

Monarch Knights Athletic Department Paperwork Packet

In order to participate in Athletics at any Broward County High School you MUST:

These forms must be completed every year, except for the Birth Certificate which only needs to be on file once.

1. Have a **Current Physical Examination by a Physician** on a Broward County/FHSAA form. Must be completed each year.
2. Have a **Notarized Parent Consent and Release from Liability Certificate** form on file at the school. Must be completed each year.
3. Have a copy of a **Valid Insurance Card** on file at the school.
4. Have a Parent & Student/Athlete signed copy of the **Sportsmanship Policy** in the Athletic Director's Office.
5. Have a Parent & Student/Athlete signed copy of the **Authorization for release of Medical Records Information & Permission to Treat** for Broward Health.
6. Complete the **Athletic Information Sheet**.
7. Have a copy of your **Birth Certificate** on file at the school.

No athlete will be allowed to CONDITION, PRACTICE OR COMPETE until all of the above requirements are met.

No Exceptions!!!!

Monarch Knights Sportsmanship Policy

Monarch High School is committed to a spirit of good sportsmanship as a means to achieve exemplary citizenship and to enhance the image of our school community among students, patrons, and guests of our district. To enhance and promote sportsmanship and citizenship goals, all students, sponsors and fans representing our school are expected to display exemplary levels of sportsmanship during all school sponsored events and activities.

I. OBJECTIVES OF STUDENTS PARTICIPATION IN THE ATHLETIC PROGRAMS

Each student participates in the Monarch High School athletic program is expected:

On the field/court to:

1. Be gracious and courteous regardless of whether he/she wins or loses.
2. Abstain from the use of illegal tactics.
3. Abstain from the use of profanity.
4. Abstain from displaying fits of temper, clowning, or other inappropriate behavior.
5. Cooperate with officials, coaches and athletes.

At school to:

1. Maintain good scholarship.
2. Pay respectful attention to classroom activities
3. Show respect for other students
4. Avoid Horseplay and unnecessary boisterousness.
5. Maintain a good attendance record.

In the school building and on school grounds to.

1. Conduct him/her so as to provide role models for other students
2. Being respectful to him/her and the team he/she represents.
3. Use school equipment with respect and care.
4. While participating in an event at another school too.
5. Respect the property of others.
6. Respect Monarch High School with honor.

II. MINIMUM TRAINING RULES AND REGULATIONS AS ESTABLISHED BY THE ATHLETIC DEPARTMENT.

1. Students are expected to be at team practices on time. A student should always consult his/her coach before missing practice. Missing practice or a game without good reason is unacceptable.
2. Students are expected to treat all equipment as if it were his/her own. He/she should not abuse it or see it wantonly harmed. Each student is financially responsible for all equipment he/she checks out and will not be allowed to participate in another sport until the obligation is cleared.
3. Athletes, like all other students, are expected to conduct themselves in a reasonable, responsible manner in keeping with the School Board of Broward County code of conduct.
4. Students are expected to remain on a team until all contests are completed (play-offs and such). Dropping out of a sport is a serious matter. No student will quit any sport without first consulting his/her coach and/or Athletic director explaining his/her intentions. Any athlete quitting or being dropped from a team is not permitted to participate in another sport or use athletic facilities until the conclusion of the sport from which he or she quit or was dropped.
5. Students are to be dressed in official school uniforms when representing MONARCH HIGH SCHOOL in a game or a meet. Deviations from or additions to the school uniform are not permitted.
6. Students are to keep the team locker room neat.

7. Students must have a current physical examination and return to their coach a completed Physical Examination form signed by the Doctor and notarized by the player's parent or guardian, before practicing or competing.
8. Players and coaches ARE to travel as a team to and from all contests except in the case of an emergency (injury, illness) or if special arrangement is made between the Athletic Director's office and the parents in person or writing.
9. Student athletes are expected to attend and participate in all classes for which they are enrolled, including Physical Education on a schedule contest date.

III. PENALTIES

1. Unauthorized possession of school equipment: Any student in unauthorized possession of an item of **MONARCH HIGH SCHOOL** equipment or property will be immediately suspended from athletics and reported to his/her Assistant Principal for further action
2. Drugs and Alcohol: Any team member found or possessing alcohol or drugs will be suspended from competing in athletics immediately for the remainder of the season.
3. Any External Suspension from school may result in automatic suspension from the sport and/or removal from the team.

IV. APPEALS

If a member, suspended by a coach wishes to appeal he/she will notify the Athletic Director to set up a meeting with the Athletic Rules Committee. The Committee is made up of the Principal, Athletic Director, Coach, and if necessary the teacher. The Athlete and his/her parents will also be present.

V. ADDITIONAL COACHES RULES

A coach may if he/she so desires to add to the above additional training rules and regulations and additional penalties.

