

# ALONSO HIGH SCHOOL ATHLETICS PAPERWORK DIRECTIONS



### List of Documents Needed For Athletics Clearance

- EL2 (Physical)
- Insurance ID
- FHSAA Required Videos
- Government Issued ID
- Proof of Residence
- Birth Certificate
- Enrollment & Residential History Form

### List of Documents Needed For Band

- FHSAA Required Videos
- Government Issued ID

### List of Documents Needed For ROTC Clearance

- EL2 (Physical)
- Insurance ID
- FHSAA Required Videos
- Government Issued ID
- Cadet Participation Consent Health Screening Questionnaire
- Health Risk Screening Questionnaire

### List of Documents Needed For Band Auxillary

- EL2 (Physical)
- FHSAA Required Videos
- Government Issued ID

# DOCUMENTS REQUIRED #1 PHYSICAL

Prior to starting, you will need the following documents

❖ FHSAA EL2 Physical - use EL2 on SDHC Athletics website -

<https://www.sdhc.k12.fl.us/doc/list/athletics/student-forms/39-285/>

❖ MUST be on this form

❖ MUST include **doctor's stamp, signature and date** on page 2.

❖ Make sure the **CLEARED WITHOUT LIMITATIONS** box has been checked by your physician.

❖ If not cleared without limitations – you **WILL NEED** page 3 of the EL2. This is the clearance and will need to be marked cleared without limitations after the visit to the referred doctor/specialist

❖ See Next Slide

❖ You will upload **ALL** pages as one document (See upload tip slide)

# EL2 PHYSICAL

- Here is the website for the physical form:

[https://www.sdhc.k12.fl.us/docs/00/00/17/13/2018\\_19\\_EL02\\_Physical\\_Form.pdf](https://www.sdhc.k12.fl.us/docs/00/00/17/13/2018_19_EL02_Physical_Form.pdf)

- **BE AWARE:**

- ❖ Physicals are only good for 365 days.
- ❖ Make sure STUDENT and PARENT sign the bottom of page 1.
- ❖ At the bottom of page 2 - Physical must be stamped, signed and dated by the appropriate medical personnel to be valid.
- ❖ See upload slide for tips to upload multiple page documents



# DOCUMENTS REQUIRED #2 INSURANCE ID CARD

- ❖ Insurance - Please purchase the appropriate mandatory school insurance (<https://hcpsathleticprotection.com/>) and **upload the insurance ID card** provided after purchase. (You will need to log back in ***and download the ID card, save it, and upload to your athletic clearance account.***)
- ❖ Purchase the Appropriate Coverage for ALL the activities you WILL participate in

## ❖ Group A: \$60.00

(Covers all in Groups B and C and Below)

- ❖ Football
- ❖ Lacrosse

## ❖ Group B: \$40.00

(Covers all in Groups C and Below)

- ❖ Baseball
- ❖ Basketball
- ❖ Soccer
- ❖ Softball
- ❖ Volleyball
- ❖ Wrestling

## ❖ Group C: \$30.00

- ❖ Cross Country
- ❖ Flag Football
- ❖ Golf
- ❖ ROTC
- ❖ Swimming
- ❖ Tennis
- ❖ Track and Field

# INSURANCE ID CARD

## *School Insurance of Florida Student Accident Insurance*

Please cut your insurance card out and retain for your records.

<i>School Insurance of Florida</i> <u>Student Accident Insurance Card</u> Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2021	<i>School Insurance of Florida</i> <u>Student Accident Insurance Card</u> Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2021
Student Name:	Student Name: TAYLOR BURDGESS
School District: Hillsborough Public Schools, School: ALONSO HIGH	School District: Hillsborough Public Schools, School: ALONSO HIGH
Date Paid: 05/11/2020 Amount Paid: \$60.00	Date Paid: 05/11/2020 Amount Paid: \$60.00
Coverage: FBLA Group A Football Lacrosse Termination Date: 05-29-2021	Coverage: FBLA Group A Football Lacrosse Termination Date: 05-29-2021
For FHSAA sports coverage becomes effective on the first FHSAA sanctioned practice date or on the date paid, at 11:59 PM, whichever is the later date.	For FHSAA sports coverage becomes effective on the first FHSAA sanctioned practice date or on the date paid, at 11:59 PM, whichever is the later date.
This ID does not guarantee policy benefits. The student accident insurance plan is secondary, "Excess" coverage to all other sources of primary insurance. Coverage becomes effective on the first day of school or at 11:59 pm on the date paid, whichever is the later date. Coverage effective and termination dates, eligibility, benefits, and exclusions are determined by the actual Master Policy provisions.	This ID does not guarantee policy benefits. The student accident insurance plan is secondary, "Excess" coverage to all other sources of primary insurance. Coverage becomes effective on the first day of school or at 11:59 pm on the date paid, whichever is the later date. Coverage effective and termination dates, eligibility, benefits, and exclusions are determined by the actual Master Policy provisions.

