Middle School Athletics Paperwork Directions

Hillsborough County
PUBLIC SCHOOLS
Preparing Students for Life

Home Campus Athletic Pre-Participation Forms Getting Started Guide

- Once all of these documents are collected and ready for upload, please complete the online registration for your student-athlete at https://athleticclearance.fhsaahome.org/

For assistance with online registration, please use the help/support feature within the program or contact the Assistant Principal for Administration at your student-athlete's school.

Middle School Student Athletic Procedures (Student Forms)

The following requirements must be completed PRIOR to registration of all student-athletes:

- ❑ **EL2 Physical Form**
  (Page 4 of 4 must be completed which includes: signed, stamped, dated, and cleared without limitations by approved medical personnel. The supplement page may be required.)
- ❑ **FOUR (4) required FHSAA Videos** (Concussion for Students, Sudden Cardiac Arrest, Heat Illness Prevention, and Sportsmanship)
  (print/save all 4 certificates in student-athlete's name, dated after May 15, 2026)
- ❑ **Purchase Insurance**
  (print insurance card)
- ❑ Government Issued Photo Identification of parent/guardian who is signing the forms for the student-athlete

Documents required #1 physical

Prior to starting, you will need the following documents

- FHSAA EL2 Physical - use NEW FHSAA EL2 on SDHC Athletics website - FHSAA_EL2_Form_7.25.pdf

- EL2_form_2026
  - MUST be on this form. Physicals are good for 365 days
  - ONLY PAGE 4 MUST BE UPLOADED unless student not cleared without limitations
  - MUST include **doctor's stamp, signature, printed name and date** on page 4.
  - Make sure the CLEARED WITHOUT LIMITATIONS box has been checked by your physician.
    - If not cleared without limitations – you WILL NEED page 5 (SUPPLEMENT) 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 page 4 ONLY IF CLEARED WITHOUT LIMITATION. If recommendations were made and student athlete was referred page 5 will need to be uploaded.

ALL PAGES MUST BE FILLED OUT COMPLETELY IN ORDER FOR EL2 TO BE VALID.

PREPARTICIPATION PHYSICAL EVALUATION (Page 4 of 4)
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
This form is valid for 365 calendar days from the date of exam.

EL2
Revised 2/26

MEDICAL ELIGIBILITY FORM

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ___/___/_____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (_____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

SHARED EMERGENCY INFORMATION - completed at the time of assessment by practitioner and parent

☐ Check this box if there is no relevant medical history to share related to participation in competitive sports.

Provider Stamp *(if required by school)*

Medications: *(use additional sheet, if necessary)*
List: _____

Relevant medical history to be reviewed by athletic trainer/team physician: *(explain below, use additional sheet, if necessary)*
☐ Allergies ☐ Asthma ☐ Cardiac/Heart ☐ Concussion ☐ Diabetes ☐ Heat Illness ☐ Orthopedic ☐ Surgical History ☐ Sickle Cell Trait ☐ Other

Explain: _____

Signature of Student: _____ Date: ___/___/___ Signature of Parent/Guardian: _____ Date: ___/___/___

We hereby state, to the best of our knowledge the information recorded on this form is complete and correct. 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 (ECG), echocardiogram (ECHO), and/or cardio stress test.

☐ Medically eligible for all sports without restriction
☐ Medically eligible for all sports without restriction after clearance by medical specialist for: _____
(If this option is checked, additional medical follow-up and clearance prior to sports participation is required. Use Form EL1/2S for documentation.)
☐ Medically eligible for only certain sports as listed below:
_____
☐ Not medically eligible for any sports

Recommendations: *(use additional sheet, if necessary)*
_____

In accordance with §1006.20(2)(c), F.S., I hereby certify that I am a practitioner licensed under Florida chapter 458, chapter 459, chapter 460, §464.012, or registered under §464.0123, and in good standing with my regulatory board, or a practitioner who holds an active equivalent licensure issued by the state in which the medical evaluation was performed and that I, or a clinician under my direct supervision, have examined the above-named student-athlete using the FHSAA EL2 Preparticipation Physical Evaluation and have provided the conclusion(s) listed above. A copy of the exam has been retained and can be accessed by the parent as requested. Any injury or other medical conditions that arise after the date of this medical clearance should be properly evaluated, diagnosed, and treated by an appropriate healthcare professional prior to participation in activities.

