

REQUEST FOR PROPOSALS

SPORTS MEDICINE PROGRAM

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

PROPOSAL RETURN DATE

April 19, 2005

RFP NO. 100-EE10

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
PROCUREMENT MANAGEMENT
1450 N.E. 2ND AVENUE, MIAMI, FLORIDA 33132
REQUEST FOR PROPOSALS NO. 100-EE10

SPORTS MEDICINE PROGRAM

Sealed proposals will be accepted in Procurement Management, at the above location, until **2:00 P.M.** APRIL 19, 2005 and may not be withdrawn for one hundred twenty (120) days from that date.

ANTI-COLLUSION STATEMENT

THE UNDERSIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED, OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO THE PROPOSAL WHATSOEVER. PROPOSER ACKNOWLEDGES THAT ALL INFORMATION CONTAINED HEREIN IS PART OF THE PUBLIC DOMAIN AS DEFINED BY THE STATE OF FLORIDA SUNSHINE LAW.

CERTIFICATION AND IDENTIFICATION FOR PROPOSERS SUBMITTING PROPOSALS.

I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same service, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of these proposal specifications and I certify that I am authorized to sign this proposal.

(Please Type or Print Below)

LEGAL NAME OF AGENCY OR
CONTRACTOR SUBMITTING PROPOSAL: _____

MAILING ADDRESS: _____

CITY STATE, ZIP CODE: _____

TELEPHONE NUMBER: _____

BY: SIGNATURE _____

BY: TYPED _____

TITLE: _____

INSTRUCTIONS TO AGENCY/PROPOSER SUBMITTING PROPOSAL

I. PREPARING OF PROPOSALS

- A. THE PROPOSAL IS TO BE SUBMITTED, using 8-1/2" x 11" paper.
- B. IDENTIFICATION. Failure to indicate the contractor's EXACT legal name and an unsigned proposal may be considered non-responsive.

II. SUBMITTING OF PROPOSALS

- A. Number of Proposals:

A total of (11) copies of the Proposal must be submitted as follows:

- * The original proposal in a sealed envelope or box marked "Original."
- ** (10) copies of the proposal in a separate sealed envelope or box marked "Copies."

The proposal number, proposal title and opening date must be clearly marked on all envelopes and boxes.

- B. Place, Date and Hour. Proposals shall be submitted to The School Board of Miami-Dade County, Florida, Procurement Management, Room 352, 1450 N.E. 2nd Avenue, Miami, Florida, not later than 2:00 P.M. April 19, 2005.

III. CHANGE OR WITHDRAWAL OF PROPOSAL

- A. PRIOR TO PROPOSAL OPENING. Should the agency or individual contractor withdraw its proposal, they shall do so in writing. This communication is to be received by the Assistant Superintendent, Procurement Management Services, 1450 N.E. 2nd Avenue, prior to April 19, 2005. The agency or individual contractor's name and the proposal number should appear on the envelope.
- B. AFTER PROPOSAL OPENING. After April 19, 2005, proposals may not be changed; and they may not be withdrawn for one hundred twenty (120) days from that date.

IV. PROTEST TO CONTRACT SOLICITATION OR AWARD

- A. The Board shall provide notice of a decision or intended decision concerning a solicitation, contract award, or exceptional purchase by electronic posting. This notice shall contain the following statement:

“Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.”

- B. Any person who is adversely affected by the agency decision or intended decision, shall file with the agency a notice of protest in writing within 72 hours after the posting of the notice of decision or intended decision. With respect to a protest of the terms, conditions, and specifications contained in a solicitation, including any provisions governing the methods of ranking proposals or replies, awarding contracts, reserving rights of further negotiation or modifying or amending any contract, the notice of protest shall be filed in writing within 72 hours after the posting of the solicitation. The formal written protest shall be filed within 10 days after the date of the notice of protest is filed. Failure to file a notice of protest or failure to file a formal written protest shall constitute a waiver of proceedings. The formal written protest shall state with particularity the facts and law upon which the protest is based. Saturdays, Sundays, and state holidays shall be excluded in the computation of the 72-hour time periods provided by this paragraph.
- C. The notice of protest will be reviewed by Procurement Services staff, which will offer the protesting proposer the opportunity to meet and discuss the merits of the protest. If the protest is not resolved, the proposer may seek an administrative hearing pursuant to 120.57 Florida Statutes, by filing a formal written protest within 10 days after filing the notice of protest. Petitions for hearings on protests pursuant to 120.57 Florida Statutes must be filed in accordance with School Board Rule 6Gx13-8C-1064.

