# ALONSO HIGH SCHOOL JROTC PAPERWORK DIRECTIONS





#### List of Documents Needed For ROTC Clearance

- ☐ EL2 (Physical) on approved HCPS EL2
- ☐ School Health of Florida Insurance ID card
- ☐ 2 FHSAA Required Videos
- ☐ Government Issued ID of parent signing forms
- ☐ Cadet Participation Consent Health Screening

Questionnaire

# 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.

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Part In Some Standard In Comments of the Comme					of this form will re	quire page 1 of this manute he	re-subm	nittee
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tome Address: ANSW	٠.	$r_{I}$	M	In	IIFS	ZIANIE	9	
Name of Parent Guardian:	7.	<u>, , </u>		.ь ч	E-muil:	110113		
Person to Contact in Case of Emergency:			1	- 4	W-20-7000			
Return his to Student: Home P	hone (	6	5	Work Pho	one: ()	Cell Phone: ()	_	
Personal Family American	- 3	1	L	ity/State:		Office Phonosiss )	100	
	(							
Part 2. Medical History (to be completed by s			nt). E	xprain yes ans	wers below. Circ	de questions you don't know		
. Have you had a medical illness or injury since your last	Ves	No	26	Haue was eyes he	ecome (II from exer	riging in the hear?	Ves	N
check up-or sports physical?	_					ole breathing during or after		
2. Do you have an ongoing chronic illness?	_	_		activity?			_	
Have you ever been hospitalized overnight?     Have you ever had surgery?	_	_		Do you have asth		require medical treatment?	_	-
Are you ever man aregory      Are you currently taking any prescription or non-	_	_				corrective equipment or	_	-
prescription (over-the-counter) medications or pills or using an inhaler?	_			medical devices t (for example, kno	that aren't usually u ee brace, special no	ned for your sport or position ik roll, fixet orthotics, shunt,	_	
<ol> <li>Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your</li> </ol>	_	_	31		teeth or hearing aid y problems with yo			
performance?					uses, contacts or pro			
<ol> <li>Do you have any allergies (for example, poller, latex.</li> </ol>	_	_	33.			swelling after injury?	_	=
medicine, food or utinging insects)?  1. Have you ever had a rash or hives develop during or			34.			ones or dislocated any joints? ith pain or swelling in muscles,	_	-
after exercise?			-	tendons, bones or		in pine or evening in increase,	_	_
Have you ever passed out during or after exercise?	_	_			ropriate blank and			
10. Have you ever been dizzy during or after exercise? <ol> <li>Have you ever had chest pain during or after exercise?</li> </ol>	_	_		— Head Neck	- Elbow Forgum	Hip Thigh Knoc		
2. Do you get tired more quickly than your friends do	$\equiv$			Back	Wrist	Shin/Culf		
during exercise?				Chest	Hand	Ankle		
<ol> <li>Have you ever had meing of your heart or skipped heartheats?</li> </ol>	_	_		Shoulder Upper Ams	-Finger Foot	_		
4. Have you had high blood pressure or high cholesterol?	_	_	36.		weigh more or less t	han you do now?		
Have you ever been told you have a heart marma?     Has any family member or relative died of heart	_	_	37.	Do you lose wrig		t weight requirements for your	=	
problems or sudden death before age 507	-	_	-	sport?				
7. Have you had a severe viral infection (for example,	_	_		Do you feel stress Have you ever be	een diagnosed with	sickle cell memis?	_	-
stryocarditis or minonachossis) within the last month?  18. Has a physician ever denied or restricted your			40,			having the sickle cell truit?	=	Ξ
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19. Do you have any current skin problems (for example,	_	_/		Tetanus: Hepatitus II:	Mean	les:		
itching, rashes, acne, warts, fungus, blisters or pressure sore	n)?		-	Hepatina II:	Comple	ete!		
<ol> <li>Have you ever had a head injury or concussion?</li> <li>Have you ever been knocked out, become unconscious.</li> </ol>	_	-	FE	MALESONE				
or lost your memory?	_	_			first menstrual perio			
12. Have you ever had a science?	_	_			most recent messiru do you musilly base	from the start of one period to		
<ol> <li>Do you have frequent or severe headaches?</li> <li>Have you ever had numbness or tingling in your arms.</li> </ol>	_	-		the start of anothe	017			
hands, legs or feet?	_	_	45.		ds have you had in			
15. Have you ever had a stinger, humer or pinched nerve?	_	_	40.	What was the tony	gest time between p	eriods in the last year?		
Explain "Yes" answers here:								_

