



# 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

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

I/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. I/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 of Physician: \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Medical Insurance Co.: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

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

Parent/Guardian Telephone Number: \_\_\_\_\_  
(Home) (Cell)

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



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 this 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 \_\_\_\_\_ 20\_\_

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

Notary Stamp

\_\_\_\_\_

Signature of Notary Public



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

**SEMINOLE COUNTY PUBLIC SCHOOLS, FL – 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) (Apt. #) (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.**

SCPS Form 1416 (Rev. 2/22/16) SB

**\*\* COMPLETE BOTH SIDES OF THIS FORM \*\***

**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)

---

**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