Please visit our website [WWW.SCHOOLINSURANCEOFFLORIDA.COM](http://WWW.SCHOOLINSURANCEOFFLORIDA.COM) to view answers to frequently asked questions, or to download another summary of the insurance benefits. Thank you. We appreciate your business!

Sincerely,

School Insurance of Florida

- ❖ Log into your school insurance of Florida account (<https://hcpsathleticprotection.com/>)
- ❖ Download/print and/or Save your **insurance ID card** provided after purchase.
- ❖ Upload to your athletic clearance account

# DOCUMENTS REQUIRED #3 GOVERNMENT ISSUED ID

- ❖ Government issued photo identification of parent or legal guardian.
- ❖ **MUST** have matching address to address on clearance application, address on file at school, and proof of residence.
- ❖ When scanning this document, make sure all information is **clearly visible** in the picture.



# DOCUMENTS REQUIRED #4: FHSA VIDEO CERTIFICATES

- **Viewing the videos is required each year. For the 2020-21 school year, videos must be viewed AFTER May 4, 2020.**
- [www.nfhslearn.com](http://www.nfhslearn.com)
- Have the student log in or create an account. Be sure when asked for the name on the certificate the STUDENT'S NAME is entered and NOT the parent. The student is responsible for watching the videos, not the parent.
- Order the following courses (they are FREE). Once you have completed checkout, the student can access the courses in their Dashboard.
  - ❖ Concussion in Sports – What You Need to Know
  - ❖ Heat Illness Prevention
  - ❖ Sudden Cardiac Arrest
  - ❖ Once the student has completed all three courses, download the certificates.
  - ❖ Use the upload tips for multiple pages to upload the certificates.

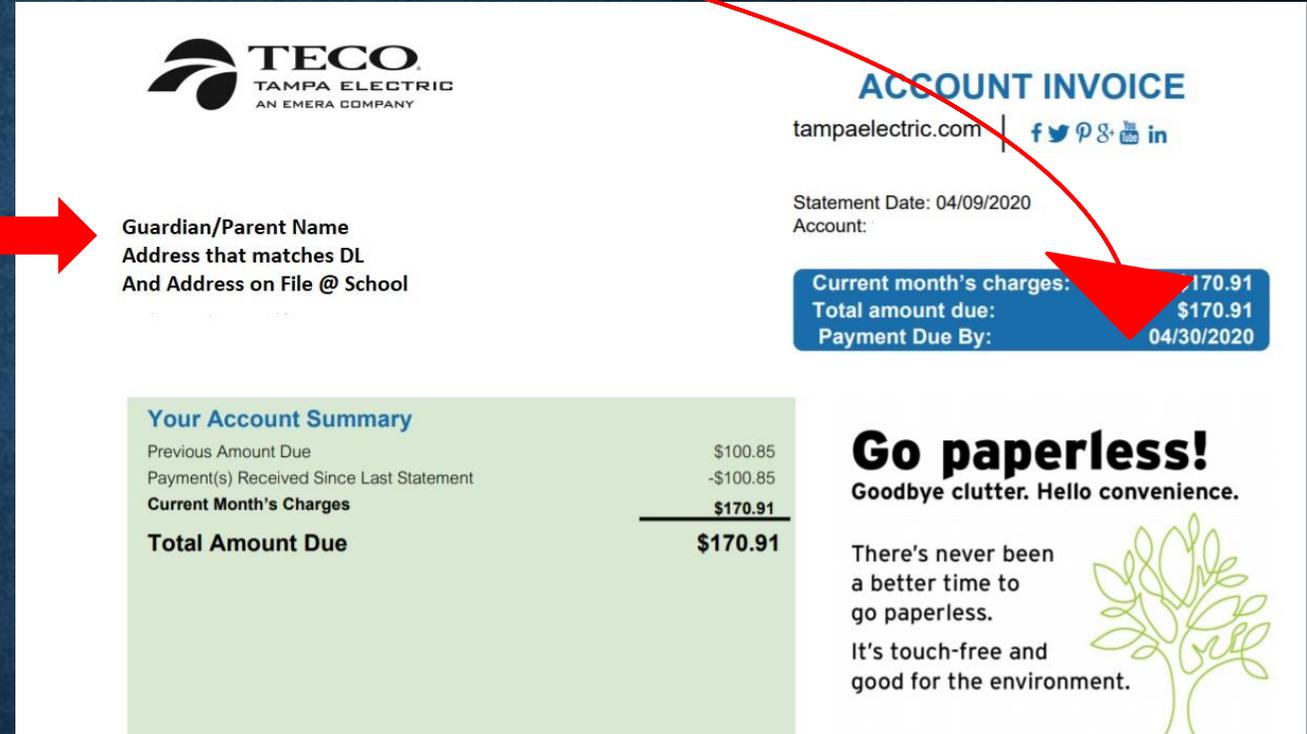
# DOCUMENTS REQUIRED #4 FHSAA VIDEO CERTIFICATES