VI. MONARCH HIGH SCHOOL ELIGIBILITY RULES

To be eligible to play a sport, a student must fulfill all of the eligibility requirements established by the FHSAA, BCAA, SBBC and Monarch High School.

1. A student must complete **ALL** paper work before grades are checked.
2. A student must carry an **UNWEIGHTED GPA** of 2.0 or higher.
3. A student must be in attendance on the day of a scheduled contest to be eligible to play in that contest.
 - a. Any student missing two or more classes (excused or unexcused) on the day of an event is ineligible to participate on that date.

VII. ADDITIONAL INFORMATION

If you have additional questions, please feel free to contact the Athletic Director's Office (754) -322-1400 or refer to the FHSAA website (www.fhsaa.org). The website offers the FHSAA Handbook with much useful information.

VIII. ACKNOWLEDGEMENT OF CODE OF CONDUCT

I have read, understand and agree to comply with the above rules of conduct and ethics as required as a member of any MONARCH HIGH SCHOOL ATHLETIC TEAM.

Student Athlete _____

Signature

Parent _____

Signature

Monarch High School Athletic Information Sheet

Sport _____ Year _____

Student Number _____

Student Name _____
Last First Middle

Address _____ Zip _____

DOB _____ / _____ / _____ Grade _____
Month Day Year

Date Completed 8th Grade _____ / _____ Date Entered 9th Grade _____ / _____
Month Year Month Year

Date Completed 9th Grade _____ / _____ Date Entered 10th Grade _____ / _____
Month Year Month Year

School Entered 9th Grade _____

Date Entered Monarch _____ / _____ / _____
Month Day Year

School Attended Last Year _____

Phone Number (____) _____ - _____

Parent Signature _____

Date _____

Do Not Write
For Coaches Use Only

GPA _____

Birth Certificate _____ Physical _____
Date Turned In Date Turned In

Letters Earned First Year Second Year Third Year Fourth Year

Honors Earned Captain MVP Coaches Choice

Others _____



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: _____
 Person to Contact in Case of Emergency: _____
 Relationship to Student: _____ Home Phone Number: (____) _____ Work Phone Number: (____) _____
 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.

| | Yes | No | | Yes | No |
|--|-----|-----|---|-------------|---------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | ___ | ___ | 26. Have you ever become ill from exercising in the heat? | ___ | ___ |
| 2. Do you have an ongoing chronic illness? | ___ | ___ | 27. Do you cough, wheeze, or have trouble breathing during or after activity? | ___ | ___ |
| 3. Have you ever been hospitalized overnight? | ___ | ___ | 28. Do you have asthma? | ___ | ___ |
| 4. Have you ever had surgery? | ___ | ___ | 29. Do you have seasonal allergies that require medical treatment? | ___ | ___ |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | ___ | ___ | 30. Do you use 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. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | ___ | ___ | 31. Have you had any problems with your eyes or vision? | ___ | ___ |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | ___ | ___ | 32. Do you wear glasses, contacts, or protective eyewear? | ___ | ___ |
| 8. Have you ever had a rash or hives develop during or after exercise? | ___ | ___ | 33. Have you ever had a sprain, strain, or swelling after injury? | ___ | ___ |
| 9. Have you ever passed out during or after exercise? | ___ | ___ | 34. Have you broken or fractured any bones or dislocated any joints? | ___ | ___ |
| 10. Have you ever been dizzy during or after exercise? | ___ | ___ | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | ___ | ___ |
| 11. Have you ever had chest pain during or after exercise? | ___ | ___ | <i>If yes, check appropriate blank and explain below.</i> | | |
| 12. Do you get tired more quickly than your friends do during exercise? | ___ | ___ | ___ Head | ___ Elbow | ___ Hip |
| 13. Have you ever had racing of your heart or skipped heartbeats? | ___ | ___ | ___ Neck | ___ Forearm | ___ Thigh |
| 14. Have you had high blood pressure or high cholesterol? | ___ | ___ | ___ Back | ___ Wrist | ___ Knee |
| 15. Have you ever been told you have 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. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | ___ | ___ | ___ Upper Arm | ___ Foot | |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | ___ | ___ | 36. Do you want to weigh more or less than you do now? | ___ | ___ |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | ___ | ___ | 37. Do you lose weight regularly to meet weight requirements for your sport? | ___ | ___ |
| 20. Have you ever had a head injury or concussion? | ___ | ___ | 38. Do you feel stressed out? | ___ | ___ |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | ___ | ___ | 39. Record the dates of your most recent immunizations (shots) for: | | |
| 22. Have you ever had a seizure? | ___ | ___ | Tetanus: _____ Measles: _____ | | |
| 23. Do you have frequent or severe headaches? | ___ | ___ | Hepatitis B: _____ Chickenpox: _____ | | |
| 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | ___ | ___ | FEMALES ONLY (optional) | | |
| 25. Have you ever had a stinger, burner, or pinched nerve? | ___ | ___ | 40. When was your first menstrual period? _____ | | |
| | | | 41. When was your most recent menstrual period? _____ | | |
| | | | 42. How much time do you usually have from the start of one period to the start of another? _____ | | |
| | | | 43. How many periods have you had in the last year? _____ | | |
| | | | 44. 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 11.8, we understand and acknowledge that we are hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG) and/or cardio stress test.