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

This complet	ed firm must be i	tept on file by th	e school	This	form is valid for 365 the validity period o	calendar days from the da of this form will require	te of the evaluation	as written on page
Part 3. Physical Exar	nination (to	be completed	by lice	nsed	physician, license	d osteopathic physicia		
cian, licensed physician assi Student's Name:	stant or certific	ed advanced r	egister	ed nu	rse practitioner).		Date of Birth	5 7 7
Height:Weight:		% Body Fat (opt	tional):_		Pube:	Blood Pressure:		
	fearing: right: P_							
Visual Acuity: Right 20/	Left 20/	Corrected:	Yes	No	Papils: Equal	Unequal	_	
FINDINGS MEDICAL	NORMAL			_	ABNORMAL FIN	DINGS		INITIALS
1. Appearance								
Eyes/Ears/Nose/Throat								
Lymph Nodes		8						-
4. Heart								
5. Palses								
6. Lungs								
7. Abdomen	5 5	8						3
8. Genitalia (males only)								
9. Skin								
10. Neurological	1000							<u> </u>
11. Psychiatric								
MUSCULOSKELETAL								
12. Neuk								-
13. Back								
14. Shoulder/Arm								
15. Elbow/Forearm	-							
16. Wrise Hand								
17. Hip/Thigh	-							
IR. Knee	_							-
19. Leg/Ankle	77 77							7
20. Foot								
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Precautions:								
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Recommendations	10. 10							
Name of Physician/Physician Ass	istant/Norse Prac	titioner (point):					Date:	
Address								

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

C	Proparticipation Physical Evaluation (Page 3 of 3)  This completed firm must be large on file by the school. This form is valid fire 365 salesday days from the date of the evaluation as written on page.
1 hereby	MENT OF PHYSICIAN TO WHOM REFERRED (if applicable) certify that the examination(s) for when referred was were performed by myself or an individual under my direct supervision with the following conclusions cared without limitation
	caufons: Diagnosis:
No	t cleaned for
Name of Address	Due: //
•	Doctor's Name MUST be Printed • Doctor's Signature & Date Doctors Office Address and Phone # (Or Stamp)
•	Printed • Doctor's Signature & Date Doctors Office Address and

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

## **DOCUMENTS REQUIRED #2 INSURANCE ID CARD**

- ❖ Insurance Please purchase the appropriate mandatory school insurance (https://hcpsathleticprotection.com/) and <u>upload the insurance ID card</u> 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.

School Insurance of Florida Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2022	School Insurance of Florida Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: 09-0132-2022
Student Name:	Student Name:
School District: Hillsborough Public Schools, School: ALONSO HIGH	School District: Hillsborough Public Schools, School: ALONSO HIGH
Date Paid: 05/18/2021 Amount Paid: \$30.00	Date Paid: 05/18/2021 Amount Paid: \$30.00
Coverage: NCHS Group C High School Termination Date: 05-29-2022	Coverage: NCHS Group C High School Termination Date: 05-29-2022
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 <u>WWW.HCPSATHLETICPROTECTION.COM</u> to view answers to frequently asked questions, or to download another summary of the insurance benefits. Thank you. We appreciate your business!

Sincerely,

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

account

# DOCUMENTS REQUIRED #4: FHSAA VIDEO CERTIFICATES

- Viewing the videos is required each year. For the 2021-22 school year, videos must be viewed AFTER May 15, 2021.
- 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.
  - Heat Illness Prevention
  - Sudden Cardiac Arrest
  - Once the student has completed all three courses, download the certificates.

# DOCUMENTS REQUIRED #4 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 #3 GOVERNMENT ISSUED ID**

- Government issued photo identification of PARENT or LEGAL GUARDIAN that is signing the electronic signatures.
- When scanning this document,make sure all information is <u>clearly</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: (if your student will be participating in band/band auxiliary or ROTC make sure you have those items as well.

