



PANHANDLE AREA EDUCATIONAL CONSORTIUM
EXTRACURRICULAR PARTICIPATION AND FIELD TRIP
MEDICAL INFORMATION RELEASE AUTHORIZATION

The Federal Health Insurance Portability and Accountability Act , commonly referred to as HIPAA, requires an individual, or the individual's legal representative (parent of a minor, legal guardian, trustee, power of attorney) to provide permission for the release and exchange of that individual's health information in certain circumstances. If you sign this form, you are giving the health care providers designated below permission to share the information you indicate below. This form complies with the provisions of 45 C.F.R. § 164.508(c) regarding authorizations for release and exchange of protected health information. This form must be filled out entirely.

Purpose of Authorization: This form is designed to allow designated coaches, sponsors, athletic trainers, and school appointed chaperones to obtain health information necessary to determine a student's fitness and eligibility to participate in extracurricular/sports activities and/or field trips.

Please complete the following:

I/we the parents or legal guardian of _____, an extracurricular/sports participant of the school or person/student traveling on a field trip, give the authorization as indicated below for the communication between medical providers and activity sponsors relative to the status of participation. Student Date of Birth _____

FROM MEDICAL PROVIDERS INDICATED BELOW:

Circle One Only:

A. All Providers

B. No Providers

C. Limited Providers

1 All providers except: _____

2 No providers but: _____

TO DESIGNATED COACHES, SPONSORS, ATHLETIC TRAINERS OR OTHER SCHOOL APPOINTED CHAPERONES:

Circle One Only:

A. Entire Health Record.

B. No protected health information.

C. Limited protected health information (describe information you do not wish for the provider to disclose, including any relevant time periods).

Enter the date that you want this authorization to expire. (If you do not enter a date, this authorization will expire one year from the date this form is signed.) _____

I understand that the information described above may be redisclosed by the person or group that I give the abovespecified health care providers permission to share my information with, and that my information would no longer be protected by the federal privacy regulations. Therefore, I release the providers identified above from all liability arising from the disclosure of my health information pursuant to this agreement.

I understand that I may inspect or request copies of any information disclosed by this authorization. I understand that I may revoke this authorization by notifying the Panhandle Area Education Consortium and the specified health care provider, in writing, knowing that previously disclosed information would not be subject to my revocation request.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, or eligibility for benefits.

I have been provided with a copy of this authorization.

Signature of Parent or Legal Guardian Date

Printed Name of Parent or Legal Guardian Relationship to Student

If there is a legal document verifying that you are acting in a representative capacity for the student identified above, please attach a copy to this authorization.



PANHANDLE AREA EDUCATIONAL CONSORTIUM

EXTRACURRICULAR PARTICIPATION AND FIELD TRIP MEDICAL INFORMATION RELEASE AUTHORIZATION

INTRODUCTION The privacy of medical records and information is protected and insured by new legislation entitled the Health Insurance Portability and Accountability Act (“HIPAA”). This law was developed to safeguard information about an individual’s medical status from improperly being shared, discussed or released without their knowledge. The law is totally inclusive and does not allow for the beneficial communication about medical conditions or status absent valid authorization.

CONCERN – When an individual, especially a minor, participates in an extracurricular activity/field trip, there is always potential for injury or illness that may limit or prohibit participation. In order to make good decisions about the participation status of an individual, sponsors, coaches, directors, and chaperones need information concerning the individual participant’s health status. Under the HIPAA regulations, that information may only be given by the parent or guardian of the minor participant (under 18) or the nonminor participant (18 or over). Medical providers including doctors, physical therapists, nurses, trainers, etc. may not directly discuss any medical condition of an extracurricular activity participant with the director of the activity without written consent from a parent or guardian or the adult participant.

REQUEST FOR CONSENT – Medical providers respect the right to privacy but also understand the need to communicate with activity directors about the participation status of individuals in their care. To accomplish this, a written consent form must be completed indicating the extent that this communication may occur. Three basic levels of consent are possible. These are **A. TOTAL CONSENT, B. NO CONSENT, C. LIMITED CONSENT**. This form is a request for a parent/guardian or adult participant to choose the level of consent desired. Included in the completion of this request form is the designation of what medical providers from whom medical information can be requested. There should be an understanding that total consent is still communication only **BETWEEN** those individuals who **NEED** to know the medical status of the participant. Since knowledge of certain medical information is necessary to determine the participation status and/ or the limitations of that participation (such as preseason medical screening), failure to release such information to the authorized sponsoring individual may disqualify the student from participating in extracurricular activities.



STUDENT MEDICAL RELEASE FORM

PANHANDLE AREA EDUCATIONAL CONSORTIUM

Please fill this form out completely and sign

Student's Name _____ Circle one: Male Female Date of Birth _____ Grade: _____ School Year: 20____ Parent'(s) name(s) _____ Guardian(s) name(s) _____ Address: _____ City: _____ Zip: _____ Home Phone: _____ Work Phone: _____ Emergency Phone: _____ Cell Phone: _____ Email: _____@_____.

