Revised 04/20



Name of Student (printed)

Consent and Release from Liability Certificate (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 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:	Middle School Name:	
school and the SDMC and to abide by their decisions. that serious injury, including the potential for a concus and all responsibility for my own safety and welfare wh school, the schools against which it competes, the schoos such athletic participation and agree to take no legal act the use or disclosure of my individually identifiable hear review all records relevant to my athletic eligibility inc finances, residence and physical fitness. I hereby grant and appearance in connection with exhibitions, public however, are under no obligation to exercise said rights		a representative, I agree to follow the rules of my isks involved in athletic participation, understand lose to accept such risks. I voluntarily accept any is involved. I hereby release and hold harmless my and liability for any injury or claim resulting from lving my athletic participation. I hereby authorize ecessary. I hereby grant to the SDMC the right to ad attendance, academic standing, age, discipline and further to use my name, face, likeness, voice treservation or limitation. The released parties, herein are voluntary and that I may revoke any or
Part 2. Parental/Guardian Consent, A tom; where divorced or separated, parent/guardian v	cknowledgment and Release (to be completed and with legal custody must sign.)	d signed by a parent(s)/guardian(s) at the bot-
A. I hereby give consent for my child/ward to particip	pate in any SDMC recognized or sanctioned sport EXCEPT	for the following sport(s):
B. List sport(s) exceptions here		
is possible in such participation and choose to accept at the risks involved, I release and hold harmless my chila and all responsibility and liability for any injury or clai accident or mishap involving the athletic participation of treatment while my child/ward is under the supervision information should treatment for illness or injury become athletic eligibility including, but not limited to, records at I grant the released parties the right to photograph and/connection with exhibitions, publicity, advertising, prorobligation to exercise said rights herein. E. I am aware of the potential danger of concussions participate once such an injury is sustained without proparticipate once injury is under the supervision information info	nows of, the risks involved in interscholastic athletic participation and all responsibility for his/her safety and welfare while participation and all responsibility for his/her safety and welfare while participation and agree to take not mean the school. I consent to the consensation and agree to take not mean the school. I further hereby authorize the use or disclosure of of the school. I further hereby authorize the use or disclosure of one necessary. I consent to the disclosure to the SDMC, upon its relating to enrollment and attendance, academic standing, age, dor videotape my child/ward and further to use said child's/war motional and commercial materials without reservation or limits and/or head and neck injuries in interscholastic athletics. I also per medical clearance. D CAREFULLY, YOU ARE AGREEING TO LE ACTIVITY, YOU ARE AGREEING TO LE ACTIVITY, YOU ARE AGREEING THAT, WHICH IT COMPETES, THE SCHOOL RE IN PROVIDING THIS ACTIVITY, THE KILLED BY PARTICIPATING IN THIS ACTIVITY WHICH CANNOT BE AVOIDED TO CHILD'S RIGHT AND YOUR RIGHT TO CAINST WHICH IT COMPETES, THE SCHOOL STANST WHICH IT COMPETES AND THE STANST WHICH IT COMPETED AND THE STANST WHICH IT COMPETED AND THE STANST WHICH IT COMPETED AND THE STAN	rticipating in athletics. With full understanding of chool district and the contest officials and of any too legal action against the SDMC because of any my child/ward should the need arise for such my child's/ward's individually identifiable health equest, of all records relevant to my child/ward's liscipline, finances, residence and physical fitness rd's name, face, likeness, voice and appearance in ation. The released parties, however, are under not to have knowledge about the risk of continuing to the total parties. Tyour minor child end of the total parties are under not to have knowledge about the risk of continuing to the total parties. Tyour minor child end of the total parties are under not to have knowledge about the risk of continuing to the total parties. Tyour minor child end of the total parties are under not to have knowledge about the risk of continuing to the total parties. Tyour minor the contest of the total parties are under not the total parties and the total parties are under not the total parties. Tyour minor the contest of the total parties are the parties and the parties and the sum of the parties and the parties and the sum of the parties and the sum of the parties and the parties
I HAVE READ THIS CAREFULLY AND	nd that my child/ward will no longer be eligible for participation D KNOW IT CONTAINS A RELEASE (Only one par	rent/guardian signature is required)
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date
Name of Parent/Guardian (printed)	Signature of Parent/Guardian REFULLY AND KNOW IT CONTAINS A RELEASI	Date

Date

Signature of Student



Consent and Release from Liability Certificate for Concussions (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 most recent signature.