- ❖ Certificates for the three required FHSAA videos (in student's name) from [nfhslearn.com](http://nfhslearn.com).
- ❖ Scan all three certificates as ONE document.
- ❖ Videos must be completed after May 4, 2020 of the current year to be accepted for the 2020-2021 school year



# DOCUMENTS REQUIRED #5 PROOF OF RESIDENCE

- ❖ MUST be “living proof”
- ❖ MUST be within 30 days of application
- ❖ Address MUST match address on government issued ID and address on file at school
- ❖ Examples: (Acceptable proofs of residence):
  - ❖ Teco Bill
  - ❖ Water Bill
  - ❖ Lease (with occupants listed)
  - ❖ Mortgage Statement
- ❖ Not Accepted:
  - ❖ Cable Bill
  - ❖ Phone Bill
  - ❖ CC Bill



The image shows a sample of a utility bill from TECO Tampa Electric. A red arrow points from the text 'Address MUST match address on government issued ID and address on file at school' to the address field on the bill. Another red arrow points from the text 'MUST be within 30 days of application' to the 'Statement Date' field.

**TECO TAMPA ELECTRIC**  
AN EMERA COMPANY

**ACCOUNT INVOICE**  
tampaelectric.com | f t p g i n

Statement Date: 04/09/2020  
Account:

Guardian/Parent Name  
Address that matches DL  
And Address on File @ School

Current month's charges: 170.91  
Total amount due: \$170.91  
Payment Due By: 04/30/2020

**Your Account Summary**

Previous Amount Due	\$100.85
Payment(s) Received Since Last Statement	-\$100.85
<b>Current Month's Charges</b>	<b>\$170.91</b>
<b>Total Amount Due</b>	<b>\$170.91</b>

**Go paperless!**  
Goodbye clutter. Hello convenience.

There's never been a better time to go paperless.  
It's touch-free and good for the environment.

# DOCUMENTS REQUIRED #6 CERTIFIED COPY OF STUDENT ATHLETE'S BIRTH CERTIFICATE

STATE OF FLORIDA  
OFFICE of VITAL STATISTICS

**CERTIFICATION OF BIRTH**

STATE FILE NUMBER: \_\_\_\_\_ DATE FILED: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_

COUNTY OF BIRTH: MIAMI-DADE COUNTY

MOTHER'S MAIDEN NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

[Florida Certification of birth acceptable for apostille signed by C. Meade Grigg State Registrar](#)

DATE ISSUED: August 9, 2013

*C. Meade Grigg*, State Registrar

REQ: \_\_\_\_\_

VOID IF ALTERED OR ERASED

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS PRINTED ON PHOTOGRAPHIC SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1346 (04-13)

CERTIFICATION OF VITAL RECORD

HEALTH

# DOCUMENT CHECKLIST:



Before logging in or creating an account on athletic clearance make sure you have all the following: (if your student will be participating in band/band auxillary or ROTC make sure you have those items as well.

## LIST OF DOCUMENTS:

- EL2 (Physical) (Band Auxillary/ROTC/Athletics)
- Insurance ID (Athletics/ROTC)
- FHSAA Required Videos (Band/Band Auxillary/ROTC/Athletics)
- Government Issued ID (Band/Band Auxillary/ROTC/Athletics)
- Proof of Residence (Athletics)
- Birth Certificate (Athletics)
- Enrollment & Residential History Form (Athletics – Found when you log in to athletic clearance)
- Cadet Participation Consent Health Screening Questionnaire (ROTC – Found when you log into athletic clearance)
- Health Risk Screening Questionnaire (ROTC – found when you log into athletic clearance)

# LOGGING IN

<https://athleticclearance.fhsaahome.org/>

If you have ever had an account, log in here. If you have forgotten your info, DO NOT create a new account. Use the reset or HELP options.



## Login

User Name (Email):	<input type="text"/>
Password:	<input type="password"/>
	<input type="button" value="Sign In"/>

[Forgot Password](#)

If you have never logged in – click here to create an account. The parent must create the account using THEIR email, not the student's.