#### LIST OF DOCUMENTS:

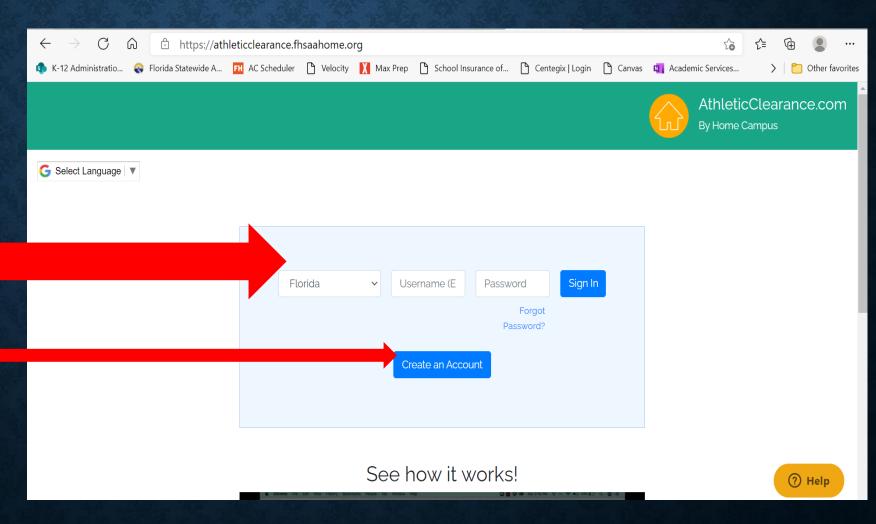
- ☐ EL2 (Physical)
- ☐ Insurance ID
- ☐ FHSAA Required Videos
- ☐ Government Issued ID
- Cadet Participation Consent Health Screening Questionnaire

#### LOGGING IN

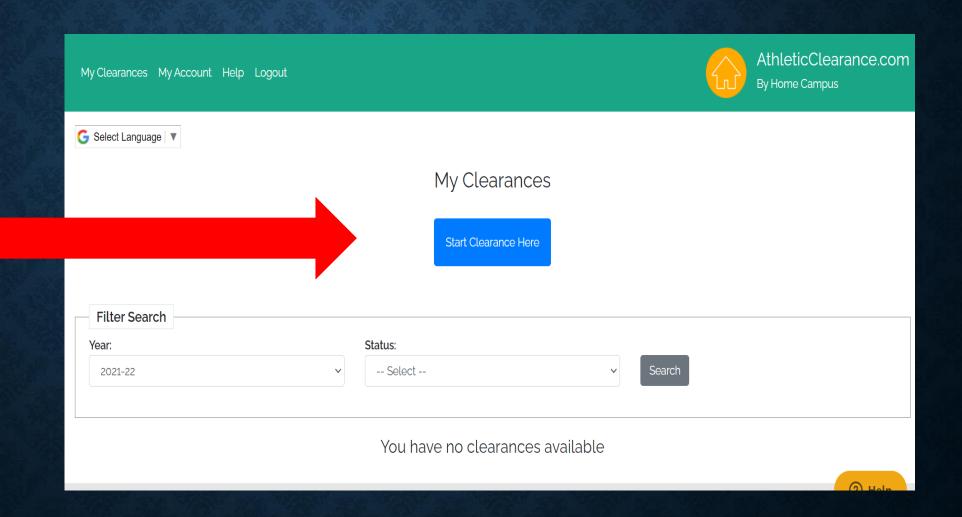
# https://athleticclearance.fhsaahome.org/

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.

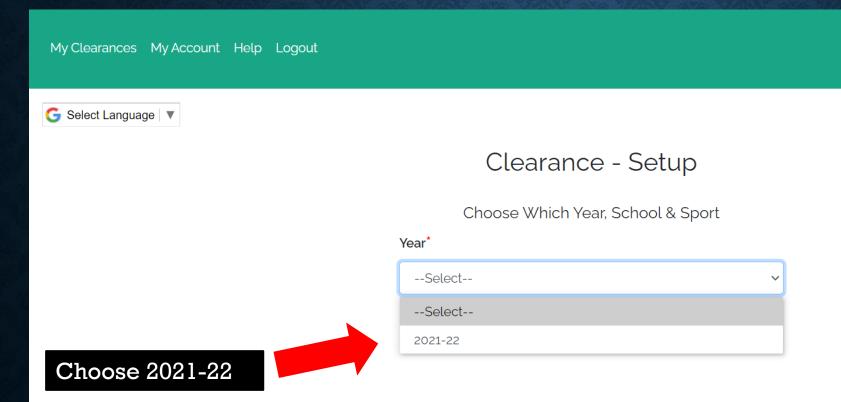


## AFTER LOGGING IN



Click "Start Clearance Here"

