

**Alonso High** School **Band & Band** Auxiliary Paperwork Directions

# List of Documents Needed For Band/Band Auxillary Clearance

EL2 (Physical) on approved HCPS EL2 Form (Band Auxillary Only)
 3 FHSAA Required Videos
 Guardian Government Issued ID with matching address to the one on file

# **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. Physicals are good for 365 days
- Please answer all questions. Any yes answers MUST be explained at the bottom of page 1.
  Student and Parent MUST sign the bottom of page 1.
- MUST include doctor's stamp, signature, printed name 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
  - Upload each page separately under EL2. <u>Page 3 is only necessary</u> if page 2 is marked with recommendations.

	T. Orudent information (to be compa	cted by	y stude:	nt or p	parent)	-	
Stu	dent's Name:				Sex Age: Dute of Birtle		_
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Per	ion to Contact in Case of Emergency:		1	1	L'and L'and		3
Res	hip to Student: Home P	ione (	5	L	Work Phone: ( ) Cell Phone: ( )	1	2
Per	sonal/Family Provident	3		10	ity/State: Office Phone do 1		_
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Pa	rt 2. Medical History (to be completed by st	udent	or pare	10). E	spian "yes" answers below. Circle questions you don't know	answer	n
L	Have you had a medical illness or injury since your last	Yes	No	26.	Have you ever become ill from exercising in the hear?	les	
2	check up or sports physical?	_	57	27.	Do you cough, wheeze or have trouble breathing during or after	$\equiv$	1
2	Do you have an ongoing chronic illness? Have you ever been heavitalized overnight?	-	_	78	activity? Do you have authors?		
4.	Have you ever had surgery?	=	_	29.	Do you have seasonal allergies that require medical treatment?	_	1
£.	Are you currently taking any prescription or non- nervariation (over, the conster) medications or nils or	_	_	30.	Do you use any special protective or corrective equipment or medical devices that area? usually used for your uport or maintion	_	
	using an inhaler?				(for example, knee brace, special neck soil, first orthotics, shunt,		
6.	Have you ever taken any supplements or vitamins to hele you gain or lose weight or improve your	-	-	31	retainer on your teeth or hearing aid?? Have you had any moblems with your eves or vision?		
	performance?			32.	Do you wear glasses, contacts or protective eyewear?		
7.	Do you have any allergies (for example, pollen, laten, medicine, food or stimuing insecta?)	-	-	33.	Have you ever had a spinin, strain or swelling after injury? More you broken or fluctured are been or disherated are injury?	_	
8.	Have you ever had a rash or hives develop during or	_	_	35.	Have you had any other problems with pain or swelling in muscles,	_	1
	after exervise? Have you ever named out during or after everying?				tendions, hones or joints?		
10.	Have you ever been diary during or after exercise?	-	_		Head Elbow Hip Thigh		
11.	Have you ever had chest pain during or after exercise? Do you and find arous muchls that your friends do.	-	-		NeckForciansKace		
14	during exercise?	-	-		Back Wist Shin/Calf Clast Hand Askle		
13.	Have you ever had meing of your heart or skipped heartheast 7	-	_		ShoulderFinger		
14.	Have you had high blood pressure or high cholesterol?	_	_	36	Upper Ann Foot Do you want to wrigh more or less than you do non?"		
15.	Have you ever been told you have a heart murmar?	-	_	37.	Do you lose weight regularly to meet weight requirements for your	=	
~	problems or sudden death before age 50?	-	-	14	sport? The year fiel strenged out?		
17.	Have you had a severe vital infection (for example,	_	_	39.	Have you ever been diagnosed with sickle cell anemia?	$\equiv$	
18.	Hypearditas or manonacteoses) within the tast manife? Has a physician ever denied or restricted your			40.	Have you ever been diagnosed with having the sickle cell trut?	_	
	participation in sports for any heart problems?	_	_	- 10	Standard Brite Stranger	100	
19.	Do you have any current skin problems (for example,	-	-0		Hepatitus B: Chickenpox	2	
20.	Have you ever had a head injury or concusion?	_	_		Complete:		
21.	Have you ever been knocked out, become unconscious- or but your entropy?	_	_	42	When was your first menatual period?		
22	Have you ever had a scirme?	_		43.	When was your most recent mensional period?	2	
23.	Do you have frequent or severe headaches?	_	_	44.	How much time do you usually have from the start of one period to the start of another?	1	
24.	Have you ever had numbrass or toigling in your arms, hands, legs or feet?	-		45.	How many periods have you had in the last year?	-	
25.	Have you ever had a stinger, humer or pinched nerve?	_	_	46.	What was the longest time between periods in the last year?	-	
Exp	lain "Yes" answers here:						_

