

Suncoast Academy Middle School Athletic Department Policies

At Suncoast Academy, our goals for student-athletes align with the CARES of our school (Cooperation, Assertion, Responsibility, Empathy, and Self-Control). We believe student participation in school athletics has a positive impact on a student's view of themselves and their school. As an extension of the school day, student-athletes are a reflection of their school, and their behaviors during practice and competitions are expected to reflect CARES.

Objectives for Student Athletes:

- Recognize that each individual has a unique set of skills and provide opportunities for maximum participation for all students.
- Develop individual and team skills necessary to compete successfully.
- Grow strong school/team spirit.
- Learn and reflect on the characteristics of good sportsmanship.
- Apply CARES within sports programs.
- Understand body growth and development and learn healthy living habits.

The Suncoast Academy Athletic Department recognizes the vital role that coaches, parents, and students all play in the healthy development of a student-athlete and the success of an athletic program. The athletic director has been assigned by the principal to administer the athletic program. Head coaches report to the athletic director and are charged with responsibility for the student-athletes involved in their program. The coach is also responsible for communicating relevant information to parents throughout the season. Student-athletes represent our school and are, therefore, held to a high standard of conduct at all school events.

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THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 PHONE (941) 927-9000

PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS

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PRE-PARTICIPATION PHYSICAL EVALUATION FOR MIDDLE SCHOOL STUDENTS

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THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 PHONE (941) 927-9000

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THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA RISK MANAGEMENT 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 PHONE (941) 927-9000

PRIVATE VEHICLE TRANSPORTATION PERMISSION

Instructions: The School Board will not be providing bus transportation for certain field trips/athletic events during the school year. Instead, the school may try to arrange alternate transportation using private vehicles driven by parents or other adults. If you agree to allow your student to be driven to/from field trips/athletic events in a private passenger vehicle, complete this form, have it notarized and return it to the school. This form must be signed and returned to the school before your student will be allowed to be transported to any field trip/athletic event in a private passenger vehicle.

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C63-12-RKM Rev. 3-4-2020

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 FHONE (941) 927-9000

AUTHORIZATION TO RELEASE MEDICAL INFORMATION FOR ATHLETICS

Instructions: This form is required to allow Athletic Trainers from Agility Physical Therapy & Sports Performance, LLC, to release protected medical information for student athletes to The School Everd of Sarasota County, Florida, coaching staff. This form must be returned to the Head Coach or Athletic Secretary. The original will be given to the Athletic Trainer and a copy will be maintained in the Athletic Director's office. This authorization is not valid unless signed and dated by the athlete or legally authorized representative. If

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Agility Physical Therapy & Sports Practices describing how they use and disclose patient health information. If you have not received a copy of the Notice of Privacy Authorization of Disclosure

Student Name (Print) Last	
Last	First Middle DOS
information from my student athlete re diagnosis, athletic participation status, to I certify that this authorization has bee Director, Team Physician, School Health for the purposes of my care as a student	8. Sports Performance, LLC. to release/disclose the following protected health realment and care information regarding my medical condition, injuries, prognosis, and related personal identification.
Possibility of Re-disclosure I understand that any information provious circumstances no longer protected by statement of the	
	id for 14 months from the date I sign it. I understand that I have the right to revoke The revocation will take effect on the day it is received except to the extent it has
Conditions of Treatment I understand that Agility Physical Therap authorization.	y and Sporis Performance cannot condition
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oudent Signature	Dake
(o may)	THE PART OF THE PA
Parent/Guardian Signature	Date
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fif other than student athlete signing, state re	elationship nal — Alhletic Treiner Copy — Student Athletic Tre
RET: Master, 7AY, GS7 132 Dupl., OSA Distribution: Origin	nal — Athletic Treiner Gopy — Student Athlete File
	062-14-DIS Rev. 2-27-2020

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA 1960 LANDINGS BOULEVARD, SARASOTA, FL 34231 PHONE (941) 927-9000

EMERGENCY MEDICAL/TREATMENT CONSENT FOR FIELD TRIPS AND/OR OTHER AFTER SCHOOL ACTIVITIES

Hairm completed form to war.	KIPS AND/OR OTHER ASSESSMENT	
instructions: Return completed form to your child's school. If you have questions to have a student Name.	puestions perialining to this form ac-	OOL ACTIVIT
Student Name	Solitact !	your child's scho
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COME Address	Widdle	The same of the same of the same of
Street	** Total Control of the Control of t	
Print)	City	Zin
Parent/Guardian Name (Print) Address of above (if different) Street	Relationship	-th
Firms Chan-	P. L.	Mary Mary Company of the Party
Home Phone Work Phone List a person other than the parent or guardian who could be contacted	Zip	The state of the s
cist a person other than the parent or guardian who could be even	Cell Phone	
List a person other than the parent or guardian who could be contacte Emergency Contact Name (Print) Is above student allergic to foods, medications, or insects? Yes	ed in case of emergency below:	
Is above student allergin to food	Phone	
Is above student allergic to foods, medications, or insects? Yes [I No	and the same of th
If Yes, list what they are and emergency medication/treatment, if any.		
Does the above student have any chronic medical problems (such as a lift Yes, list and describe medical requirements for field trip	Sihina dia i	WAS STATE OF THE S
If Yes, list and describe medical requirements for field trip Does the above student take any daily medication(s)? Yes Mo Yes, complete the medication treatment authorization form (if not previous medication(s)) and time to be administered		The second second second
emily Physician Nama (Rd-1)	Action as a particular of the contract of the	
case of non-life threatening emergency, list hospital preference case of serious illness or injury where immediate care is pecied, the serious	Physician pu	
case of serious illness or injury where	- Marriell LUOUS	The state of the s
response emergency medical service. The emergency medical service. The emergency medical service.	or its representative	
case of serious illness or injury where immediate care is needed, the school of the serious illness or injury where immediate care is needed, the school of the serious medical service. The emergency medical service is the case of an accident or illness where immediate treatment of my child is needed, in accident or illness where immediate treatment of my child is needed.	has my consent to provide necessary adersigned will be responsible for emerge	to contact the treatment or
I request that the school contact me or you desiment of my child is not	fireliants.	my realment
the case of an accident or illness where immediate treatment of my child is not into it. I request that the school contact me or my designee to arrange transport in a contact and trequest that the other person listed on this form be contacted and requested designed that I must notify the school in writing if there are any child the achool. The contacted are the statement remains in effect until the end of this school. The contacted are any child the achool.	rtation for my child. If the school is una to care for my child.	remain at the ble to contact
ent/Guerrien election of this scl	langes in this health emergency inf hool year unless revised as	onnation.
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