#### SELECT SCHOOL YEAR

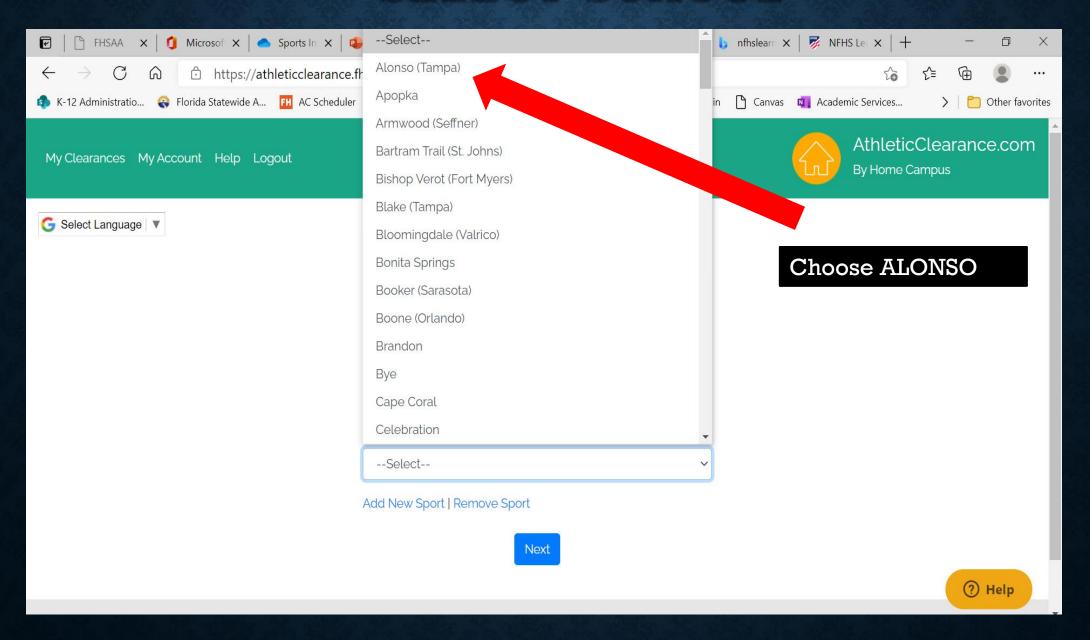




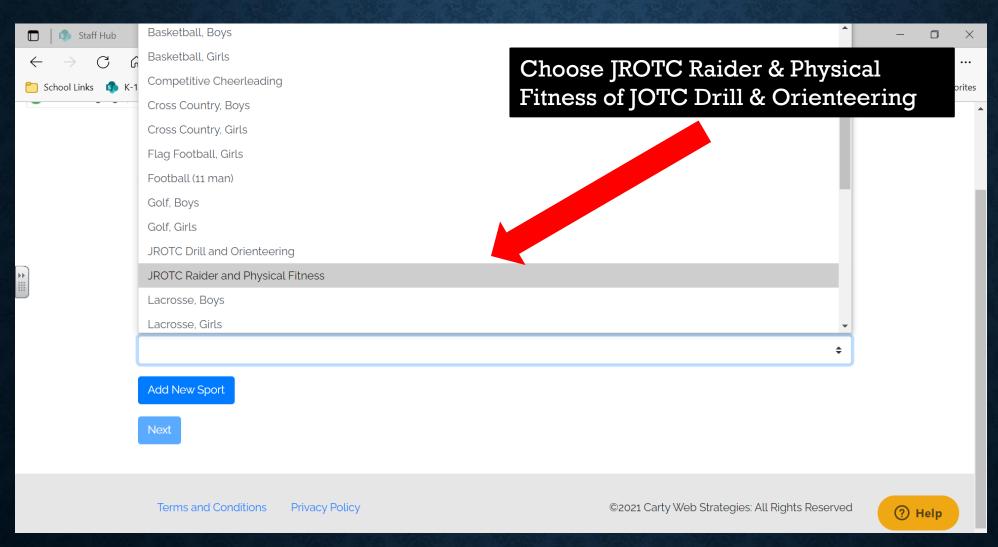
AthleticClearance.com

By Home Campus

#### SELECT SCHOOL

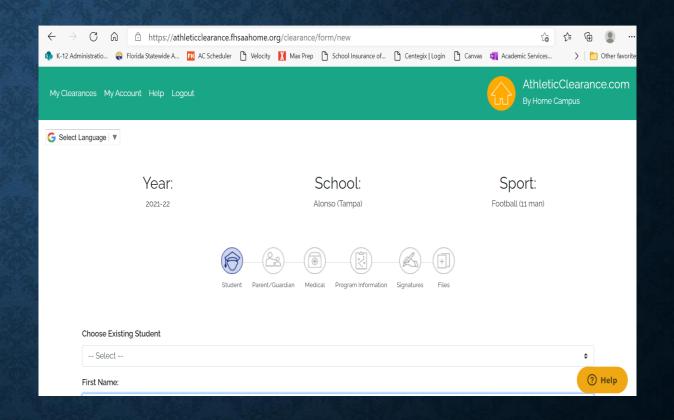


## SELECT SPORT



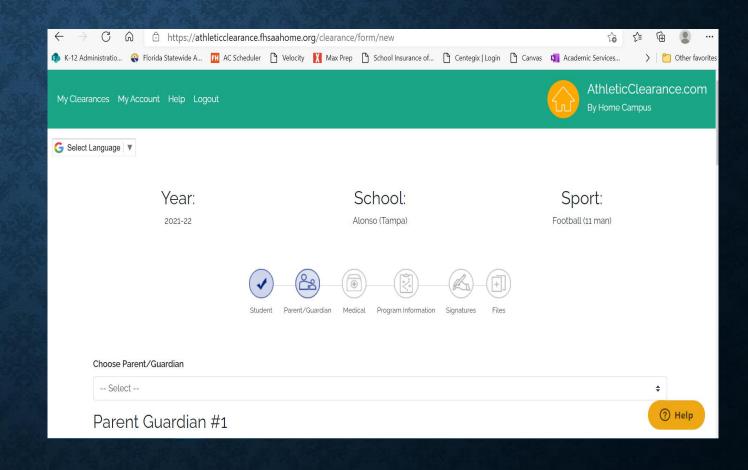
#### STUDENT INFORMATION

- This page is for information about your STUDENT.
- If your student does not have a cell phone, enter 000-000-0000 for the number.
- Complete the form and click on save and continue



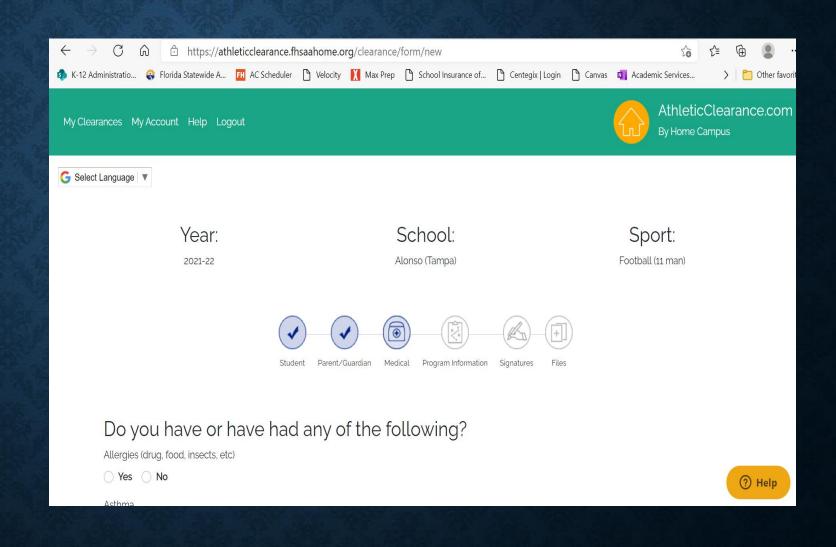
## PARENT GUARDIAN INFORMATION – THIS SERVES AS OUR EMERGENCY CARD – PLEASE BE ACCURATE

- CompleteParent/GuardianInformation
- This serves as your student's emergency card please complete this section with accurate information
- Click on save and continue



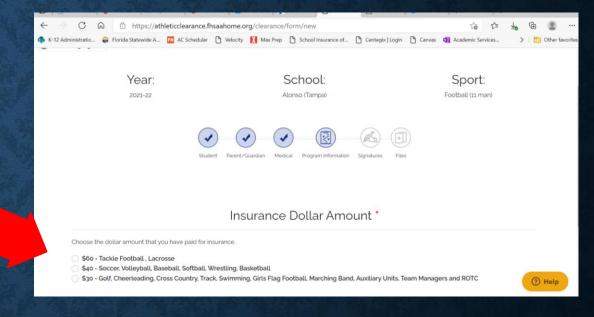
#### STUDENT MEDICAL HISTORY INFORMATION

- 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



# COMPLETE AMOUNT INSURANCE COVERAGE – SCHOOL HEALTH INSURANCE OF FLORIDA PURCHASED

- Please select the coverage you bought on school health insurance of Florida
- You will find the amount on your school health insurance card.
- Click on save and continue

