



JACKSON HEIGHTS MIDDLE SCHOOL  
PERMISSION SLIP

Activity Name: \_\_\_\_\_

Facilitator/Coach: \_\_\_\_\_

Student Name: \_\_\_\_\_

How will student get home?:  
\_\_\_\_\_

*Student agrees to follow the Seminole County Public School's Student Conduct and Discipline Code during all school activities before, during or after school. The Student Conduct and Discipline Code applies to all students enrolled in a Seminole County public school. The code is in effect on School Board owned or controlled property and whenever students are under the official supervision of School Board employees, including but not limited to: fieldtrips, extracurricular activities, or while being transported to and from such places either by school bus, approved drivers, or other official means of conveyance. A student may be subject to school board authorized disciplinary sanctions when he or she commits an act or acts away and apart from school that can be shown to pose a threat or danger to the safety of other students, staff, or school property and/or that the act or acts will prevent the orderly delivery of the instructional program/activity at any school.*

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian phone number: \_\_\_\_\_



# SEMINOLE COUNTY PUBLIC SCHOOLS, FLORIDA

## RELEASE AND CONSENT

***THIS FORM MUST BE READ AND SIGNED BY PARENT(S) OR GUARDIAN(S) OF EVERY MINOR.***

STUDENT NAME: \_\_\_\_\_  
  Last    First    MI

*//We do hereby approve of our child attending:* \_\_\_\_\_  
\_\_\_\_\_

*//We acknowledge that the Seminole County Public Schools, Florida, is not liable for medical expenses, hospital expenses, or other such charges incurred for such services as may be rendered for or on behalf of my/our child as a result of injury or sickness. //We understand that if my/our child is injured or becomes sick, Seminole County Public Schools, Florida, will not be liable unless the injury or illness is the result of negligent conduct on the part of an employee of Seminole County Public Schools, Florida.*

Child's Allergies: \_\_\_\_\_

### PHYSICIAN INFORMATION

Child's Physician: \_\_\_\_\_  
Address of Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Medical Insurance Co.: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Telephone Number: \_\_\_\_\_ (work) \_\_\_\_\_ (home)

Emergency Telephone Number: \_\_\_\_\_ (and) Contact Person: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 1 of 3)

This completed form must be kept on file by the school. This form is valid for 365 calendar days from the date of the evaluation as written on page 2. **This form is non-transferable; a change of schools during the validity period of this form will require page 1 of this form to be re-submitted.**

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

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Sport(s): \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Person to Contact in Case of Emergency: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
 Personal/Family Physician: \_\_\_\_\_ City/State: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_  
 Schools Attended: 8<sup>th</sup> \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_

## 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 non-prescription (over-the-counter) medications or pills or using an inhaler?	___	___	30. Do you use any special protective or corrective equipment or medical devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, shunt, retainer on your teeth or hearing aid)?	___	___
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, pollen, latex, 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, blisters or pressure sores)?	___	___	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. Have you ever been diagnosed with sickle cell anemia?	___	___
22. Have you ever had a seizure?	___	___	40. Have you ever been diagnosed with having the sickle cell trait?	___	___
23. Do you have frequent or severe headaches?	___	___	41. Record the dates of your most recent immunizations (shots) for:		
24. Have you ever had numbness or tingling in your arms, hands, legs or feet?	___	___	Tetanus: _____ Measles: _____		
25. Have you ever had a stinger, burner or pinched nerve?	___	___	Hepatitis B: _____ Chickenpox: _____		

### FEMALES ONLY (optional)

42. When was your first menstrual period? \_\_\_\_\_  
 43. When was your most recent menstrual period? \_\_\_\_\_  
 44. How much time do you usually have from the start of one period to the start of another? \_\_\_\_\_  
 45. How many periods have you had in the last year? \_\_\_\_\_  
 46. What was the longest time between periods in the last year? \_\_\_\_\_

Explain "Yes" answers here: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Preparticipation Physical Evaluation (Page 2 of 3)

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ % Body Fat (optional): \_\_\_\_\_ Pulse: \_\_\_\_\_ Blood Pressure: \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_)

Temperature: \_\_\_\_\_ Hearing: right: P \_\_\_\_ F \_\_\_\_ left: P \_\_\_\_ F \_\_\_\_