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/_____
Address: _____ Phone: (_____) _____
Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

This form is not considered ... less all sections are complete.

- New Form – 02/26
- Student's Information MUST be completed at the TOP!
- This section is if you need to let the school know any information such as allergies/asthma. Check No if no pertinent information.
- Student and parent signature and date

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

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM
SUBMIT THIS MEDICAL ELIGIBILITY FORM TO THE SCHOOL
This form is only required one time if used as a supplement to the EL1.
This form is valid for 365 calendar days from the date of exam if used as a supplement to the EL2.

EL1/2S
Revised 2/26

MEDICAL ELIGIBILITY SUPPLEMENTAL FORM - Referred Provider Form

The Medical Eligibility Supplemental Form is required when a student must obtain further evaluation by a qualified medical specialist prior to clearance for participation in interscholastic athletics.

This form supplements eligibility documentation for referrals originating from either the EL1 - ECG Screening Form or the EL2 - Preparticiption Physical Evaluation. This form documents the specialist's evaluation, recommendations, and clearance status related to the medical concern identified during the initial screening/evaluation.

Completion of all applicable sections by the appropriate specialist is required before athletic clearance may be granted.

Student Information (to be completed by student and parent) *print legibly*

Student's Full Name: _____ Biological Sex: _____ Age: _____ Date of Birth: ___/___/_____
School: _____ Grade in School: _____ Sport(s): _____
Home Address: _____ City/State: _____ Home Phone: (_____) _____
Name of Parent/Guardian: _____ E-mail: _____
Person to Contact in Case of Emergency: _____ Relationship to Student: _____
Emergency Contact Cell Phone: (_____) _____ Work Phone: (_____) _____ Other Phone: (_____) _____
Family Healthcare Provider: _____ City/State: _____ Office Phone: (_____) _____

Referred for: _____ Diagnosis: _____

I hereby certify the evaluation and assessment for which this student-athlete was referred has been conducted by myself or a clinician under my direct supervision with the conclusions documented below:

☐ Medically eligible for all sports without restriction as of the date signed below
☐ Medically eligible for all sports without restriction after completion of the following treatment plan: *(use additional sheet, if necessary)*
_____
☐ Medically eligible for only certain sports as listed below:
_____
☐ Not medically eligible for any sports

Further Recommendations: *(use additional sheet, if necessary)*
_____

Name of Healthcare Professional (print or type): _____ Date of Exam: ___/___/_____
Address: _____ Phone: (_____) _____
Signature of Healthcare Professional: _____ Credentials: _____ License #: _____

Provider Stamp *(if required by school)*

Only Necessary if Recommendations were made on page 4 and form MUST be completed by specialist listed on recommendation/precaution etc…