- ANSWER ALL QUESTIONS!
- Don't forget shot information!

Part 3. Physical Exam	nination (to	be completed b	y licensed	physician, license	d osteopathic physici	ian, licensed chirop	ractic phys
cian, neensed physician asso Student's Name:	stant or certific	d advanced re	gistered at	irse practitioner).		Date of Birth:	- 90 - 13
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ASSESSMENT OF EXAMINE	G PHYSICIAN	PHYSICIAN A	SSISTANT/	NURSE PRACTITI	ONER		
severy certify that each even	tion listed above	was performed by	y myself or a	n individual under m	direct supervision with	the following conclusion	m(s):
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Name of Physician/Physician Asa	istant/Norse Pract	itioner (print)				Date:	<u> </u>
Address							

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- Doctor's Name MUST be Printed •
- Doctor's Signature & Date
- Doctors Office Address and Phone # (Or Stamp)

- Doctor's Name MUST be Printed
- Doctor's Signature & Date
- Doctors Office Address and Phone # (Or Stamp)

Only Necessary if Recommendations were made on page 2!!!

#### **DOCUMENTS REQUIRED #2: FHSAA VIDEO CERTIFICATES**

- Viewing the videos is required each year. For the 2021-21 school year, videos must be viewed AFTER May 15, 2021.
- <u>www.nfhslearn.com</u>
- Have the student log in or create an account. <u>Be sure when asked for the name on</u> the certificate the <u>STUDENT'S NAME</u> 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 #2 FHSAA VIDEO CERTIFICATES**

Certificates for the three required FHSAA videos (in student's name) from nfhslearn.com.

Upload each certificate in the appropriate places in the files section.

Videos must be completed after May 15, 2021 of the current year to be accepted for the 2021-2022 school year





#### **DOCUMENTS REQUIRED #6 GOVERNMENT ISSUED ID**

Government issued photo identification of parent or legal guardian.

When scanning this document, make sure all information is <u>clearing</u> <u>visible</u> in the picture.



### **DOCUMENT CHECKLIST:**



Before logging in or creating an account on athletic clearance make sure you have all the following

- EL2 (Physical) on approved HCPS EL2 Form (Band Auxillary Only)
- □ 3 FHSAA Required Videos
- Guardian Government Issued ID for parent who signed electronic forms with matching address to that on file if DL is used

### 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.

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.

#### AFTER LOGGING IN

	My Clearances My Account Help Logout		AthleticClearance.com By Home Campus
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### SELECT SCHOOL YEAR

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	Clearance - Setup	
	Choose Which Year, School & Sport	
	Year*	
	Select	~
	Select	
	2021-22	
Choose 2021-22		



### SELECT SCHOOL





#### SELECT BAND OR BAND AUXILLARY



Athletics

#### **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. Complete the form and click on save and continue

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	Year: 2021-22			ļ	School: Alonso (Tampa)			Sport: Football (11 man)		
		Stude	nt Parent/C	auardian Med	ical Program Information	Signatures File	) s			
Choose Existing St	udent									
First Name:										? Help

#### PARENT GUARDIAN INFORMATION – THIS SERVES AS OUR EMERGENCY CARD – PLEASE BE ACCURATE

Complete Parent/Guardian Information This serves as your student's emergency card – please complete this section with accurate information Click on save and continue

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	Student Parent/Guardian Medical Program	Information Signatures Files		
Choose Parent/Guardian				
Select				\$
Parent Guardian #	<sup>‡</sup> 1			🧿 Help