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



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 below.

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

Recommendations: _____

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

Signature of Physician/Physician Assistant/Nurse Practitioner: _____

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: _____

Recommendations: _____

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

Signature of Physician: _____

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.

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

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, 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 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. **I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.**

_____/_____
 Name of Student (printed) Signature of Student Date

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

A. I/we hereby give consent for child/ward to participate in the following interscholastic sports that I have **not marked out**:

| | | | | | |
|--------------|--|------------------------|-------------------|---------------|---------------|
| Boys Sports: | Baseball | Cross Country | Lacrosse | Tennis | Water Polo |
| | Basketball | 11-Man Tackle Football | Soccer | Track & Field | Weightlifting |
| | Bowling | Golf | Swimming & Diving | Volleyball | Wrestling |
| | Competitive Cheerleading | | | | |
| | Other sports added to this form by school: _____ | | | | |

| | | | | | |
|---------------|--|---------------|---------------------|-------------------|---------------|
| Girls Sports: | Basketball | Cross Country | Lacrosse | Swimming & Diving | Volleyball |
| | Bowling | Flag Football | Soccer | Tennis | Water Polo |
| | Competitive Cheerleading | Golf | Fast-Pitch Softball | Track & Field | Weightlifting |
| | Other sports added to this form by school: _____ | | | | |

B. I/we understand that participation may necessitate an early dismissal from classes.

C. I/we 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/we release and hold harmless my child's/ward's school, the schools against which it competes, 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/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 consent to the disclosure, by my child's/ward's school, to the FHSAA, upon its request, of all records relevant to his/her athletic eligibility including, but not limited to, his/her records relating to enrollment and attendance, academic standing, age, discipline, finances, residence and physical fitness.** 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. The released parties, however, are under no obligation to exercise said rights herein.

D. 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 school. By doing so, however, I/we understand that my/our child/ward will no longer be eligible for participation in interscholastic athletics.

E. Please check the appropriate box(es):

- My/our child/ward is covered under our family health insurance plan which has limits of not less than \$25,000.
 Company: _____ Policy Number: _____
- My/our child/ward is covered by his/her school's activities medical base insurance plan.
- I/we have purchased supplemental football insurance through my/our child's/ward's school.

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

_____/_____
 Name of Parent/Guardian (printed) Signature of Parent/Guardian Date

_____/_____
 Name of Parent/Guardian (printed) Signature of Parent/Guardian Date



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

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

Attention Student

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, you:

1. Must be regularly enrolled and in regular attendance at your school. If you are a home education student or attend a charter school that is not a member of the FHSAA, you must declare in writing your intention to participate in athletics to the school at which you are permitted to participate prior to the first day of practice. (FHSAA Bylaw 11.1)
2. Must enroll in school within 10 days of the beginning of **each semester** to be eligible during **that semester**. If not, you must make up all work missed and be in attendance a minimum of one day for each day missed due to late enrollment before your principal can declare you eligible. (FHSAA Bylaw 11.1)
3. Must maintain a cumulative 2.0 grade point average on a 4.0 unweighted scale through the end of the previous semester as required by Florida Statutes. This GPA must include all courses taken since you entered high school. For sixth-graders, seventh-graders and eighth-graders, you must have been regularly promoted from the previous grade, carry a normal class load, do satisfactory classroom work and maintain a satisfactory conduct record. (FHSAA Bylaw 11.2)
4. Must not have graduated from any high school or its equivalent. (FHSAA Bylaw 11.2)
5. Must participate at the school in which you first enroll, or at which you first take part in an athletic practice, at the beginning of the school year. (FHSAA Bylaw 11.3).
6. Must transfer from your previous school prior to the first day of practice and secure an "Application for Waiver of the Transfer Rule" signed by the principal of both your previous school and your new school. If you transfer on or after the first day of practice in a sport you cannot participate in that sport. If you transfer from a school at which you were ineligible because of disciplinary action or unsatisfactory conduct, you will be ineligible at your new school for one full semester. If you participate on a non-school team (i.e., AAU, American Legion, club setting, etc.) which is affiliated with or coached by a coach from a school other than the one you attend, or have attended, and then transfer to that school, it will be assumed you have been recruited to attend that school or transferred to that school for athletic reasons and you will be ineligible there for one year. If you transfer to a school that your coach has relocated to within the past year, it will be assumed you transferred to that school for athletic reasons and you will be ineligible there for one year. (FHSAA Bylaw 11.4).
7. Must not have **enrolled in the ninth grade for the first time** more than four school years ago. If you are a sixth-grader, seventh-grader or eighth-grader, you must not have participated in an earlier school year in the grade in which you are currently enrolled. (FHSAA Bylaw 11.5)
8. 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. On the day you reach one of these ages – regardless of when that day is – you become ineligible to participate on that level. (FHSAA Bylaw 11.6)
9. Must get signed permission to participate from your parents or guardian on a form provided by the school. (FHSAA Bylaw 11.7)
10. Must undergo a preparticipation physical evaluation and be certified as being physically fit for participation in interscholastic athletics. **The physical evaluation is valid for 365 calendar days from the date that it was administered** after which time you must successfully undergo another physical evaluation to continue your participation. (FHSAA Bylaw 11.8)
11. Must be an amateur. This means you must not accept money, gift or donation for participating in a sport, or use a name other than your own when participating. (FHSAA Bylaw 11.9)
12. Must not participate in an all-star contest in a sport prior to completing your high school eligibility in that sport. (FHSAA Bylaw 11.10)
13. Must display good sportsmanship and follow the rules of competition **before, during and after** every contest in which you participate. If not, you may be suspended from participation for a period of time. (FHSAA Bylaw 11.11)
14. Must not provide false information to your school or to the FHSAA to gain eligibility. (FHSAA Bylaw 11.12)