V. AWARDS

- A. **RESERVATION FOR REJECTION OR AWARD.** The Board reserves the right to reject any and all proposals, to waive irregularities or technicalities, and to request re-bids.
- B. **NOTIFICATION OF INTENDED ACTION.** Notices will be posted on the District’s website 7-10 days prior to a regularly scheduled Board meeting.
- C. **OFFICIAL AWARD DATE.** Awards become official upon Board action.

VI. DEFAULT

In the event of default, which may include, but is not limited to non-performance and/or poor performance, the awardee shall lose eligibility to transact new business with the Board for a period of 14 months from date of termination of award by the Board. Proposers that are determined ineligible may request a hearing pursuant to §120.569, Fla. Stat., and School Board Rule 6Gx13-8C-1.064.

VII. PUBLIC ENTITY CRIMES

Section 287.133(2)(a) Florida Statute. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

VIII. COMPLIANCE WITH FEDERAL REGULATIONS

All contracts involving Federal funds will contain certain provisions required by applicable sections of Title 34, Section 80.36(I) and Section 85.510 Code of Federal Regulations and are included by reference herein. The vendor certifies by signing the proposal that the vendor and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in Federally funded transactions and may, in certain instances, be required to provide a separate written certification to this effect.

During the term of any contract with the Board, in the event of debarment, suspension, proposed debarment, declared ineligible or voluntarily excluded from participation in Federally funded transactions, the vendor shall immediately notify the Assistant Superintendent, Procurement Management Services, in writing.

Vendors will also be required to provide access to records, which are directly pertinent to the contract and retain all required records for three years after the grantee (The Board) or sub-grantee makes final payment.

For all contracts involving Federal funds, in excess of \$10,000, The Board reserves the right to terminate the contract for cause as well as for convenience by issuing a certified notice to the vendor.

IX. CONE OF SILENCE

BOARD RULE 6GX13-8C-1.212

DEFINITION:

- A. "Cone of Silence" means a prohibition on any communication regarding a particular Request for Proposals (RFP), bid, or other competitive solicitation between:
1. any person who seeks an award therefrom, including a potential vendor or vendor's representative; and
 2. any School Board member or the member's staff, the Superintendent, Deputy Superintendent and their respective support staff, or any person appointed by the School Board to evaluate or recommend selection in such procurement process.

The Cone of Silence shall not apply to communication with the School Board Attorney or his or her staff, or with designated school district staff, who are not serving on the particular Procurement Committee, to obtain clarification or information concerning the subject solicitation. For purposes of this section, "vendor's representative" means an employee, partner, director, or officer of a potential vendor, or consultant, lobbyist, or actual or potential subcontractor or sub-consultant of a vendor, or any other individual acting through or on behalf of any person seeking an award.

- B. A Cone of Silence shall be applicable to each RFP, bid, or other competitive solicitation during the solicitation and review of bid proposals. At the time of issuance of the solicitation, the Superintendent or the Superintendent's designee shall provide public notice of the Cone of Silence. The Superintendent shall include in any advertisement and public solicitation for goods and services a statement disclosing the requirements of this section.
- C. The Cone of Silence shall terminate at the time the Superintendent of Schools submits a written recommendation to award or approve a contract, to reject all bids or responses, or otherwise takes action which ends the solicitation and review process.
- D. Nothing contained herein shall prohibit any potential vendor or vendor's representative:

1. from making public representations at duly noticed pre-bid conferences or before duly noticed selection and negotiation committee meetings;
2. from engaging in contract negotiations during any duly noticed public meeting;
3. from making a public presentation to the School Board during any duly noticed public meeting; or
4. from communicating in writing with any school district employee or official for purposes of seeking clarification or additional information, subject to the provisions of the applicable RFP, or bid documents.

The potential vendor or vendor's representative shall file a copy of any written communication with the School Board Clerk who shall make copies available to the public upon request.