[Don't have an account?](#)

## See How It Works!

The screenshot shows a video player titled "Athletic Clearance Guide" for "Clearance For (BYE, 2014-15, Basketball, Boys)". The video progress bar is at approximately 25%. Below the video player, there are several form fields with radio buttons for selection:

- Step #2 - Medical History: Have you ever had or have you now any of the following?
  - Allergies (Drug, Food, Insects, etc.)  Yes  No
  - Use Allergies/Prescriptions
  - Address
  - Headaches or Migraines  Yes  No

# AFTER LOGGING IN

Select Language | Lisa Held

**ATHLETICCLEARANCE.COM** INJURIES MY ACCOUNT CONTACT US SIGN OUT

CLEARANCES

Clearances Documents Library

Start Clearance Here!

Year	Sport	Student	School	Student Info	Uploads	Medical History	Parent/Guardian Info	Signature	Confirmation ?	Shop	Status ?	Delete
------	-------	---------	--------	--------------	---------	-----------------	----------------------	-----------	----------------	------	----------	--------

Click "Start Clearance Here"



# SELECTING YEAR, SCHOOL, AND SPORT

Select Language ▼

Evanitta Omensetter

**ATHLETICCLEARANCE.COM**

INJURIES MY ACCOUNT CONTACT US SIGN OUT

CLEARANCES

## Clearances

### Choose Which Year, School, & Sport

Year \*  
2020-21 ▼

School \*  
Alonso (Section 3) ▼

Sport \*  
If your schools allows, you will be able to include additional sport/s on the Confirmation page  
ROTC ▼

Submit

Choose 2020-21

Choose ALONSO

Choose SPORT

# STUDENT INFORMATION

- This page is for information about your STUDENT.
- If your student does not have a cell phone, enter 000-000-0000 for the number.
- ROTC students **MUST** purchase the insurance.
  - This should be done ahead of time.
  - Don't forget if student is also participating in team sports that the appropriate insurance is purchased.
  - Insurance ID card **MUST** be uploaded.
  - See directions on slide 2

**Clearance For (Alonso, 2020-21, ROTC)**

Step# 1 Student Info	Step# 2 Medical History	Step# 3 Parent/Guardian Info	Step# 4 Signatures	Step# 5 Donation
Working...	Incomplete	Incomplete	Incomplete	Optional

**Step #1 - Student Information**

Student already in the system?

---

Name Birthdate \*

First \* MI (- if none) \* Last \*

Grade in 2020-21 \* Gender \* DOE Race Equity

# STUDENT INFORMATION PAGE UPLOADS

Working...	Incomplete	Incomplete	Incomplete	Optional
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## Step #1 - Student Information - Uploads

Download Physical / EL2 Form Here

Upload Physical Form:  No file chosen

Proof of Residency:  No file chosen

Parent/Guardian Government Issued Photo ID:  No file chosen

FHSAA Required Video Certificates:  No file chosen

Additional Form:

Max file size:20MB

Select "Choose File"

Physical  
Signature  
Date

- This is where you upload your documents:
- 1) Student Physical
- 2) the picture of the PARENT ID and
- 3) all 3 video certificates in ONE file.
- 4) Insurance ID card
- 5) Additional Forms Required for Athletics and ROTC – Scroll down on this page to download and print forms

# ADDITIONAL FORMS FOR ATHLETICS (#7) AND ROTC

Max file size:20MB

**\*\*\*IMPORTANT NOTICE\*\*\***

PLEASE NOTE: You will be required to combine multiple page forms and upload them as a single document. To combine multiple pages, we recomend that you scan each page by downloading the app Genius Scan ([Apple](#)) ([Android](#)). [Click Here](#) for instructions on how to scan multiple pages and getting them in one file. Should you require additional assistance in combining your forms, please contact Home Campus Support at [Support@Home-Campus.com](mailto:Support@Home-Campus.com).

**ATHLETIC REQUIREMENTS:**

- [EL2 - FHSAA Physical Evaluation Form](#): Be sure it has been SIGNED AND STAMPED, and the CLEARED WITHOUT LIMITATION box has been checked by your physician.
- [FHSAA Required Video Certificates](#) - Concussion in Sports Certificate, Sudden Cardiac Arrest Video Certificate, and Heat Illness Prevention Certificate.
- [Proof of Insurance Upload](#) - Hillsborough County Athletic Protection School Insurance Card.
- [Birth Certificate](#) - Birth Certificate.
- [Proof of Residency](#) - Proof of Residency (acceptable documents include current electric or water bill within 30 days, lease or mortgage).
- [Parent/Guardian Government Issued Photo ID](#) - Copy of Photo ID of Parent or Guardian completing registration.
- [Additional Form](#) - Download, print, and complete the [Enrollment and Residential History Form](#). Upload the completed document.