If you are declared or ruled ineligible for violation of any one or more of these rules and you do not agree with the decision, you have the right to request that your school file an appeal on your behalf. If you violate one or more of these guidelines because of an unforeseeable, unavoidable condition or event which places a severe burden upon you or your family and are declared or ruled ineligible because of that, you have the right to request that your school file a request for an undue hardship waiver of the rule or rules on your behalf. See your principal, athletic director or coach if you believe one of these two situations applies to you.



CONSENT FOR TREATMENT

Minor's Name: _____

Date of Birth: _____

I hereby authorize physicians, nurses, athletic trainers, or any other healthcare provider (collectively "providers") of Broward Health ("BH") to conduct routine medical, medical screening, diagnostic, or any other procedure deemed necessary in order for the above minor child ("child") to participate in school athletics. In the event that an injury occurs to child while participating in school athletics, I further authorize and give permission to providers to render to my child appropriate and necessary care at that time. This may include but not be limited to the rendering of first-aid or emergency treatment. If medical necessity exists beyond that which can be reasonably dealt with on school grounds I further authorize and give permission to providers to arrange for professional medical transport to a medical facility. I understand that every effort will be made to contact the parent or guardian in the case of a medical emergency.

I understand that BH is a teaching facility and that medical, nursing, and other health care personnel in training may participate in child's care and that these individuals are not necessarily employees or agents of BH. I also understand that BH contracts with physicians and physician groups to provide services to patients, and that they may be independent contractors and are not necessarily the agents or employees of BH. I understand that BH is not legally responsible for the acts and omissions of its independent contractors or these individuals that are not employees or agents of BH. I acknowledge that no guarantees have been made to me regarding the results of any examination, care or treatment to be provided by any BH agent.

Signature of Parent(s)/Guardian

Date Signed

Relationship to Minor

Name of Parent(s)/Guardian

Pre-existing medical condition:

Medication:

*Broward Health is affiliated with the University of Florida and Nova Southeastern Colleges of Medicine
And is an equal opportunity employer and affirmative action procurer of goods and services*



AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

I _____ (Parent/Guardian) hereby authorize physicians, nurses, athletic trainers, or any other healthcare provider (collectively “providers”) of Broward Health (“BH”) to release the health information of _____ (Minor’s name) to the School Board of Broward County or its employees, school officials, coaches, teachers or agents, for the purpose of engaging in school athletics and determining child’s ability to participate in school athletics. The health information consists of history, physical, examinations, medical screenings, past or present health information, or information pertaining to injury or illness that may have a bearing on child’s ability to participate in school athletics. I understand BH will release only the minimum amount of information necessary to fulfill a request. I also understand that the health information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient of the information and is no longer protected by federal confidentiality laws or BH.

I understand that authorizing the disclosure of this health information is voluntary, I can refuse to sign and BH will not condition treatment, payment, enrollment, or eligibility for benefits on whether you sign this authorization. I understand that I may revoke this authorization at any time by notifying in writing the BH representative at child’s school. In the event I revoke this authorization, it will not have any effect on actions taken by BH prior to the revocation. This authorization expires one year from the date it is signed.

Signature of Parent(s)/Guardian _____
Date Signed _____
Relationship to Minor