- E. Nothing contained herein shall prohibit the Procurement Committee's representative from initiating contact with a potential vendor or vendor's representative and subsequent communication related thereto for the purposes of obtaining further clarifying information regarding a response to an RFP, or competitive solicitation. Such contact shall be in writing and shall be provided to the members of the applicable Procurement Committee, including any response thereto.
- F. Any violation of this rule shall be investigated by the School Board's Inspector General and may result in any recommendation for award, or any RFP award, or bid award to said potential vendor or vendor's representative being deemed void or voidable. The potential vendor or vendor's representative determined to have violated this rule, shall be subject to debarment. In addition to any other penalty provided by law, violation of this rule by a school district employee shall subject the employee to disciplinary action up to and including dismissal.

Specific Authority: 1001.41(1)(2); 1001.42(22); 1001.43(10) F.S.

Law Implemented, Interpreted or Made Specific: 1001.43(10); 1001.51(14) F.S.

History: THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

New: 6-18-03

Revised 11/03

REQUEST FOR PROPOSALS NO. 100-EE10

SPORTS MEDICINE PROGRAM

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

I. NAME AND ADDRESS OF REQUESTOR

The School Board of Miami-Dade County, Florida
Athletics/Activities and Accreditation
1500 Biscayne Blvd, Room, 216
Miami, FL 33132

II. PURPOSE OF REQUEST FOR PROPOSAL

The purpose of this Request For Proposals is to obtain the professional services of qualified individuals or agencies in the field of sports medicine to provide a comprehensive sports medicine program of injury prevention, physical screening examinations, evaluation, treatment, and rehabilitation of athletes who participate in the district's interscholastic athletic programs in the 32 senior high schools and three alternative/special centers.

III. INSTRUCTIONS FOR SUBMISSION OF PROPOSALS

Eleven copies of the proposal, one of which must be an original, must be received by 2:00 P.M., (Eastern Daylight Time), April 19, 2005 at:

The School Board of Miami-Dade County, Florida
Bid Clerk, Division of Procurement Management
1450 Northeast Second Avenue, Room 352
Miami, Florida 33132

The responsibility for submitting this proposal to the District on or before the stated time and date will be solely and strictly the responsibility of the proposers. The District will in no way be responsible for delays caused by the United States mail or any other delivery service or caused by any other occurrence. The proposal must be signed by an officer of the firm legally authorized to conduct business in its name. The eleven copies of the document must be submitted in a sealed envelope or box marked "PROPOSAL FOR SPORTS MEDICINE PROGRAM."

It is anticipated that a proposal will be recommended to the School Board for approval at the Board meeting of July 13, 2005. Notification to the successful proposer will be on or after July 13, 2005. The School Board reserves the right to reject any and all proposals.

IV. GENERAL INFORMATION ABOUT THE SCHOOL DISTRICT

The School Board of Miami-Dade County, Florida is a school district organized under Section 4, Article IX, of the Constitution of the State of Florida and Chapter 1001 of the Florida Statutes. The District, which shares a common boundary with Miami-Dade County, is the fourth largest school system in the nation. The District has approximately 315 schools, 357,878 students, and 53,835 full and part-time employees.

The School Board of Miami-Dade County, Florida, a corporate body existing under the Laws of the State of Florida, is the policy-making body of the district. The School Board consists of nine members elected for overlapping four-year terms. Among other duties, the School Board has broad financial responsibilities, including approval of the annual budget.

The chief executive officer is the Superintendent of Schools. The Superintendent is appointed by the School Board and is responsible for recommending all actions to the Board, including those on curriculum materials.

V. DESCRIPTION OF THE SPORTS MEDICINE PROGRAM

The Sports Medicine Program for Miami-Dade County Public Schools began in 1976. Currently the program provides, at no cost to the athlete, standardized physical screening examinations for all athletes, office and routine care of injured athletes, and sports medicine physicians to serve at football games and large tournaments, as deemed necessary. Additionally, it provides in-service workshops for athletic personnel and area sports medicine clinics for the evaluation, care, and rehabilitation of athletes as well as consultation services when needed.

The current program is administered by an approved health agency and is managed by a Chief of Sports Medicine who is a state-licensed and board-certified orthopedic surgeon. The agency, in turn, employs a number of physicians who are on call to provide required services for the program.