**\*\*JROTC REQUIREMENTS:**

- [EL2 - FHSAA Physical Evaluation Form](#): Be sure it has been SIGNED AND STAMPED, and the CLEARED WITHOUT LIMITATION box has been checked by your physician.
- [Insurance](#) - Hillsborough County Athletic Protection School Insurance Card.
- [Parent/Guardian Government Issued Photo ID](#) - Copy of Photo ID of Parent or Guardian completing registration.
- [FHSAA Required Video Certificates](#) - Concussion in Sports Certificate, Sudden Cardiac Arrest Video Certificate, and Heat Illness Prevention Certificate.
- [Please download, complete, and upload the Cadet Participation Consent Health Screening Questionnaire and the Health Risk Screening Questionnaire](#) under the Additional Forms upload slot.

- Click on links to forms needed
- Print
- Complete
- Upload as one document under additional forms tab in uploads tab (only upload the ones you need)

For Athletics: - Enrollment and Residential History  
For ROTC: - Cadet Paticipation Consent Health Screening Questionairre and Health Risk Screening Questionairre

**Student-Athlete Enrollment & Residential History**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current Home Address\*\*: \_\_\_\_\_

Number of Years Resided at Current Home Address: \_\_\_\_\_

Most Recent Previous Home Address: \_\_\_\_\_

Does the student ever reside at another address during the school year? (circle one) Yes or No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If yes, address of other residence: \_\_\_\_\_

School Student Attended and Completed 8<sup>th</sup> Grade: \_\_\_\_\_

Has the student ever attended another high school: (circle one) Yes or No  
(Fill in below for every other high school student has attended. If more lines are needed, write in available space.)  
If yes, name of prior high school: \_\_\_\_\_ Reason for transfer: \_\_\_\_\_  
If yes, name of prior high school: \_\_\_\_\_ Reason for transfer: \_\_\_\_\_  
If yes, name of prior high school: \_\_\_\_\_ Reason for transfer: \_\_\_\_\_

Enrollment Type: (circle one) Attendance Zone (Neighborhood) District Assignment Other

List all sports student has played in high school:

9 <sup>th</sup> Grade:	10 <sup>th</sup> Grade:	11 <sup>th</sup> Grade:	12 <sup>th</sup> Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the last school student participated in high school athletics: \_\_\_\_\_

My signature below states that I have provided the most up-to-date and accurate information.

\_\_\_\_\_  
Parent/Guardian's Signature  \_\_\_\_\_  
Relationship to Student 

*\*\*Alonso High School's Student Affairs Office is required to be notified within 10 days of moving when a change of address occurs and provided with documentation of the new address.*

# Required Additional Form for Athletic Participation

- ❖ Please complete appropriate areas of the form
- ❖ Signature Required

# Additional Form for ROTC Participation

## CADET HEALTH/WEELNESS PROGRAM CADET PARTICIPATION CONSENT HEALTH SCREENING QUESTIONNAIRE

AFJROTC Cadet Health/Wellness Program is designed to work with the cadet to help them improve their physical fitness. All physical activity sessions will be supervised and monitored by at least one of our instructors. These sessions include walking, running, and calisthenics exercises. The AFJROTC instructors have been trained in administering CPR if needed.

### Parent/Guardian

By granting permission, we understand there are risks associated with any physical activity. It is our responsibility to inform the AFJROTC instructor of anything that should keep our child from participating in the AFJROTC Cadet Health/Wellness Program. In the event of a medical problem, we understand that any medical care that may be required is our personal financial responsibility.

\_\_\_\_\_ has permission to participate in the Cadet Health/Wellness Program **YES - NO**  
(Printed Name of Cadet) (Circle one)  
 Last Name/First Name/Middle Initial \_\_\_\_\_  
 Printed Name Parent/Guardian: \_\_\_\_\_ Signature Parent/Guardian: \_\_\_\_\_  
 Dated: \_\_\_\_\_

It is mandatory to complete this screening form prior to participating in the Cadet Health/Wellness Program.

Return this completed questionnaire to your SASI or ASI, and advise them if you responded "Yes" to any of the questions below.