Visual Acuity: Right 20/\_\_\_\_ Left 20/\_\_\_\_ Corrected: Yes No Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

FINDINGS	NORMAL	ABNORMAL FINDINGS	INITIALS*
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### 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 Date of Exam \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

\_\_\_ Referred to \_\_\_\_\_ For: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician/Physician Assistant/Nurse Practitioner (print): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Signature of Physician/Physician Assistant/Nurse Practitioner: \_\_\_\_\_



# Preparticipation Physical Evaluation (Page 3 of 3)

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Student's Name: \_\_\_\_\_

**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

\_\_\_ Disability: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

\_\_\_ Precautions: \_\_\_\_\_

\_\_\_ Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_ Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Name of Physician (print): \_\_\_\_\_ 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.*

Seminole County Public Schools, Florida

Sports Screening/Physical & Parent/Student Release Form

Addendum to SCPS Form 985

I. 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.

II. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that his authorization is voluntary and that I may revoke it at any time by submitting the revocation in writing to my school.

III. 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.

IV. I understand that the authorizations and rights are voluntary and that I may revoke 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/We Parent(s) and Student Athlete have read this information carefully and know it contains a release. This form must be signed in the presence of a notary.

PRINT NAME CLEARLY

Student \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

State of Florida

County of \_\_\_\_\_ Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

( ) is personally known or produced identification ( ) type of identification produced \_\_\_\_\_

Notary Stamp

\_\_\_\_\_  
Signature of Notary Public

THE SCHOOL BOARD OF SEMINOLE COUNTY, FLORIDA  
WAIVER AND RELEASE FOR ATHLETIC PARTICIPATION

I. Student Release and Waiver – to be signed by student

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 otherwise emancipated, I hereby release and hold harmless the School Board of Seminole County, Florida, its officers, employees and agents; the school district of Seminole County, Florida; and my school (including but not limited to, the principal, athletic director, coaches, staff, and athletic trainers) of any and all responsibility and liability, including liability for their own negligence, for any injury or claim involving such athletic participation. This includes but is not limited to practice, fundraising, games, and competitions. I agree to take no legal action against any of the above listed parties involving my participation in athletic activities.

I have read this waiver carefully and know it contains a release

\_\_\_\_\_  
Student name (printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

II. Parental Release and Waiver – to be completed by parent/guardian or adult student with legal authority to make educational decisions

I know of and acknowledge that my child/ward is participating in interscholastic activities and such participation includes risks, including serious injury and even death. I voluntarily accept any and all responsibility for my child's safety and welfare while participating in athletics and fully understand the risks involved. On behalf of myself and my child, I hereby release and hold harmless the School Board of Seminole County, Florida, its officers, employees and agents; the school district of Seminole County, Florida; and my child's school (including but not limited to, the principal, athletic director, coaches, staff, and athletic trainers) of any and all responsibility and liability, including liability for their own negligence, for any injury or claim involving such athletic participation. This includes but is not limited to practice, fundraising, games, and competitions. I agree to take no legal action on behalf of myself or my child against any of the above listed parties involving my child's participation in athletic activities.

I have read this waiver carefully and know it contains a release

\_\_\_\_\_  
Parent/Guardian name (printed)  
(or adult student)

\_\_\_\_\_  
Parent/Guardian signature  
(or adult student)

\_\_\_\_\_  
Date

## MIDDLE SCHOOL SPORTSMANSHIP AGREEMENT

### Coaches are expected to:

- Treat players, parents, opponents, and officials with respect;
- Teach and inspire players to love the game and compete fairly and in a sportsmanlike manner;
- Model appropriate behavior and sportsmanship;
- Maintain control of their players and command discipline at all times;
- Respect and abide by all rules and regulations for their sport;
- Realize that, as coaches, they are educators and, therefore, understand the sport they are coaching and the proper behavior for that sport;
- Monitor the student athlete's grades (progress reports and report cards) and behavior to ensure that the student athlete's academic performance is at an acceptable level; and
- Report any breach of conduct by their athletes to the appropriate school authority (example: fighting during an athletic event). The student will be subject to the appropriate disciplinary measures according to the *Seminole County Public Schools Student Conduct and Discipline Code*.