VI. TERM OF CONTRACT

The proposal covers estimated service requirements for a sports medicine program for an initial two (2) year period (August 1, 2005 through July 31, 2007) and may, by mutual agreement between the School Board and the awardee, be extended for one additional two-year period and, if needed, 90 days beyond the expiration date of the current contract period. The Board, through Procurement Management Services, may, if considering an extension, request a letter of intent to extend from the awardee prior to the end of the current contract period. The awardee will be notified when the recommendation has been acted upon. All prices shall be firm for the term of the contract. The successful vendor agrees to this condition by signing its proposal.

Payment for services will be made in quarterly installments upon receipt of properly documented invoices from the proposer. An itemized list of expenses and physicians used shall be provided to the School Board at the end of each contract period along with the request for final payment. All financial records for the Sports Medicine Program will be maintained for a period of five years and shall be available to the School Board or its designee for audit.

The proposer shall comply with all municipal, state and federal statutes prohibiting discrimination. The proposer shall, at all times, comply with local or state standards for health and safety of students, whichever is more stringent.

It is understood that the physicians provided by the proposer in the Sports Medicine Program will be covered by the incidental malpractice coverage through the School Board's risk management program.

VII. INSTRUCTIONS TO PROPOSERS

- A. In preparing the response, the proposer must fully address each specification in all sections.
- B. The proposer must respond to the specifications in the order in which they are listed.
- C. If the specification can be met, an explanation of the techniques employed to accomplish each requirement is mandatory.
- D. If the specification cannot or should not be met, the proposer is to offer an explanation.
- E. The proposer is expected to identify solutions that meet specified needs. Where appropriate, an individual proposer is encouraged to submit additional or supplemental materials so as to make the document as complete as possible.
- F. The proposer must provide a cost factor for approximately 10,000 physical examinations. The cost factor should include a \$50 expense allowance for each hosting athletic trainer at each of the physical screening examination dates and sites. There are approximately 36 sites for each physical screening examination. Additionally, proposer must provide a cost factor per year per sports medicine clinic site; a cost factor per physician per game; a cost factor per year for Chief of Sports Medicine; and a cost factor for in-service seminars.
- G. Upon approval and award by the Board, a contractual agreement, acceptable to the School Board Attorney, shall be entered into with the successful proposer.

VIII. AFFIRMATIVE ACTION - M/WBE REQUIREMENTS

- A. Equal Employment Opportunity

It is the policy of the School Board, that no person will be denied access, employment, training, or promotion on the basis of gender, race, color, religion, ethnic, or national origin, political beliefs, marital status, age, sexual orientation, social and family background, linguistic preference, or disability, and that merit principles will be followed. Each firm shall be

required to indicate its equal employment policy and provide a detailed breakdown by ethnicity, gender and occupational categories of its work force. See Attachment **A – Affirmative Action Employment Breakdown (FM-4859)**.

B. Minority/Women Business Enterprise (M/WBE) Participation:

It is the policy of the School Board to actively encourage the participation of minority-owned and controlled businesses (African American, Hispanic and Women) in the award and performance of Board contracts. In keeping with this policy, all M/WBEs (prime and subcontractor/consultant), must be certified by the Division of Business Development and Assistance, prior to contract award. See Attachment **B – M/WBE Certification Application (FM-3920)**.

C. Payment to M/WBE Subcontractors/Sub-consultants

It is the policy of the School Board to track payments that are made to M/WBE subcontractors/sub-consultants. In keeping with this policy, all payments must be reported to the Director, Division of Business Development and Assistance, 1450 N.W. 2nd Avenue, Room 456, Miami, Florida 33132. See Attachment **C – M/WBE Subcontractor/Sub-consultant Quarter Expenditure Report (FM-4831)**.

IX. EVALUATION OF PROPOSALS

Proposals will be evaluated to determine which proposal best meets the needs of the Miami-Dade County School Board's Sports Medicine Program. Evaluation of the proposals, will be made by a committee comprised of the following:

- ◆ One representative, Region Operations
- ◆ Two representatives, Athletics/Activities and Accreditation
- ◆ One representative, Division of Business Development and Assistance
- ◆ One representative, Risk and Benefits Management
- ◆ One representative, Procurement Management
- ◆ One Principal, Senior High School
- ◆ One Athletic Director, Senior High School
- ◆ One Athletic Trainer, Senior High School

The evaluation of proposals will be based on the following criteria:

1. Proposer provides a sufficient number of orthopedic surgeons, general practitioners and/or internists to perform the required services, with emphasis in game coverage and physical screening examination dates.
2. Cost will not be the dominant factor, but will have some significance when all other factors are equal.
3. Proposer provides four clinical sites that are strategically geographically located throughout Miami-Dade County with one in the inner city for evaluation, treatment and rehabilitation of injured athletes. In addition, provide a minimum of three educational seminars for doctors, trainers and coaches involved in M-DCPS Interscholastic Athletic Program.
4. Proposer provides the necessary personnel with appropriate background, qualifications, experience, service, and/or expertise in the area of sports medicine.
5. Support Services - Ability of proposer to provide materials within constraints of the contract.
6. Affirmative Action Requirements And M/WBE Participation.