- (Circle one)
- Has there been any significant change to your health in the past 6 months? ..... YES - NO
  - Are you currently on a medical profile exempting you from PT activities? ..... YES - NO
  - Has a physician ever indicated you have heart disease, heart or breathing troubles? ..... YES - NO
  - Do you suffer from pains in your chest, especially with physical activity? ..... YES - NO
  - Do you feel faint or have dizzy spells during or after physical activity? ..... YES - NO
  - Do you have shortness of breath related to asthma or any other condition that exercise could aggravate? ..... YES - NO
  - Have you experienced a significant weight change in the past 6 months? ..... YES - NO  
 If "Yes", indicate the estimated amount: Gained / Lost \_\_\_\_\_ lbs.
  - Have you ever been diagnosed or displayed symptoms of heat stress? ..... YES - NO
  - Do you take any dietary, herbal or nutritional supplements, which contain any of the following Substances: Ephedrine/Ephedrine, Guarana, Phenylephrine, Pseudoephedrine? ..... YES - NO  
 If "Yes" please list: \_\_\_\_\_
  - Do you have any other medical issues that may cause a safety concern during physical exercise? ..... YES - NO  
 (i.e., allergies, pregnancy, etc.)  
 If "YES" please list: \_\_\_\_\_

**Note: If a cadet's health status changes during this school year cadet will notify AFJROTC instructor**

This form is to gather information to be used for screening a candidate for participation as an AFJROTC cadet in the following areas: AFJROTC Cadet Health Wellness Program, Photo Consent and Cadet Access Module participation. This form is for internal use only.

The Privacy Act of 1974 applies. The information herein is For Official Use Only (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. § 552) and/or the Privacy Act of 1974 (5 U.S.C., §552a), as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.

## Programa de Salud y Bienestar de Cadetes Cuestionario de Salud, y consenso de participación de Cadete (año escolar 2020)

Nombre de la Escuela: \_\_\_\_\_

El programa de Salud y Bienestar del AFJROTC está diseñado para mejorar el nivel físico del cadete. Todas las actividades físicas serán supervisadas por los instructores del programa. Las actividades incluyen caminar, correr, y ejercicios de calistenia. Los instructores de AFJROTC obtienen entrenamiento y conocimiento en primeros auxilios.

### Padres/Guardianes

Al autorizar, entendemos que se corre un riesgo natural con cualquier actividad física. Es nuestra responsabilidad informarle al instructor de cualquier actividad física la cual debe restringir a nuestro hijo(a), de participar del programa de salud y bienestar de AFJROTC. En caso que se presente algún problema médico, nosotros nos hacemos cargo de los cobros financieros.

Nombre del estudiante: \_\_\_\_\_  
APELLIDO, Nombre, Inicial del segundo nombre  
 El estudiante **SI / NO** puede participar en el programa de Salud y Bienestar.  
(por favor marque una decisión)  
 NOMBRE del Padre/Guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_  
 Firma del Padre/Guardián: \_\_\_\_\_

Es obligatorio responder el siguiente cuestionario antes que su hijo(a) participe en el programa de Salud y Bienestar para cadetes.

Por favor complete este documento y regréselo al instructor de AFJROTC. También avísele al instructor si usted respondió "SI" a alguna de las preguntas.

- (Circle one)
- ¿Ha tenido un cambio de salud significativo en los últimos 6 meses? ..... YES - NO
  - ¿Tiene una condición médica que no permita su participación en deportes? ..... YES - NO
  - ¿Ha obtenido un examen médico la cual indique tener alguna enfermedad de corazón, o problemas al respirar? ..... YES - NO
    - ¿Sufre de dolores en el pecho, especialmente cuando hace ejercicio? ..... YES - NO
    - ¿Ha sentido desmayado o mareos durante o después de hacer ejercicio? ..... YES - NO
    - ¿Ha sentido dificultades respiratorias por condiciones como asma o otras razones causadas por hacer ejercicio? ..... YES - NO
  - ¿Ha habido un cambio de peso significativo en los últimos 6 meses? ..... YES - NO
    - ¿Si respondió "SI", cuantas libras de peso ha subido/bajado? \_\_\_\_\_ lbs.
  - ¿Ha sido diagnosticado(a) o demostrado síntomas de estrés al calor? ..... YES - NO
  - ¿Está tomando suplementos nutritivos, o herbarios que contengan lo siguientes: Efedrina, Guaraná, Fenilefrina, Pseudoefedrina? ..... YES - NO  
 Si respondió SI, por favor especifique: \_\_\_\_\_
  - ¿Tiene alguna otra condición la cual pueda ser de riesgo durante el ejercicio? ..... YES - NO  
 Si respondió SI, por favor especifique: \_\_\_\_\_

**Atención: Si hay cambios de salud con el estudiante durante el año escolar por favor informe al instructor de AFJROTC.**

Este documento es usado para determinar si un candidato puede o no, participar en el programa del Cuerpo Subalterno de Entrenamiento para Oficiales Reservistas de La Fuerza Aérea (AFJROTC) en las siguientes áreas: programa de salud y bienestar, Permiso de Usar Fotos/Imágenes, y Módulo de Acceso para cadetes en WINGS. Estas firmas no son compartidas fuera de AFJROTC.