..... I/We hereby give my/our permission for my/our child to attend the all school sponsored EXTRACURRICULAR/FIELD TRIPS and PARTICIPATE IN SPORTS events during the next 12 months, beginning in July 1, 20____ to June 30, 20____. I/We understand that there will be adult supervision at these events. I/We also understand that if there are any disciplinary problems with the above named Student, it will be our responsibility to pick up our child at the site of the event and they will not be eligible for future events without specific approval of the school staff in charge of those events or sports.

AUTHORIZATION FOR TREATMENT

I/We, the undersigned, parent(s)/Guardian(s) of the child named above on this consent form, do hereby authorize the school district, it's staff, our representatives, as agent(s) for the undersigned to consent to a X-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care that is deemed advisable by, and is to be rendered under the general supervision of any physician, physician extender, and surgeon licensed under the provisions of the Medicine Practice Act on the Medical Staff of any Hospital or medical clinic whether such diagnosis or treatment is rendered at the office of said physician or said hospitable.

It is understood that this authorization is given in advance of any specific diagnosis, assessment at time of injury treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment deem advisable; and to include emergency or urgent care as deemed necessary by supervising personnel.

The authorization is given pursuant to the provisions of Section 456.057, Florida Statutes, which allows Parent(s) or Guardian(s) to authorize any adult to consent to medical or dental treatment as stated in the above paragraphs).

This authorization shall remain effective from the date below, unless sooner revoked in writing delivered to said agent(s).

Signed _____ Dated _____

Print Name _____

(Parent or Legal Guardian)



Preparticipation Physical Evaluation (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 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 ____ 26. Have you ever become ill from exercising in the heat? ____ sports physical?
2. Do you have an ongoing chronic illness? ____ activity? 27. Do you cough, wheeze, or have trouble breathing during or after ____
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? 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)? lose weight or improve your performance? 30. Do you use any special protective or corrective equipment or devices ____
6. Have you ever taken any supplements or vitamins to help you gain or ____ aid)? 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? ____
12. Do you get tired more quickly than your friends do during exercise? ____ Head ____ Elbow ____ Hip If yes, check appropriate blank and explain below.
13. Have you ever had racing of your heart or skipped heartbeats? ____ Neck ____ Forearm ____ Thigh ____ Back ____ Wrist ____ Knee
14. Have you had high blood pressure or high cholesterol? ____ Chest ____ Hand ____ Shin/Calf ____ Shoulder ____ Finger ____ Ankle
15. Have you ever been told you have a heart murmur? ____ Upper Arm ____ Foot
16. Has any family member or relative died of heart problems or sudden ____ death before age 50? 36. Do you want to weigh more or less than you do now? ____
17. Have you had a severe viral infection (for example, myocarditis or ____ sport? mononucleosis) 37. Do you lose weight regularly to meet weight requirements for your ____ within the last month?
18. Has a physician ever denied or restricted your participation in sports ____ for any heart problems? 39. Record the dates of your most recent immunizations (shots) for:
19. Do you have any current skin problems (for example, itching, rashes, ____ Tetanus: _____ Measles: _____ acne, warts, fungus, or blisters)? Hepatitis B: _____ Chickenpox: _____
20. Have you ever had a head injury or concussion? ____
21. Have you ever been knocked out, become unconscious, or lost your ____ memory? 40. When was your first menstrual period? _____
22. Have you ever had a seizure? ____ 41. When was your most recent menstrual period? _____
23. Do you have frequent or severe headaches? ____ 42. How much time do you usually have from the start of one period to the start of another? _____
24. Have you ever had numbness or tingling in your arms, hands, legs, or ____ feet? 43. How many periods have you had in the last year? _____
25. Have you ever had a stinger, burner, or pinched nerve? ____ 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: _____



Preparticipation Physical Evaluation (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 evaluation as written below.

Part 3. Physical Examination (to be completed by licensed physician, licensed osteopathic physician, licensed chiropractic physician 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 _____

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: _____
* - stationbased examination only

____ Cleared after completing evaluation/rehabilitation for: _____
____ Referred to _____ For: _____

Recommendations: _____

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

Signature of Physician/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: _____



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.

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

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	Basketball	Bowling	Cross Country	11Man Tackle Football
	Golf	Lacrosse	Soccer	Swimming & Diving	Tennis
Other sports added to this form by school: _____					
Girls Sports:	Track & Field	Volleyball	Water Polo	Weightlifting	Wrestling
	Basketball	Bowling	Cross Country	Flag Football	Golf
	Tennis	Track & Field	Volleyball	Water Polo	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.

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

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



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 sixthgraders, seventhgraders and eighthgraders, 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 nonschool 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 sixthgrader, seventhgrader or eighthgrader, 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 allstar 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.