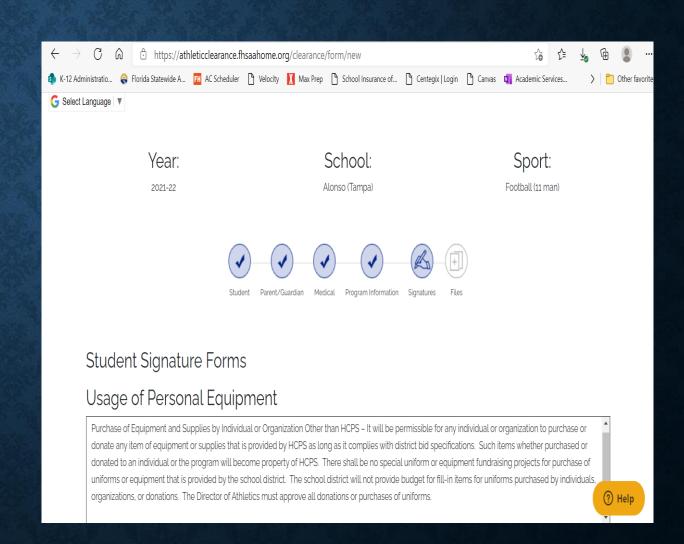


Please cut y	our insurance card out and retain for your records.	
		School Insurance of Florida Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL 34778 Claims Telphone: 407-798-0290 Policy No: 09-0132-2022
Student Name:		Student Name:
School District:	Hillsborough Public Schools, School: ALONSO HIGH	School District: Hillsborough Public Schools, School: ALONSO HIGH
Date Paid: 05/18	/2021 Amount Paid: \$30.00	Date Paid: 05/18/2021 Amount Paid: \$30.00
Coverage: NCH:	S Group C High School Termination Date: 05-29-2022	Coverage: NCHS Group C High School Termination Date: 05-29-2022
For FHSAA spot on the date paid,	rts coverage becomes effective on the first FHSAA sanctioned practice date or 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.
coverage to all other or at 11:59 pm on t	uarantee policy benefits. The student accident insurance plan is secondary, "Excess" er sources of primary insurance. Coverage becomes effective on the first day of school the date paid, whichever is the later date. Coverage effective and termination dates, 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, eliability, benefits, and exclusions are determined by the actual Master Policy provisions.

## STUDENT SIGNATURE FORMS: MUST SIGN FULL NAME

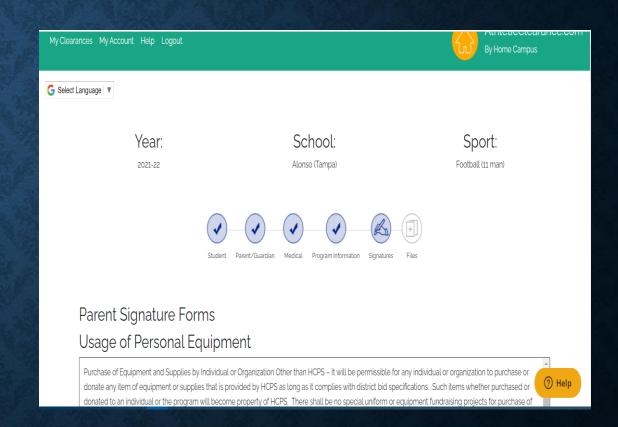
#### List of Forms:

- EL3 Addendum to Consent and Release from Liability Certificate
- ➤ EL3 Consent and Release from Liability Certificate 21R
- ➤ EL3 Consent and Release from Liability Certificate for Concussions 21R
- ➤ EL3 Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Related Illness 21R
- ➤ EL3 Consent and Release from Liability Certificate FHSAA Rules 21R



## PARENT SIGNATURE FORMS: MUST SIGN FULL NAME

- List of Forms:
  - EL3 Addendum to Consent and Release from Liability Certificate
  - EL3 Consent and Release from Liability Certificate 21R
  - ➤ EL3 Consent and Release from Liability Certificate for Concussions 21R
  - ➤ EL3 Consent and Release from Liability Certificate for Sudden Cardiac Arrest and Heat-Related Illness 21R
  - ➤ EL3 Consent and Release from Liability Certificate FHSAA Rules 21R
- Click on Save and continue



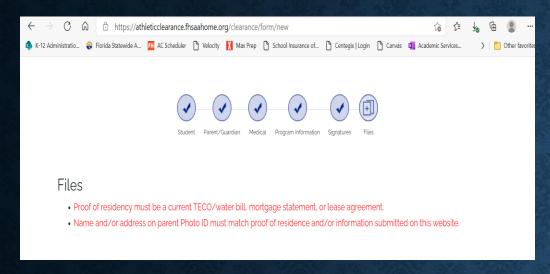
#### IMPORTANT! READ HOW TO UPLOAD FILES:

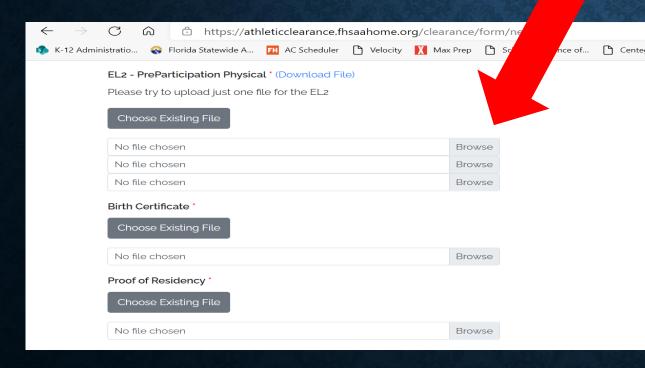
# OPTION 1: USING PDF FILES TO UPLOAD

- 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.

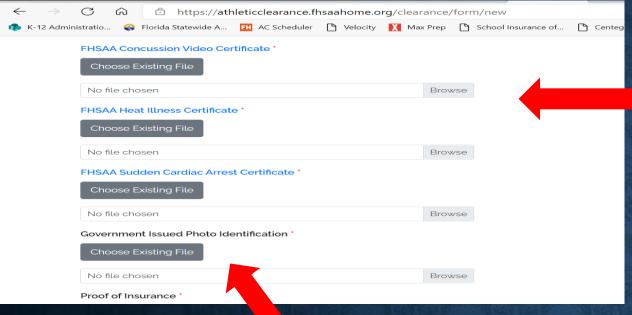




#### FILE UPLOADS:

#### > 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 signatureMUST be on form
- Doctors office address and phone number MUST be on form
- Page 3: ONLY needed if recommendations were made on page 2.

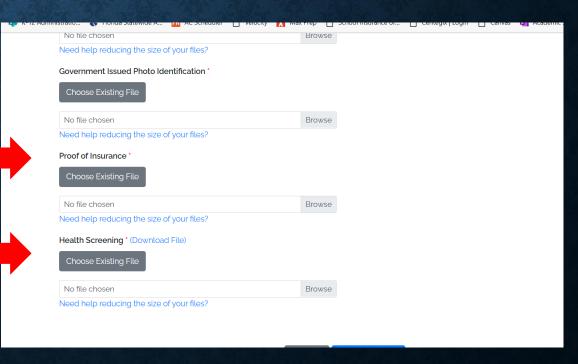


#### > FILE UPLOADS:

- Parent signing forms
   Government Issued ID with matching address to student address on file at school
- Proof if Insurance school health insurance of Florida ID card
- Health Screening
   Questionnaire MUST
   download and complete (see next slide)

#### > FILE UPLOADS:

- NFHS Video Certificates
  - MUST be in STUDENTS NAME.
  - MUST BE DATED May 15th 2021 or later for 2021-2022 school year
  - Concussion to watch click on link
  - Heat Illness to watch click on link
  - Sudden Cardiac Arrest to watch click on link



#### HILLSBOROUGH COUNTY ARMY JROTC

#### CADET PARTICIPATION CONSENT HEALTH SCREENING QUESTIONAIRE

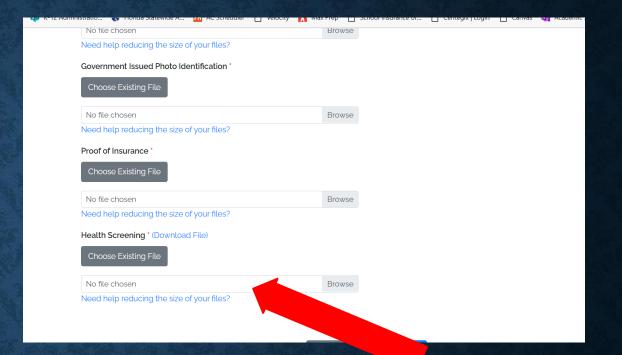
#### Parent/Guardian

By granting permission, you understand there are risks associated with any physical activity. It is your responsibility to inform the Army JROTC instructors of anything that should keep your child from participating in the Army JROTC physical fitness training. In the event of a medical problem, you understand that any medical care that may be required is your personal financial responsibility.