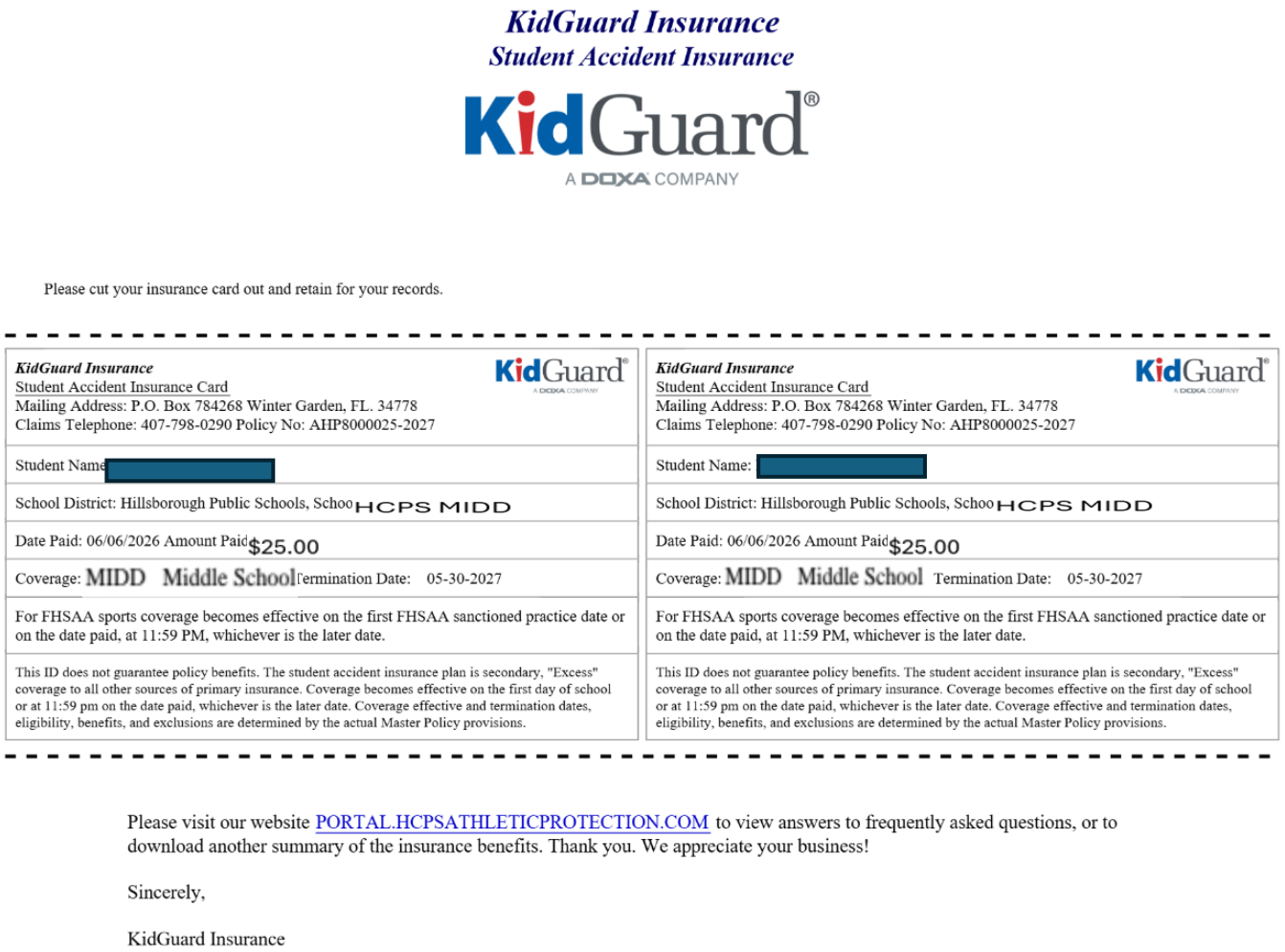
Documents required #2: FHSAA Video certificates

- **Viewing the videos is required each year. For the 2026-2027 school year, videos must be viewed on or AFTER May 15, 2026.**
- 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 for Students (Must be this course)
  - ❖ Heat Illness Prevention
  - ❖ Sudden Cardiac Arrest
  - ❖ Sportsmanship
  - ❖ Once the student has completed all 4 courses, download the certificates.