School:	School District (if applicable):	

Concussion Information

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.

Signs and Symptoms of a Concussion:

Concussion symptoms may appear immediately after the injury or can take several days to appear. Studies have shown that it takes 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 visior
- · 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

DANGERS if your child continues to play with a concussion or returns too soon:

Athletes with signs and symptoms of concussion should be removed from activity (play or practice) immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to sustaining another concussion. Athletes who sustain a second concussion before the symptoms of the first concussion have resolved and the brain has had a chance to heal are at risk 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.

Steps to take if you suspect your 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.

Return to play or practice:

Following physician evaluation, the *return to activity process* requires the athlete to be completely symptom free, after which time they would complete a step-wise protocol under the supervision of a licensed athletic trainer, coach or medical professional and then, receive written medical clearance of an AHCP.

For current and up-to-date information on concussions, visit http://www.cdc.gov/concussioninyouthsports/ or http://www.seeingstarsfoundation.org

Statement of Student Athlete Responsibility

Parents and students should be aware of preliminary evidence that suggests repeat concussions, and even hits that do not cause a symptomatic concussion, may lead to abnormal brain changes which can only be seen on autopsy (known as Chronic Traumatic Encephalopathy (CTE)). There have been case reports suggesting the development of Parkinson's-like symptoms, Amyotropic Lateral Sclerosis (ALS), severe traumatic brain injury, depression, and long term memory issues that may be related to concussion history. Further research on this topic is needed before any conclusions can be drawn.

I acknowledge the annual requirement for my child/ward to view "Concussion in Sports" at www.nfhslearn.com. I accept responsibility for reporting all injuries and illnesses to my parents, team doctor, athletic trainer, or coaches associated with my sport including any signs and symptoms of CONCUSSION. I have read and understand the above information on concussion. I will inform the supervising coach, athletic trainer or team physician immediately if I experience any of these symptoms or witness a teammate with these symptoms. Furthermore, I have been advised of the dangers of participation for myself and that of my child/ward.

			/	/
Name of Student-Athlete (printed)	Signature of Student-Athlete	Date		
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date		
			/	_/
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date		

Revised 04/20

Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Related Illness (Page 3 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 most recent signature.

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School:	School District (if applicable):	
Sudden Cardiac Arrest Information		
Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This	s policy provides procedures for educational requirements of all paid coaches and recom-	

mends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it's not treated within minutes.

Symptoms of SCA include, but not limited to: sudden collapse, no pulse, no breathing.

Warning signs associated with SCA include: fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

It is strongly recommended that all coaches, whether paid or volunteer, be regularly trained in cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED). Training is encouraged through agencies that provide hands-on training and offer certificates that include an expiration date. Beginning June 1, 2021, a school employee or volunteer with current training in CPR and the use of an AED must be present at each athletic event during and outside of the school year, including practices, workouts and conditioning sessions.

The AED must be in a clearly marked and publicized location for each athletic contest, practice, workout or conditioning session, including those conducted outside of the school year.

What to do if your student-athlete collapses:

- 1. Call 911
- 2. Send for an AED
- 3. Begin compressions

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.

been advised of the dangers of participation for myself and that of my child/ward.					
Name of Student-Athlete (printed)	Signature of Student-Athlete	/			
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	Date //			
Name of Parent/Guardian (printed)	Signature of Parent/Guardian	/			

By signing this agreement, I acknowledge the annual requirement for my child/ward to view both the "Sudden Cardiac Arrest" and "Heat Illness Prevention" courses at www.nfhslearn.com. I acknowledge that the information on Sudden Cardiac Arrest and Heat-Related Illness have been read and understood. I have