X. SPECIFICATIONS AND REQUIREMENTS

A. Physicals

Provide pre-participation physical examinations to approximately 10,000 students in accordance with the following schedule:

<u>Timeframe</u>	<u>Approximate No. of Students</u>	<u>No. of Sites</u>
August	4000 students	35 sites
September and October	3500 students	35 sites
December and January	2500 students	35 sites
April -	accommodate schools on an as needed basis - not to conflict with Spring recess	

1. On the first three examination dates all 32 senior high schools and 4 alternative centers will be designated as host examination sites; on the final examination date, all 32 senior high schools and 3 alternative centers, will receive services on an "as needed" basis. Each site will be responsible for providing assistance in preparing examination sites and supervising athletes.
2. The extent of the physical examinations shall be in accordance with the attached form. (**Attachment D**).
3. Each site should be provided with at least the following number of the indicated personnel:
 - 1) 3 medical Doctors (2 orthopedic surgeons/1general practitioner or internist)
 - 2) 3 registered physical therapists
 - 3) 3 licensed practical nurses
 - 4) 2 medical assistants, and
 - 5) 1 certified athletic trainer

NOTE: A licensed physician may be used in lieu of any of the personnel listed in items 2 through 4. All personnel must be registered with the State of Florida or have a pending certification status.

B. Area Sports Medicine Clinics

Provide and maintain a minimum of four clinic sites that are strategically geographically located throughout the District to afford accessibility to all schools, one of which must be located in the inner city. (**Attachment E**)

The successful proposer must provide medical doctors, licensed by the State of Florida, to serve as area clinic physicians.

1. Purpose of Clinic Sites

Establish and operate a program of evaluation, treatment, rehabilitation of injured athletes, and to re-certify athletes for re-entry into practice and/or game participation.

2. Availability of Facility

Emergency treatment of injured athletes on a preferred basis as required.

Clinic facilities are to be available to schools by appointment as follows:

Two days per week -August through December

One day per week - January through April

Two days per week -May through July.

Each clinic will be available in accordance with the above schedule to see injured athletes on an "insurance only" basis.

C. Game Physicians

1. Varsity Games

Must provide an appropriately-qualified physician for each scheduled varsity football game. Approximately 170 varsity games will be scheduled which, includes fall and spring jamborees and post season play-off games.

These football games are generally played Wednesday, Thursday, Friday and/or Saturday night, beginning at 7:30 p.m., with some games scheduled on Saturday morning and afternoon. Varsity football games are played at the following stadium sites:

- | | |
|------------------------|---|
| a. Harris Field | U.S. Hwy. 1 & N.E. 8 St.
Homestead, FL |
| b. Tropical Park | Bird Road on 79 Ave.
South Miami, FL |
| c. FIU South Stadium | 117 Avenue and 17 Street
Miami, FL |
| d. Orange Bowl | N.W. 7 St. & 14 Ave.
Miami, FL |
| e. Milander Field | 4700 Palm Avenue
Hialeah, FL |
| f. Memorial Field | Alton Rd. & 12 St.
Miami Beach, FL |
| g. Traz-Powell Stadium | N.W. 107 St. & 27 Ave.
Miami, FL |

h. North Miami Stadium N.W. 151 St. and US1
No. Miami Beach, FL

i. Curtis Park 1901 N.W. 24th Avenue
Miami, FL

2. Junior Varsity Games

Provide appropriately-qualified physicians for approximately 140 scheduled junior varsity football games. These games are generally scheduled in the afternoon, beginning at 3:45 p.m. or at 7:00 p.m. Games are normally played at senior high school sites on Tuesday, Wednesday, Thursday, and Friday. (See **Attachment F** for list of schools and their addresses).