### Players are expected to:

- Comply with a reasonable request, order, or direction by a coach, administrator or authorized personnel, and with the rules of the game;
- Demonstrate self-control;
- Respect and accept all official's calls and decisions without gestures or arguments;
- Win or lose with dignity;
- Know the team always comes first;
- Show respect for their coaches, teammates, the opposition's coaches and players, and the officials;
- Adhere to all school and team rules;
- Understand and abide by the *Seminole County Public Schools Student Conduct and Discipline Code*; and
- Conduct themselves at all times in a manner that represents character and sportsmanship.

### Parents are expected to:

- Act as positive role models at all athletic events – your child will be very aware of your behavior;
- Support the coach – the team is the coach's responsibility;
- Refrain from coaching from the sidelines;
- Communicate with the coach and create a positive, supportive working relationship;
- Respect the authority and responsibilities of the coach;
- Remember the primary value of athletic participation is to provide our youth with an opportunity for self-development – physically, emotionally and mentally;
- Respect the judgment of the officials and refrain from openly criticizing calls made by the officials;
- Understand it is not appropriate to attempt to have a conference with the coach at the conclusion of an athletic event – wait until the next day and call or email for an appointment with the coach;
- Recognize and respect the different roles of parents, coaches and officials – parents should parent, coaches should coach, and officials should officiate, and each should be treated with dignity and respect;
- Abide by the guidelines established in SCPS Policy 9.63 Civility and Conduct of Parents, Other Visitors to Schools and School District Facilities, and District Employees (provided).



## JHMS Athletes Responsibilities

- Student must maintain a 2.0 GPA in order to participate in extracurricular activities. (Coaches will check progress reports and report cards.)
- Any student who is placed on suspension (in or out of school) or receives multiple morning or afternoon detentions will be dismissed from the team.
- Any student that is having behavior issues and receives a detention from a teacher will have to sit out of a game or activity. If they receive a morning detention they will not start and coaches will decide playing time. If it continues then further disciplinary measure will be taken.
- If a student is absent from more than 3 classes on game day they will not be able to participate in that day's game or activity.

*(Cut and return lower portion to the coach.)*

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### **Middle School Sportsmanship Agreement Acknowledgement**

I have read and understand the Seminole County Middle School Sportsmanship Agreement and viewed the presentation outlining these expectations. I agree to abide by this agreement at all Seminole County Middle School sporting events.

Student Name (print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_



SCHOOL \_\_\_\_\_ Grade \_\_\_\_\_

# SEMINOLE COUNTY PUBLIC SCHOOLS, FI – ATHLETICS EMERGENCY CARD 20\_\_-20\_\_

ATHLETE \_\_\_\_\_ MALE  FEMALE  BIRTHDATE \_\_\_\_\_  
Last Name First Name (MM/DD/YY)

DATE OF PHYSICAL \_\_\_\_\_ Insurance ( ) Birth Certificate ( ) GPA \_\_\_\_\_ Eligible ( )

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ALLERGIES \_\_\_\_\_ EYE GLASSES: YES  NO  CONTACTS:  YES  NO

MEDICATIONS \_\_\_\_\_ EMERGENCY MEDICATIONS: \_\_\_\_\_

MEDICAL CONCERNS: \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ (Number & Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code)

PERSON AUTHORIZED TO CARE FOR STUDENT IN CASE PARENT CANNOT BE REACHED:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**Your insurance must remain current during this sport. You must notify your coach immediately if you change residence, cell phone number or no longer have insurance coverage.**

PARENTAL CONSENT

STUDENT'S FULL NAME \_\_\_\_\_

AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_

I consent to the sharing of my child's health information as listed on the reverse side with appropriate school personnel unless specified in writing to the principal.

In the event of serious accident of illness, I request that the school contact me. If I cannot be reached, the school may make the necessary arrangements to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital of medical facility. I will assume responsibility of payment for services rendered.

In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at school, I request the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact a parent/legal guardian, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child.

All medical concerns regarding my child have been provided on this card for the care of my child.

We have health insurance through \_\_\_\_\_

(NAME OF COMPANY)

(POLICY #)

We have purchased Student Accident Insurance to supplement my personal insurance.  YES  NO

[https://schoolinsuranceofflorida.com/pages/parent\\_pages/9035](https://schoolinsuranceofflorida.com/pages/parent_pages/9035)

PARENT OR LEGAL GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

(SIGNATURE)