear glasses, contacts, or protective eyewear?			
YES	NO	Have you ever had a sprain, strain or swelling after injury?			
YES	NO	Have you broken or fractured any bones or dislocated any join	nts?		
YES	NO	Do you want to weigh more or less than you do now?			
YES	NO	Has your weight fluctuated up or down over the past year?			
YES	NO	If you are female, do you experience any problems with your p	period?		
YES	NO	Do you use any special protective or corrective equipment or position? (knee brace, special neck roll, foot orthotics, shunt,	, ,	our sport or	
YES	NO	Have you ever been hospitalized? (Include date(s) in explana-	ion)		
YES	NO	Have you ever had surgery? (Include date(s) in explanation)			
YES	NO	Have you ever had a seizure?			

YES	NO	Do you have frequent or severe headache	es?				
YES	NO	Have you ever had a head injury or concussion? (Include how many and how long ago)					
YES	NO	Have you ever been rendered unconscious, or lost your memory?					
YES	NO	Have you ever had a stinger, burner or pir	Have you ever had a stinger, burner or pinched nerve?				
YES	NO	Have you ever had numbness or tingling i	Have you ever had numbness or tingling in your arms, hands, legs or feet?				
YES	NO	Have you ever had chest pain during or af	ter exercise?				
YES	NO	Have you ever had racing of your heart or	skipped heartbeats?				
YES	NO	Have you had high blood pressure or high	cholesterol?				
YES	NO	Have you ever been told you had a heart r	murmur?				
YES	NO	Have you ever been diagnosed with sickle	e cell anemia?				
YES	NO	Have you ever been diagnosed with the si	ckle cell trait?				
YES	NO	Has a physician ever denied or restricted	your participation in sports f	or any heart problems?			
YES	NO	Has any family member or relative died of	heart problems or sudden o	leath before age 50?			
YES	NOheadshin/ca	Have you had any injuries to, or experience of YES, check appropriate area and explain each all each and explain each end explain each expension exp	n below: lethighba	ckwristtoe _ earmchesthip _	hand knee		
rtecora	the dates of	your most recent inimunizations (shots) for	Hepatitis B				
EXPLAII	N YES ANS\	WERS BELOW (If more space is needed; att	ach page.)				
a resuling resulting the second secon	t of my/our ave elected from any lia m of said puany insuran ation below nee you must of insurance	VERIFICATION  To hereby waive, relinquish, remise, and resaid minor child participating in the at to assume said risk, I/we have insured neability in its failure to provide insurance ublic school system. I/We am providing note information I/we understand that may is required for participation. A copy of st purchase and sign below that you have e company	hletic program of the pub nyself/ourselves against s e upon my/our said child information for medical ir y child/ward will forfeit a your valid insurance card re football and/or school i	y claim or cause of action while of the control of	ounty, insofar as and release said engaged in the d/ward. If I/we disclosure. The not have family		
S	ignature of Pa	arent/Legal Guardian	Print Name of Parent/L	egal Guardian	Date		

physician assistant or certified advanced nurse practitioner). Student Name (please print) List all sport(s) in which child/ward will participate. Height \_\_\_\_\_ Weight \_\_\_\_ % Body Fat (optional) \_\_\_\_ Resting Pulse \_\_\_\_ Blood Pressure \_\_\_\_ Temperature \_\_\_\_\_ Right P \_\_\_\_\_ F \_\_\_\_ Left P\_\_\_\_\_ F\_\_\_\_ Hearing -Corrected YES NO Pupils Equal\_\_\_\_\_ Unequal \_\_\_\_\_ Visual Acuity - Right: 20/\_\_\_\_\_ Left: 20/ \_\_\_\_\_ **MEDICAL FINDINGS NORMAL ABNORMAL FINDINGS General Appearance** Eyes/Ears/Nose/Throat Lymph Nodes Heart Pulses Lungs Abdomen Genitalia (males only) Skin Musculoskeletal Neck Back Shoulder, Arm Elbow, Forearm Wrist, Hand Hip, Thigh Knee Leg, Ankle Foot ASSESSMENT OF EXAMINING PHYSICIAN ASSESSMENT Cleared without limitation \_\_ Disability \_\_ \_\_\_\_\_Diagnosis \_\_\_\_\_ \_\_ Precautions \_\_\_ \_\_\_\_\_ Diagnosis \_\_\_\_\_ \_\_ Disability \_\_\_ \_\_ Not cleared for \_\_\_\_\_\_ Reason \_\_\_\_\_\_ Reason \_\_\_\_\_ Recommendations \_\_\_\_\_ Physician Signature \_\_\_\_\_\_ Date \_\_\_\_\_\_

PHYSICAL EXAMINATION (to be completed by licensed physician, licensed chiropractic physician, licensed osteopathic physician, licensed