The Privacy Act of 1974 applies. The information herein is For Official Use Only (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. § 552) and/or the Privacy Act of 1974 (5 U.S.C., §552a), as amended. Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.

❖ Only complete if student will also be participating in ROTC

# Cadet Participation Consent Health Screening Questionnaire



# MEDICAL INFORMATION

## Clearance For (Alonso, 2020-21, ROTC)

Step# 1 Student Info	Step# 2 Medical History	Step# 3 Parent/Guardian Info	Step# 4 Signatures	Step# 5 Donation
Completed	Working...	Incomplete	Incomplete	Optional

### Step #2 - Medical History

Have you ever had or have you now any of the following:

Allergies (drug, food, insects, etc)  Yes  No

Asthma  Yes  No

Headaches or Migraines  Yes  No

- Be sure to read carefully and answer each question.
- Be sure you have read everything carefully before you hit submit at the bottom of the page.

# PARENT INFORMATION PAGE

## Clearance For (Alonso, 2020-21, ROTC)

Step# 1 Student Info	Step# 2 Medical History	Step# 3 Parent/Guardian Info	Step# 4 Signatures	Step# 5 Donation
Completed	Incomplete	Working...	Incomplete	Optional

### Step #3 - Parent/Guardian Information

Parent/Guardian already in the system?

Select Parent/Guardian

Parent/Guardian #1 Name \*

N/A

First \*

Last \*

Parent/Guardian #1 Business Number \*

- This is your student's emergency card so please be accurate. Please enter working phone numbers that you will be contacted at in case of emergency.

## Clearance For (Alonso, 2020-21, ROTC)

Step# 1 Student Info	Step# 2 Medical History	Step# 3 Parent/Guardian Info	Step# 4 Signatures	Step# 5 Donation
Completed	Incomplete	Incomplete	Working...	Optional

### Step #4 - Signatures

Please sign correct electronic signature. NOTE: Parent/Guardian signatures first, followed by Student signatures. Please sign full name.

**Parent/Guardian Signature**

**Parent Signature (Online) \***

Please Sign Correct Signature

**ROTC - Privacy Act Statement**

PRESCRIBING DIRECTIVE: AR 145-2

AUTHORITY: Title 10 USC 2031

PRIMARY PURPOSE: To maintain a record of leadership training progress and extracurricular activities of a Junior ROTC cadet.

Consent and Release from Liability Certificate

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.

[Download Form: EL3 - Consent and Release from Liability Certificate 2020R](#)

**Parent Signature (Online) \***

Please Sign Correct Signature

**EL3 - Consent and Release from Liability Certificate for Concussions 2020R**

Consent and Release from Liability Certificate for Concussions

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.

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

[Download Form: EL3 - Consent and Release from Liability Certificate for Concussions 2020R](#)

**Parent Signature (Online) \***

**EL3 - Consent and Release from Liability Certificate for SCA & Heat-Related Illness 2020R**

# SIGNATURE PAGE

➤ Please Note – There are signatures at the TOP for the parent and the BOTTOM for the student.

➤ Packets are often rejected because a parent name appears in all boxes on the page.

➤ Read all boxes carefully before signing.

➤ Sign full legal name.

➤ No Initials.

# STUDENT SIGNATURES

- Read all boxes carefully before signing.
- Sign Full legal name.
- No initials.

## Student Signature

Student Signature (Online) \*

Please Sign Correct Signature

### ROTC - Privacy Act Statement

PRESCRIBING DIRECTIVE: AR 145-2

AUTHORITY: Title 10 USC 2031

PRIMARY PURPOSE: To maintain a record of leadership training progress and extracurricular activities of a Junior ROTC cadet.

[Download Form: ROTC - Privacy Act Statement](#)

Student Signature (Online) \*

Please Sign Correct Signature

### EL3 - Consent and Release from Liability Certificate 2020R

Consent and Release from Liability Certificate

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.

Student Signature (Online) \*

Please Sign Correct Signature

### EL3 - Consent and Release from Liability Certificate for SCA & Heat-Related Illness 2020R

Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Related Illness

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.

Sudden Cardiac Arrest Information

Sudden cardiac arrest (SCA) is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends 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

[Download Form: EL3 - Consent and Release from Liability Certificate for SCA & Heat-Related Illness 2020R](#)

Student Signature (Online) \*

Please Sign Correct Signature

### EL3 - FHSAA Established Rules and Eligibility 2020R

Consent and Release from Liability Certificate

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.

