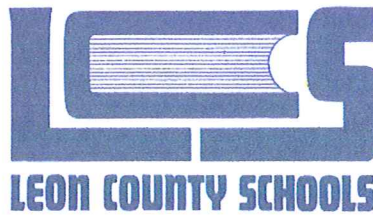


BOARD CHAIR
Rosanne Wood

BOARD VICE CHAIR
DeeDee Rasmussen



BOARD MEMBERS
Georgia "Joy" Bowen
Darryl Jones
Alva Swafford Striplin

SUPERINTENDENT
Rocky Hanna

Information for Middle School Charter Schools in Leon County: The listed requirements below will be used to determine the eligibility status of charter school students requesting athletic eligibility at their home zoned school.

1. All charter school students must participate at the public middle school that the student would normally attend. (their zoned school)
2. All charter school students must register their intent to participate in athletics at their respective public school before the beginning date of the season for the sport in which he/she wishes to participate, at which time the eligibility packet will be provided.
3. The eligibility packet, to include, all requested information must be reviewed and approved by the Leon County district-wide athletic director before athletic eligibility is granted. The requirements are described below:
 - a. Official transcripts must be presented with request.
 - b. Official attendance records must be presented with request (previous year or semester)
 - c. An official birth certificate /record must be presented with request (proof of age)
 - d. Physical Evaluation - FHSAA EL-2 form (attached)
 - e. Leon County Schools -Application for Athletic Participation (attached)
 - f. The packet may be submitted to the LCS Charter School Office for convenience.

2757 West Pensacola Street • Tallahassee, Florida 32304-2998 • Phone (850) 487-7110 • Fax (850) 414-5194 •

www.leonschools.net

"The Leon County School District does not discriminate against any person on the basis of sex (including transgender status, gender nonconforming, and gender identity), marital status, sexual orientation, race, religion, ethnicity, national origin, age, color, pregnancy, disability, or genetic information."

Building the Future Together



Florida High School Athletic Association

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: (____) _____

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: ____/____/____



Florida High School Athletic Association

Preparticipation Physical Evaluation (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 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 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***

MEDICAL

- | | | | |
|---------------------------|-------|-------|-------|
| 1. Appearance | _____ | _____ | _____ |
| 2. Eyes/Ears/Nose/Throat | _____ | _____ | _____ |
| 3. Lymph Nodes | _____ | _____ | _____ |
| 4. Heart | _____ | _____ | _____ |
| 5. Pulscs | _____ | _____ | _____ |
| 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

____ 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: _____



Florida High School Athletic Association

EL2

Revised 03/16

Preparticipation Physical Evaluation (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 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.

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.

Section I**APPLICATION FOR ACTIVITY PARTICIPATION**

A. Name _____ Grade _____ DOB _____ School _____
 Address _____ Home Phone _____ Parent's Work Phone _____

I have read and understood all sections of this form that apply to my child. I certify that _____ who is a student and whose name is as it appears on his/her birth certificate, is my child or my legal ward, resides with me, and has been residing with me since (date) _____ at the following address: _____ (ZIP). I also state that we are now living within the attendance boundaries or have been reassigned by the district to _____ school.

Date _____ Signature of Parent or Legal Guardian _____

B. **PERMISSION FOR SUPERVISED FIELD AND ACTIVITY TRIPS**

During the school year, it sometimes becomes desirable to add to the educational experience of our students through planned visits to points outside of the school building. The visit might be a short field trip to a local point of educational interest, or on the middle and senior high school level, it might involve representing the school out of town in some group activity, such as band, chorus, athletic, academic, service club events, etc.

We request that you grant permission for your child to participate in any such trip during the entire school year so that we may keep this form on file and avoid the necessity of asking for such permission on each occasion. The Leon County School Board has authorized the use of buses, private passenger cars and those approved vans that meet all of the Federal Safety Standards to transport students to any such trips. Notification will be provided to you concerning the type of transportation to be used. School officials will provide trip itinerary for all out of county trips.

Part I: CONSENT

The undersigned as parent or guardian gives consent for the participant to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

The undersigned as parent or guardian does not give consent for the participation to use the Leon County School Board – approved means of transportation as a representative of _____ School for the supervised field and/or activity trips.

