



**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