Documents required #2 FHSAA VIDEO Certificates

- Certificates for the 4 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, 2026 of the current year to be accepted for the 2026-2027 school year

DOCUMENT # 3: INSURANCE ID CARD



KidGuard Insurance
Student Accident Insurance

KidGuard®
A DOXA COMPANY

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

KidGuard Insurance KidGuard® A DOXA COMPANY Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: AHP8000025-2027	***KidGuard Insurance*** KidGuard® A DOXA COMPANY Student Accident Insurance Card Mailing Address: P.O. Box 784268 Winter Garden, FL. 34778 Claims Telephone: 407-798-0290 Policy No: AHP8000025-2027
Student Name [redacted]	Student Name: [redacted]
School District: Hillsborough Public Schools, Schoo HCPS MIDD	School District: Hillsborough Public Schools, Schoo HCPS MIDD
Date Paid: 06/06/2026 Amount Paid $25.00	Date Paid: 06/06/2026 Amount Paid $25.00
Coverage: MIDD Middle School ermination Date: 05-30-2027	Coverage: MIDD Middle School Termination Date: 05-30-2027
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 PORTAL.HCPSATHLETICPROTECTION.COM to view answers to frequently asked questions, or to download another summary of the insurance benefits. Thank you. We appreciate your business!

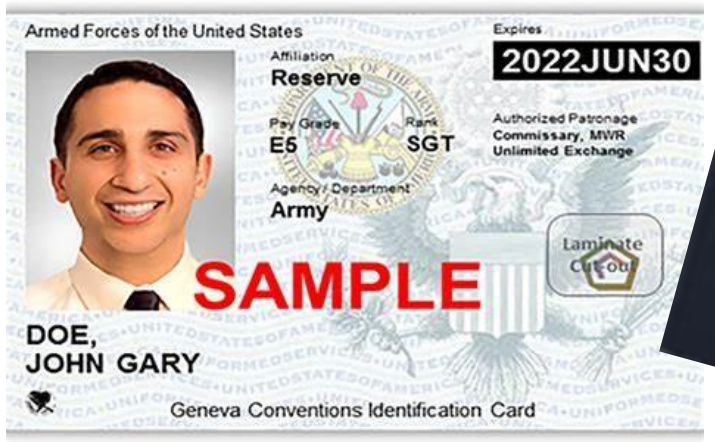
Sincerely,

KidGuard Insurance

- ❖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 #4 government issued id

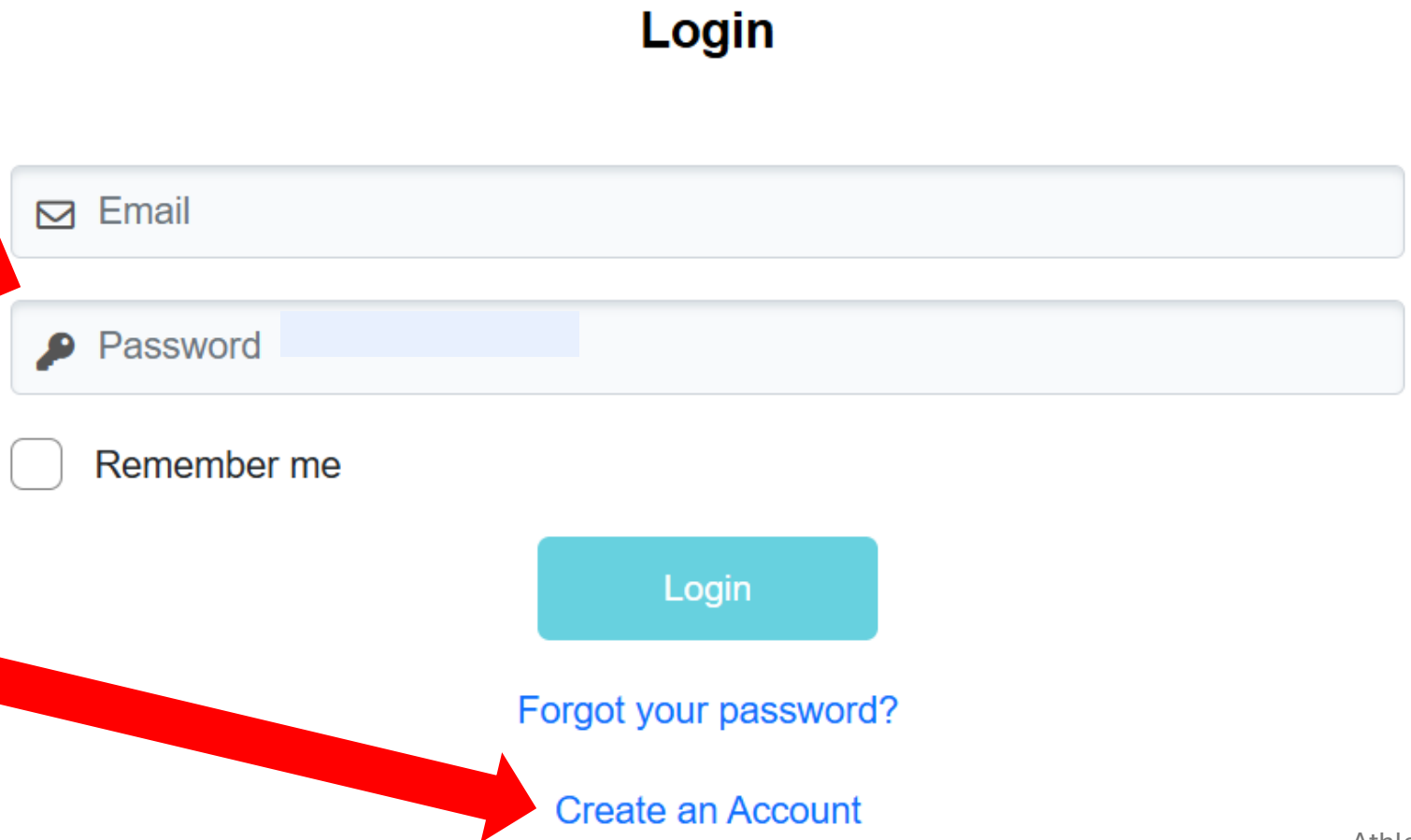
- Government issued photo identification of parent or legal guardian signing the forms.
- When scanning this document, make sure all information is **clearly visible** in the picture.