3. Responsibility of Game Physicians

Provide emergency evaluations, treatment, and/or care for the injured athlete.

NOTE: Should a physician fail to attend a scheduled game, the proposer shall pay to the Board a sum, by appropriate deductions from sums due to the proposer, equal to the amount the proposer would have received for that game. Excessive absences of physicians at games may result in the cancellation of the contract.

D. Responsibilities of the Chief of Sports Medicine:

- Coordinate the services of the area sports medicine doctors.
- Schedule medical coverage for all designated athletic events (junior varsity and varsity games) throughout the county.
- Plan and implement, in four area clinics, a program to include evaluation, treatment, rehabilitation of injured athletes, and re-certification of athletes for re-entry into practice and/or games participation.
- Organize, schedule, and provide for the physical screening examinations of all athletes in the Miami-Dade County Public Schools Interscholastic Athletic Program.

- Plan, organize, and conduct clinics and workshops for doctors, trainers, and coaches involved in the Miami-Dade County Public Schools Interscholastic Athletic Program.
- Provide a monthly summary to Miami-Dade County Public Schools administration stating the following:
 - a. Attendance of physicians at all contracted Miami-Dade County High School varsity and junior varsity games (with signed attendance cards from the physician by the host school trainer);
 - b. Attendance of all medical professionals at physical examination screening;
 - c. Services rendered by all four designated sports medicine clinics for M-DCPS; and
 - d. Summary of contracted sports medicine workshops for Miami-Dade County Public Schools.

The successful proposer must provide a medical doctor licensed by the State of Florida to serve as Chief of Sports Medicine.

E. Seminars

In-service seminars for doctors, athletic trainers, and coaches are to be provided (minimum of three); at least one in September for fall sports; one in December for winter sports; and one in March for spring sports, to be coordinated through the Division of Athletics/Activities and Accreditation.

XI. IMPLEMENTATION SCHEDULE

The planned schedule for implementation of proposals is as follows:

Procurement Contract Review Committee	January 20, 2005
Authorization to Issue RFP	February 16, 2005
Mailing of RFP	April 8, 2005
Opening of Proposals	April 19, 2005
Evaluation by Selection Committee	April 25, 2005
Recommendation for Award	July 13, 2005

XII. ADDITIONAL INFORMATION

Additional information with respect to the Request for Proposals may be obtained from:

Ms. Barbara Jones, CPPB, Director
Procurement Management
1450 N. E. Second Avenue, Room 352
Miami, Florida 33132
Telephone: (305) 995-2348

ATTACHMENTS

- A. Affirmative Action Employment Breakdown (FM-4859)
- B. M/WBE Certification Application (FM-3920)
- C. M/WBE Subcontractor/Sub-consultant Quarterly Expenditure Report (FM-4831)
- D. Physical Examination Form and Student Questionnaire
- E. School Zones for Area Sports Medicine Clinics
- F. Directory of Senior High Schools and Alternative/Special Centers
- G. Glossary of Terms
- H. The Board-Approved Football Accident Insurance Plan
- I. The Board-Approved Student Accident Insurance Plan

3. **CERTIFICATIONS:** Indicate if this business shares common officers, owners, directors or management personnel with another business that has received, been denied or had its certification revoked as an MBE/DBE/WBE or SBA 8(a) Certified Contractor. Indicate the name of the certifying authority, as well as the date and type of determination (certification /denial/revocation).

<u>Agency Name</u>	<u>Determination</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. **OWNERSHIP:**

a. Identify the proprietor, each partner, or stockholder by name, as well as his/her citizenship (c) or (r) residency status, gender, ethnic group, and percentage of ownership.

<u>Name</u>	<u>Owner/ shareholder</u>	<u>Resident or *U.S. Citizen</u>	<u>Gender</u>	<u>Ethnicity</u>	<u>% Owned</u>	<u>Years Owned</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

b. If the business is a corporation, please indicate the following:

- 1 The number of shares authorized: _____
- 2. The number shares issued: _____
- 3. Are there any stock option agreements? Yes ___ No ___
If yes, please provide a copy of each agreement.