# \*\*\*COMPLETE TOP & BOTTOM SECTIONS\*\*\*

# \*\*\*COMPLETE TOP & BOTTOM SECTIONS\*\*\* LAKE COUNTY SCHOOLS EMERGENCY TREATMENT AUTHORIZATION CARD

(Please Print) Student Legal Name			School	Grade
Student DOB	Date of last tetanus	s shot	my child/ward has the following allergies	5
	child	d/ward is allergic to the	following medications	
Please identify any serious inj	uries or disease your child/wa	ard has had		
Name alternate contact in cas	se of emergency		Telephone Number	
Primary Care Doctor Name	nary Care Doctor NameTelephone Number			
purchased school insurance. information for medical insura will forfeit athletic eligibility fr and identify below that you ha	I/we relieve and release LC ance coverage for my/our child om date of disclosure. The in ave football/school insurance	CSB from any liability in d/ward. I/We further ur formation below is requ for your child/ward.	nur/my child/ward is my/our responsibility; when its failure to carry insurance upon our/my characteristand that if I/We falsify any insurance informired for participation, if you do not have family insurance Policy Number	ild/ward. I/We are providir ation that my/our child/war nsurance you must purchas
Name of Insurance Contact			Telephone Number	
I/We further give permission doctor and agree to hold the certify that I/We have read the	for appropriate school staff a Lake County School Board a he emergency medical docur lare that I/we have read the t	nd its employees harml nent and I/We understa	ender medical treatment or authorize medical treess in the administration of such assistance. I/and and agree with its terms. According to Floracts stated in it are true." I/We agree to be boun	We hereby acknowledge and ida Statues (92.525) "Unde
Signature of Parent/	Legal Guardian	F	Print Name of Parent Legal Guardian	Date
Telephone (H)		Telephone (W)	Other	
Street Address				
City		State	Zip	
			School	
Student DOB			my child/ward has the following allergies	
		_	following medications	
Name alternate contact in cas	se of emergency		Telephone Number	
Primary Care Doctor Name			Telephone Number	
purchased school insurance. information for medical insura will forfeit athletic eligibility fr and identify below that you ha	I/we relieve and release LC ance coverage for my/our child om date of disclosure. The in ave football/school insurance	CSB from any liability in d/ward. I/We further ur formation below is requested for your child/ward.	our/my child/ward is my/our responsibility; when its failure to carry insurance upon our/my chaderstand that if I/We falsify any insurance informired for participation, if you do not have family insurance Policy Number	ild/ward. I/We are providin lation that my/our child/war nsurance you must purchas
doctor and agree to hold the certify that I/We have read the	for appropriate school staff a Lake County School Board a he emergency medical docur lare that I/we have read the f	nd their designees to re nd its employees harml nent and I/We understa foregoing and that the fa	Telephone Number	eatment by a hospital and/o We hereby acknowledge an ida Statues (92.525) "Unde
Signature of Parent/	Legal Guardian	F	Print Name of Parent Legal Guardian	Date
Telephone (H)		Telephone (W)	Other	
Street Address				
City		State	7in	

\*\*\*COMPLETE TOP & BOTTOM SECTIONS\*\*\*

# **LAKE COUNTY SCHOOLS**

# NOTIFICATION OF RISK AGREEMENT

All athletic forms for eligibility must be completed and returned to the school athletic office before your child/ward will be permitted to try out, practice or participate in any athletic event. I/We have marked, for the current school year, and I/we hereby give permission for our child/ward to participate in the following activities.

, ,	, ,			
BASKETBALL VOLLEYBALL	CHEERLEADING_ FLAG FOOTBALL_	SOCCER OTHER	CROSS COUNTRY	
not limited to death, se injury to virtually all bond impairment to other asp practicing in any of the abilities to earn a living participating in any spo	rious neck and spinal inges, joints, ligaments, musects of the body, general above sports may result, to engage social and rt, I/We recognize the inchool Board (LCSB) Code	juries which may result in scles, tendons, serious inju health and well being. I/W not only in serious injury, k recreational activities, and apportance of following coa	in nature involving many risks complete or partial paralysis, ry to virtually all internal organe understand that the danger out in serious impairment of national generally to enjoy life. Becauches' instructions regarding and other team rules and my	brain damage, serious ns, and serious injury or s and risks of playing or ny child's/ward's future ause of the dangers of playing techniques and
I/We understand that the contact, physical condition equipment misuse or emaintenance, intentional which my child/ward may my/our child/ward, heirs from all liabilities claims trying out for any athletiand all such liabilities disbursements. The reunderstand that this Notabove-released parties	nere is a risk of injury as itioning, exertion, medic quipment maintenance, al acts of third-persons, s by be exposed. I/We agre s, executors and administ a, actions, damages, or co ic activity. I/We further a beleased parties are the tification of Risk Agreeme and covers bodily injury	ssociated with all athletic and conditions known or playing field conditions, purposed in the toassume the risk set of the toassume the risk set of the toassume th	ce or try out for any LCSB spot activity including, but not limit unknown, equipment defect playing field maintenance, far sregard of conduct codes and above and, on my/our own discharge the released partie are arising of my/our child/ward each of the released partie including, but not limited to the representatives and any sed on the negligent actions of either suffered by me/us, my/or said child or ward at my/our	ted to injury caused by s, equipment failures, cility conditions, facility d safety instructions, to behalf and on behalf of s defined below, of and rd playing, practicing or s harmless against any o, attorney's fees and of its insurers. I/We r inactions of any of the our child/ward before,
become necessary. I/We including, but not limited residence and physical child/ward and further advertising, promotional obligation to exercise sa I/we may revoke any or	e hereby grant to FHSAA of to, his/her records related to, his/her records related fitness. I/We hereby go to use his/her name, for and commercial materiated rights herein. I/We undeall of them at any time be	the right to review all recording to enrollment and atter grant the released parties ace, likeness, voice and a als without reservation or linderstand that the authorizary by submitting said revocation	ealth information should treated relevant to my/our child's/ondance, academic standing, at the right to photograph and ppearance in connection wit mitation. The released parties tions and rights granted herein in writing to my/our child's/pation in interscholastic athle	ward's athletic eligibility ge, discipline, finances, d/or videotape my/our h exhibitions, publicity, however, are under non are voluntary and that ward's school; in doing
	ent below, I/we affirm th y agree to be legally bou		orded mentioned Notification	of Risk Agreement and
Signature of Parent/Legal	Guardian	Printed Name of Parent/Gu	uardian	Date

Printed Name of Parent/Guardian

Signature of Parent/Legal Guardian

Date

# Attach a front and back copy of your child's insurance card on this page.