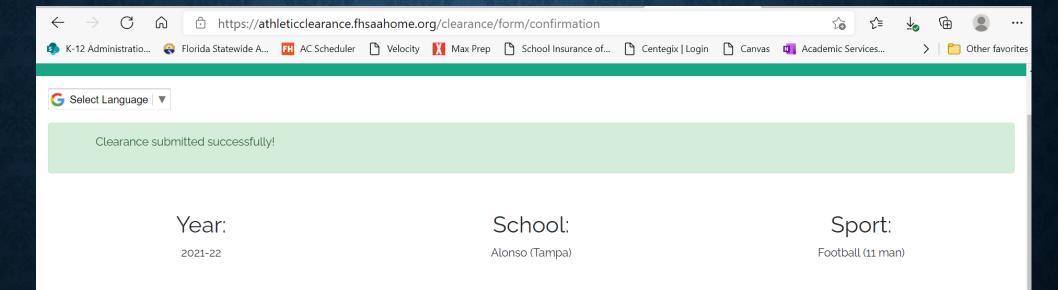
anders	trail a triat any medical care triat may be required is your personal infancial respi	orisionity.
	has permission to participate in physical fitr	ness training.
Printe	d name of Cadet)	
ast Na	ame/First Name/Middle Initial	
Printed	d Name Parent/Guardian: Signature	
Date: _		
t is ma	andatory to complete this screening form prior to participating in physical fitnes	s training
t is inte	andatory to complete this screening form prior to participating in physical fitties	(Circle One)
1)	Has there been any significant change to your health in the past 6 months?	Yes – No
2)	Are you on any medical restrictions exempting you from PT activities?	Yes - No
3)	Has a physician ever indicated you have heart or breathing problems?	Yes – No
	Do you suffer from chest pains, especially during physical exertion?	Yes – No
	b. Do you feel faint or have dizzy spells during or after physical activities?	Yes – No
	c. Do you have shortness of breath related to asthma or other conditions?	Yes – No
4)	Have you experienced a significant weight change in the past six months?	Yes – No
4)	mave you experienced a significant weight change in the past six months:	163-140
5)	Have you ever been diagnosed or displayed symptoms of heat stress/illness?	Yes - No
6)	Do you take dietary, herbal, or nutritional supplements which contain:	
	Ephedra/Ephedrine, Guarana, Phenylephrine, or Pseudoephedrine?	Yes – No
	If "Yes" please list	
7)	Do you have any other medical issues that may cause a safety concern?  If "You" places list	Yes – No

Note: If the cadet's health status changes, the cadet will notify the Army JROTC Instructors.

This form is to gather information for use to screen cadets prior to participation in Army JROTC physical training activities. The Privacy Act of 1974 applies. It is for internal use and For Official Use Only (FOUO).



Click on Download File, Print, complete and then Browse to upload



#### Confirmation Message

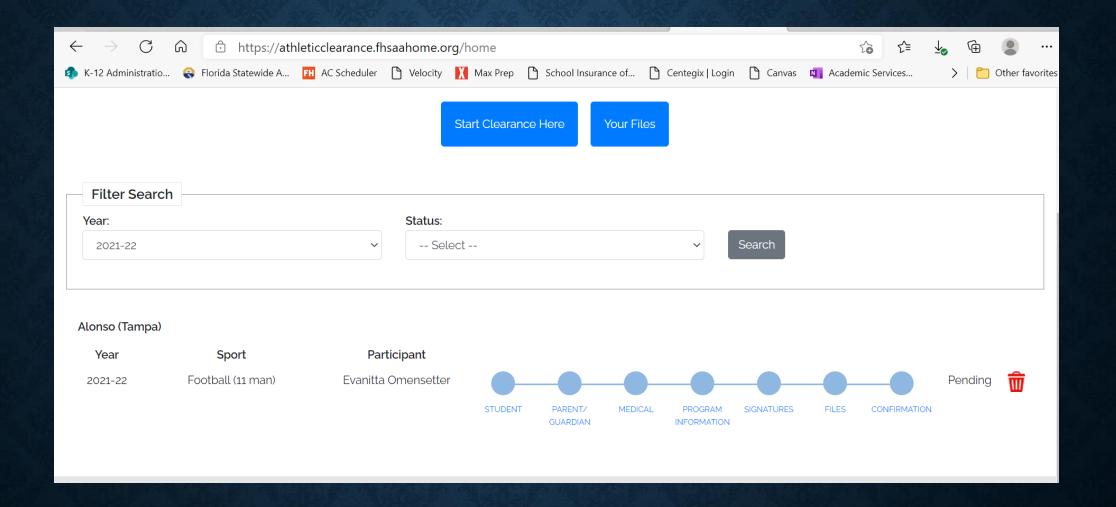
Dear Evanitta Omensetter,

This message is to let you know Evanitta Omensetter has started the Athletic Clearance process to participate in Football (11 man) for Alonso (Tampa) in 2021-22.

This email does not mean that your student is cleared to participate in sports at Alonso (Tampa) 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 (Tampa) 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.

? Help

Thank You,



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