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, in an FHSAA recognized sport (i.e. bowling, competitive cheerleading, girls flag football, lacrosse, boys volleyball, water polo and girls weightlifting or sanctioned sport (i.e. baseball, basketball, cross country, tackle football, golf, soccer, fast-pitch softball, swimming & diving, tennis, track & field, girls volleyball, boys

[Download Form: EL3 - FHSAA Established Rules and Eligibility 2020R](#)

# COMPLETING THE PACKET

- Once you have submitted the packet, you will receive an email letting you know the process has been started.
- Ms. Omensetter, APA, must review and approve the packet BEFORE your student is cleared to participate in outside practice, games, or other extra activities.
- In your student's profile, you can see if it says CLEARED or UNCLEARED. You will be notified by email once the application is cleared or if corrections need to be made to your application.

If your student wants to try out for a sport or other activity, here is where you select additional activities. Other activities may require insurance.



**Confirmation Message** Go Back

**Dear Evanitta Omensetter,**

This message is to let you know Evanitta Omensetter has started the Athletic Clearance process to participate in Band for Alonso in 2020-21.

This email does not mean that your student is cleared to participate in sports at [school] High School. **The final step in this process requires clearance from the Assistant Principal for Administration before your student will be permitted to tryout, practice, condition or train with Alonso High School Athletics.** Notification of clearance will be sent electronically to the email address provided in your Home Campus account. Once you receive your confirmation email, your student needs to bring the confirmation email and report to their respective coach to participate.

Thank You,

*Alonso High School*

Print

**Would you like to apply this Clearance to additional sports/activities?**

<input type="checkbox"/> Band Auxiliary	<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball, Boys	<input type="checkbox"/> Basketball, Girls
<input type="checkbox"/> Competitive Cheerleading	<input type="checkbox"/> Cross Country, Boys	<input type="checkbox"/> Cross Country, Girls	<input type="checkbox"/> Flag Football
<input type="checkbox"/> Football (11 man)	<input type="checkbox"/> Golf, Boys	<input type="checkbox"/> Golf, Girls	<input type="checkbox"/> Lacrosse, Boys
<input type="checkbox"/> Lacrosse, Girls	<input type="checkbox"/> ROTC	<input type="checkbox"/> Sideline Cheer	<input type="checkbox"/> Soccer, Boys
<input type="checkbox"/> Soccer, Girls	<input type="checkbox"/> Softball	<input type="checkbox"/> Spring Football	<input type="checkbox"/> Swimming, Boys
<input type="checkbox"/> Swimming, Girls	<input type="checkbox"/> Team Manager	<input type="checkbox"/> Tennis, Boys	<input type="checkbox"/> Tennis, Girls
<input type="checkbox"/> Track and Field, Boys	<input type="checkbox"/> Track and Field, Girls	<input type="checkbox"/> Volleyball, Girls	<input type="checkbox"/> Wrestling, Boys

I, the parent guardian of the student, acknowledge that my electronic signatures will be applied to all additional clearances.

# FORMS WITH MULTIPLE PAGES THAT NEED TO BE UPLOADED

Documents that have multiple pages that need to be combined into one file:

- ❖ EL2 (Physical)
- ❖ FHSAA Videos
- ❖ Forms that have to be uploaded to additional forms

# TIPS FOR UPLOADING MULTIPLE PAGE FORMS

- ❖ Use Genius Scan (free app) or another app to combine pages into ONE PDF file
- ❖ OR take ONE picture which includes both pages (make sure to get the full page, all the way to the edges).

## UPLOAD TIP:

- ❖ Log into your athletic clearance account (<https://athleticclearance.fhsaahome.org/>) using your phone, click on uploads, click on choose file (next to the appropriate document you need to upload), this will give you an option to take a picture. Choose that. Have document laid out on table or on floor. Take a CLEAR picture of your document. If your document has 3 pages – please take a picture of ALL the documents together in one picture. ( Do not worry about the size of the picture – just make sure that all pages are included and that signatures and dates on all pages are visible and clear. DO NOT CUT ANY PAGES OF THE DOCUMENTS ) Once you have a clear picture – click on use picture. Scroll down till you see save/upload. Click on upload/save. You will have to repeat this process with each document that you need to upload. The system will not allow for multiple uploads therefore you have to upload each item one at a time.

It can take up to 10 days to be cleared.

If you have any questions –  
please email Ms. Omensetter @  
[evanitta.omensetter@sdhc.k12.fl.us](mailto:evanitta.omensetter@sdhc.k12.fl.us)



**GO RAVENS!!!**