5. **OPERATIONAL CONTROL:** Provide the name, title, race/ethnicity, and gender of each individual (including owners and non-owners) with the primary responsibility for the following:

	<u>Name and title</u>	<u>Race/ethnicity</u>	<u>Gender</u>
a. Check signing	_____	_____	_____
	_____	_____	_____

	<u>Name and title</u>	<u>Race/ethnicity</u>	<u>Gender</u>
b. Payroll signing	_____	_____	_____

c. Signing, or guaranteeing loans	_____	_____	_____

d. Acquiring lines of credit	_____	_____	_____

e. Acquiring surety bonding and insurance	_____	_____	_____

f. Purchasing major equipment/services	_____	_____	_____

g. Signing contracts/change orders/payment requisitions	_____	_____	_____

h. Estimating	_____	_____	_____

i. Qualifying the company for professional/trade license(s)	_____	_____	_____

j. Marketing/sales	_____	_____	_____

k. Hiring and firing managerial employees	_____	_____	_____

L Hiring and firing non-management employees	_____	_____	_____

m. Supervising field/ operations	_____	_____	_____

n. Supervising office personnel	_____	_____	_____

6. PERSONNEL: Identify the number of individuals, including owners, that are currently employed by the business in the following areas:

Please use the following to classify women/minority persons: AM-African American male, AF-African American female, HM-Hispanic male, HF-Hispanic female, WM-Non Hispanic White male, WF-Non Hispanic White female.

Total Number of Employees

AM	AF	HM	HF	WM	WF

- a. Management _____
- b. Administrative/clerical _____
- c. Professional/technical _____
- d. Craftsperson/laborers _____

e. Provide a copy of the business affirmative action statement, if one is available.

7. **BUSINESS RELATIONSHIPS:** Provide the requested information for each of the following:

a. Bonding Company: _____

Address: _____

Agent name: _____ Phone number: _____

Single Contract Limit: _____ Aggregate Limit: _____

b. Bank(s) Name(s): _____

Branch: _____

Contact person: _____ Phone number: _____

Credit limit: _____

c. Identify the company's/creditors including banks and the amount of money owed to:

<u>Creditor</u>	<u>Loan Guarantor(s)</u>	<u>Address & telephone</u>	<u>Loan Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

d. Insurance company: _____

Type of insurance: _____ Insurance limits: _____

e. List the business' three largest contracts or jobs.

<u>Contract/ job type</u>	<u>Contact person</u>	<u>Telephone number</u>	<u>Contract amount</u>	<u>Bonded (Yes/No)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. EQUIPMENT: List the type and value of major equipment that is owned (O) or leased (L) by the business.

<u>Equipment</u>	<u>O/L</u>	<u>Value (\$ amount)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. **M/WBE JOINT VENTURE** - Joint ventures must provide a copy of the joint venture agreement.

**M/WBE
Certification Check List**

Please attach copies, not originals, of all applicable items. Incomplete applications cannot be processed, and failure to submit the documents will delay or result in termination of the application process.

Please check if documents are attached:

1. M/WBE certifications from other public agencies.
2. M/WBE Certification Application Affidavit (Page 6 of Application).
3. Miami-Dade County Public Schools Vendor Application.
4. Lease/purchase agreement for the business' facilities.
5. Current professional/business license(s).
6. Proof of citizenship or permanent resident status.
7. Resumes for owners and key personnel.
8. Lease/purchase agreements for major business equipment.
9. Most current application for bonding, if applicable.
10. Management agreement(s).
11. Loan agreement(s) or promissory note(s).
12. Birth certificate, drivers license, passport or any other document which substantiates the ethnicity/race/gender of owners, officers and directors.

***If any of the aforementioned documents are not available, please provide a written notarized statement that information is not available.**

13. Sole Proprietor - Submit all of the above items, as applicable and the following:

- U.S. IRS 1040-C Schedule.
- Fictitious name affidavit, if applicable.

M/WBE CERTIFICATION APPLICATION

AFFIDAVIT

STATE OF _____ :
COUNTY OF _____ :SS

I hereby declare and affirm that I am the _____ (Title)
of _____ (Firm)

That I am duly authorized to execute the foregoing M/WBE Certification Application, and that the contents of said documents are complete, true and correct to the best of my knowledge and belief. I hereby certify that the documents include all material information necessary to identify the true and lawful owners of the subject business enterprise. Further, the undersigned is notified of their responsibility to submit an updated Minority/Woman Business Enterprise Certification Application whenever a change occurs in ownership, management or control of the company. Any M/WBE applicant, certified M/WBE principal(s) and all related parties, who misrepresents the status of any concern as an M/WBE, or is a party to such misrepresentation to obtain business or contracts with the School Board under the Business Development and Assistance Program, **will be suspended from doing business with the School Board for fourteen (14) months.**