Date _____ Signature of Parent or Legal Guardian _____

C. **MEDICAL RELEASE**

PART I: CONSENT

The undersigned as the parent(s) and/or legal guardian(s) of _____ do hereby authorize the agent or officials of the Leon County School Board to obtain, through a physician of its choice, any emergency medical care that may become reasonably necessary for the student in the course of such athletic activities or such travel. No action shall be taken until an attempt is made to contact me at the phone number(s) listed below. Payment of all charges incurred for medical treatment is guaranteed by parent/guardian or the insurance company providing coverage for above named student.

Home Phone _____ Business Phone _____

IN WITNESS of our consent and agreement to the matters stated above, we have subscribed our signature below.

Date _____ Signature of Parent or Legal Guardian _____

PART II: NON-CONSENT

As parent or guardian of _____, I do not desire to sign the medical and surgical release form above.

Date _____ Signature of Parent or Legal Guardian _____

D. **INSURANCE**

As parent or guardian of the student identified herein, I understand that the School Board of Leon County is not liable for injuries to participants in school activities. I further understand that all students shall be required to have proper medical insurance before they will be permitted to practice and participate in any co-curricular activity or field trip program.

Date _____ Signature of Parent or Legal Guardian _____
 The following options shall be the only acceptable ones: (Please check your selected option.)

1. = Personal Medical Insurance. The use of your personal medical or active/retired military insurance shall cover the activity(s) that your son or daughter will be participating in the current school year, and the insurance covers a minimum of \$25,000.
 Company _____ Policy Number _____

2. = Student Activities Insurance Made Available through the School Board of Leon County. The cost of the insurance to be paid by the student participating (each year the county will publish the School Board of Leon County Insurance Plan for students). See school front office for details.

ATHLETICS ONLY

Section II

WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS (Middle School and High School Athletics Only)

19/20

SPORT (Check applicable sport)

M.S. H.S.

☐ Football
☐ Volleyball
☐ Cross Country
☐ Soccer
☐ Cheerleading
☐ Flag Football

M.S. H.S.

☐ Basketball
☐ Wrestling
☐ Golf
☐ Swimming
☐ Weightlifting
☐ Dance

M.S. H.S.

☐ Track
☐ Baseball
☐ Softball
☐ Tennis
☐ Other(Specify)

(Both the applicant student and a parent or guardian must read carefully and sign.)

STUDENT

I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in the above sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing to play/participate in the above sport may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of the Leon County School Board permitting me to try out for the _____ School (indicate sport) _____ activity and to engage in all activities related to the sport including, but not limited to trying out, practicing or play/practicing in that sport, I hereby assume all the risks associated with participating and agree to hold the Leon County School Board, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the _____ School (indicate sport) _____ activity. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I, _____, am the parent/legal guardian of _____ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve many RISKS OF INJURY, including, but not limited to, those risks outlined above.

In consideration of the Leon County School Board permitting my child/ward to participate at _____ School (indicate sport) _____ activity and to engage in all activities related to the team, including, but not limited to trying out, practicing, or playing/participating in (indicate sport) _____, I hereby agree to hold the Leon County School Board, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, action, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with the participation of my child/ward in any activities related to the _____ School (indicate sport) _____ activity.

The following to be completed only if sport is football, wrestling, soccer, baseball, or softball. I specifically acknowledge that _____ (indicate sport) is a VIOLENT CONTACT SPORT involving even greater risk of injury than other sports. _____ (initial)

Date

Signature of Student

Date

Signature of Parent or Legal Guardian

Section III

EXAMINING PHYSICIAN'S CERTIFICATE (Athletics Only)

The student shall undergo a physical evaluation by a licensed physician one time per year. The physical is valid for one calendar year (365 days), from their previous evaluation. The physician shall certify that the student is physically fit for participation in interscholastic practice and competition. The physical evaluation form signed by the physician should be attached to this form or placed on file with this form in the principal's office of each respective school. The FHSAA Physical Form EL2 is acceptable (www.FHSAA.org)

LEON COUNTY SCHOOLS
Affirmative Action/Equal Opportunity Employer
Equity Officer
Dr. Kathleen Rodgers (850) 487-7306