#### STUDENT MEDICAL HISTORY INFORMATION

>This is your students medical history information. Please complete as accurately as possible. > Only do one sport at a time as this information may change as the year goes on. Click on save and continue



🔾 Yes 🔵 No

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#### STUDENT SIGNATURE FORMS: MUST SIGN FULL NAME

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2021-2	22	Alonso (Tampa)	Football (11 man)				
	Student Parent/Guardian	Medical Program Information S	Signatures Files				

#### Student Signature Forms

#### Usage of Personal Equipment

Purchase of Equipment and Supplies by Individual or Organization Other than HCPS – It will be permissible for any individual or organization to purchase or donate any item of equipment or supplies that is provided by HCPS as long as it complies with district bid specifications. Such items whether purchased or donated to an individual or the program will become property of HCPS. There shall be no special uniform or equipment fundraising projects for purchase of uniforms or equipment that is provided by the school district. The school district will not provide budget for fill-in items for uniforms purchased by individuals, organizations, or donations. The Director of Athletics must approve all donations or purchases of uniforms.

(?) Help

#### PARENT SIGNATURE FORMS: MUST SIGN FULL NAME



## **IMPORTANT! READ HOW TO UPLOAD FILES:**

#### **OPTION 1: USING PDF FILES TO UPLOAD**

- Click on choose existing files
- Upload files in appropriate places.
- Scroll down to the bottom of the page and click on Save and Continue.
- If you have uploaded all required forms – you will receive a confirmation screen after you click on save and continue and a status of pending.
- If you are missing any uploads you will get an in processing status. If you get this screen – you are not done and I cannot see any of your documents.

# **OPTION 2: USING PICTURES to UPLOAD:**

- Click on browse
- This will give you an option to take a picture
- Click on Take a picture
- Take a CLEAR PICTURE DON'T CUT OFF THE EDGES OF THE PAGE. (Don't worry about the size)
- Click on Use picture.
- Do this for each document that you need to upload.
- Scroll down to the bottom of the page and click on Save and Continue.
- You will get a confirmation screen and a status that says pending.
- If you are missing any uploads you will get an in processing status. If you get this screen you are not done and I cannot see any of your documents.

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Files

Proof of residency must be a current TECO/water bill, mortgage statement, or lease agreement.
Name and/or address on parent Photo ID must match proof of residence and/or information submitted on this website.

#### FILE UPLOADS:

#### ➢ EL2:

- Page 1 Make sure student and parent sign. Make sure that shot record information is completed. Must be dated.
- Page 2: Must be cleared without limitation
- Doctors printed and signature MUST be on form
- Doctors office address and phone number MUST be on form
- Page 3: ONLY needed if recommendations were made on page 2.

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Proof	of Residency *						
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#### > FILE UPLOADS:

> NFHS Video Certificates

- > MUST be in STUDENTS NAME
- > MUST BE DATED May 15<sup>th</sup> 2021 or later for 2021-2022 school year
- Concussion to watch click on
- Heat Illness to watch click on
- Sudden Cardiac Arrest to watch click on link

#### > FILE UPLOADS:

- > Parent signing forms Government Issued ID – with matching address to student address on file at school
- > Scroll down and click on save and continue

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C	Confirmation Messag	je						
De	ear Evanitta Omensetter,							
Tł	nis message is to let you know Evanitta C	Omensetter has started the At	thletic Clearance process to particip	pate in Football (11 man) for ,	Alonso (Tampa) in 2021-2	22.		
Th Pr el to	his email does not mean that your studer incipal for Administration before your stu ectronically to the email address provide their respective coach to participate.	nt is cleared to participate in s udent will be permitted to tryc ed in your Home Campus acc	sports at Alonso (Tampa) High Scho out, practice, condition or train with count. Once you receive your confir	ol. The final step in this proc Alonso (Tampa) High Schoo mation email, your student i	cess requires clearance fi ol Athletics. Notification c needs to bring the confirr	from the As of clearance mation ema	sistant e will be ail and re	sent port
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It can take up to 15 days to be cleared. We are on a new system and we are ALL working through it including me.

If you have any questions – please email Ms. Omensetter @ evanitta.omensetter@hcps.net