Logging In

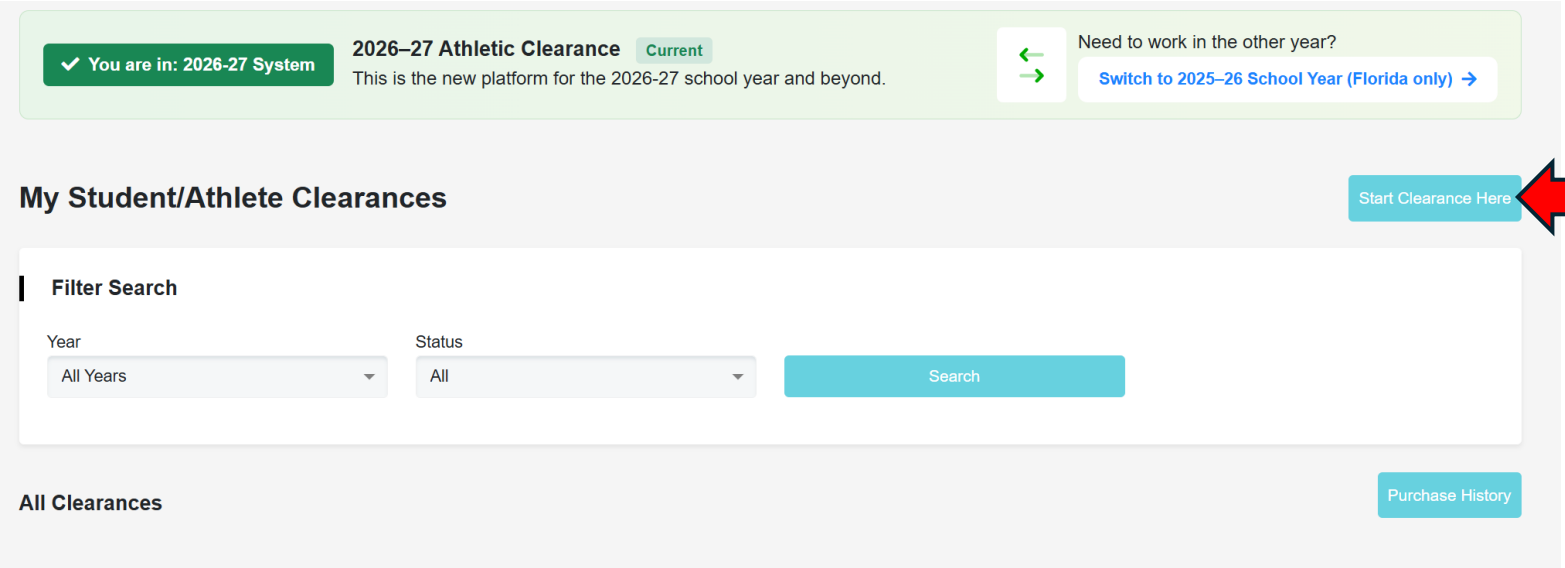
https://www.homecampus.com/login

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

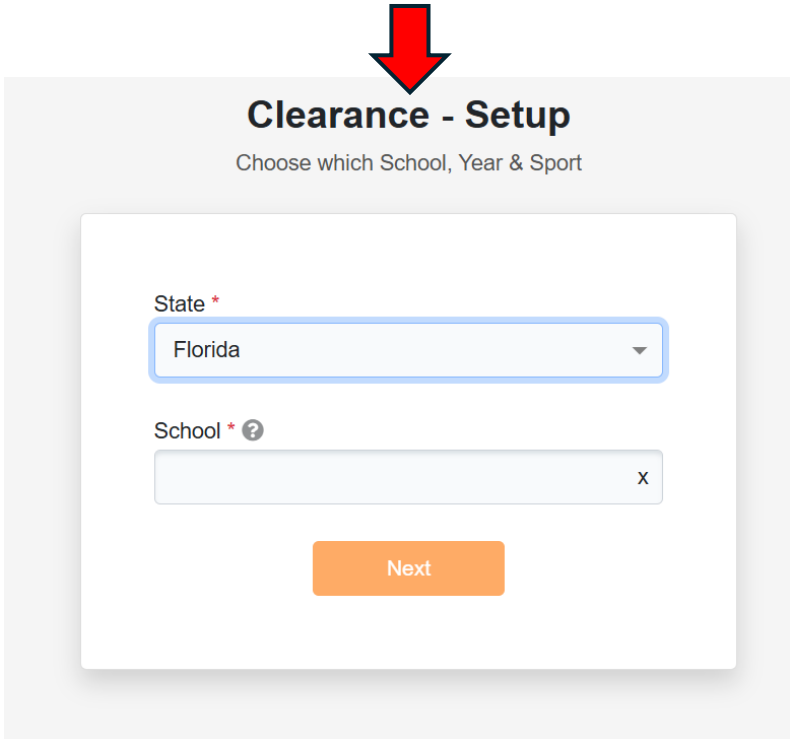


If you have never logged in – click here to create an account.
The parent must create the account using THEIR email, not the student's.

Start Clearance



1. Start Clearance
2. Select your State & School
3. Begin filling in student information and required forms
4. Upload required documents



APPROVED NOTIFICATION

When all forms are complete/approved by your school, a notification will be sent to you stating all forms have been accepted. You will be notified via email if a form has been declined by your school including a reason for the denial. In this case you must resubmit changes back into Home Campus and await clearance from the school.

It can take some time to be cleared. Please be patient and DO NOT wait until the last minute.

If you have any questions –
please contact your school's Assistant Principal for more information.

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Athletics