(Corporate Seal), if appropriate

Minority/Woman Owner's Signature

On this _____ day of _____, 20____, personally appeared before me, the undersigned officer authorized to administer oaths: _____ known to be the person described in the foregoing affidavit, who acknowledged that he/she executed the same in the capacity stated and for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____

SEAL

14. Partnerships - Submit all of the above items, and the following:

- Partnership agreement(s).
- U.S. IRS 1065, with schedules.
- Profit sharing agreements.

15. Corporations - Submit all of the above items, and the following:

- Articles of Incorporation, with amendments.
- By-Laws, with amendments.
- The most current U.S. IRS Corporate Tax Return 11 20 or 1 120s, with all schedules.
- All issued and canceled stock certificates (front & back).
- Minutes of the first shareholders' meeting.
- Minutes of the first board of directors' meeting.
- Minutes of meetings at which the current board of directors and officers were elected or appointed.
- Stock transfer ledger.
- Most current annual report filed with the Secretary of State.
- Profit sharing agreement(s).
- Agreements affecting management, control or rights of any stockholder(s).

16. Joint venture agreement(s).

17. Certificate(s) of insurance.

18. Sub-contractual agreement(s).

NOTE: If after filing this application, there is any significant change in the information submitted herein, you must inform the Division of Business Development and Assistance of the change, or the company may be denied certification.

Certified companies must inform the Division of Business Development and Assistance of any changes in the information contained herein, which formed the basis of certification. Failure to do so may result in denial , revocation or suspension of certification.

COMPLETE APPLICATION, INCLUDING VENDOR APPLICATION AND CATEGORY OF GOODS AND SERVICES LIST, SHOULD BE RETURNED TO: **MIAMI-DADE COUNTY PUBLIC SCHOOLS**
DIVISION OF BUSINESS DEVELOPMENT AND ASSISTANCE
1450 N.E. 2ND AVENUE, ROOM 456
MIAMI, FL 33132

DEFINITION OF MINORITY/WOMEN BUSINESS ENTERPRISES

- (1) "Minority/Women Business Enterprises" means any legal entity, which is organized to engage in commercial transactions and which is at least fifty-one (51) percent owned and controlled by a minority person or persons.
- (2) "Minority person" means a person who is a citizen or lawful permanent resident of the United States, and who is:
 - (a) An African American, a person having origins in any of the Black racial groups of Africa;
 - (b) An Hispanic, a person of Spanish or Portuguese culture including, but not limited to, persons with origins in Mexico, South America, Central America, or the Caribbean Islands, regardless of race, or
 - (c) A Woman

WARNING

- (3) IT IS UNLAWFUL FOR ANY INDIVIDUAL TO FALSELY REPRESENT ANY ENTITY, AS A MINORITY/WOMEN BUSINESS ENTERPRISE, FOR THE PURPOSES OF QUALIFYING FOR CERTIFICATION UNDER A PROGRAM WHICH, IN COMPLIANCE WITH FEDERAL LAW, IS DESIGNED TO ASSIST MINORITY/WOMEN BUSINESS ENTERPRISES IN THE RECEIPT OF CONTRACTS FOR THE PROVISION OF GOODS OR SERVICES. ANY PERSON WHO VIOLATES THIS SECTION IS GUILTY OF A FELONY OF THE SECOND DEGREE, PUNISHABLE AS PROVIDED IN S. 775.082 OR S. 775.084.

(102891)

ATTACHMENT D

MIAMI-DADE COUNTY PUBLIC SCHOOLS

DIVISION OF ATHLETICS AND ACTIVITIES

ATHLETIC PHYSICAL FORM

SCHOOL NAME _____ SCHOOL YEAR _____ / _____ GRADE _____

SPORT(S) _____ / _____ / _____

PART I STUDENT INFORMATION

NAME _____ FEMALE/MALE AGE _____ BIRTHDATE _____

ID # _____ ARE YOU A UNITED STATE CITIZEN? YES NO

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____ CELL PHONE # _____ BEEPER # _____

PART II PARENTAL/GUARDIAN INFORMATION

FATHER _____ DAYTIME PHONE _____ CELL/PAGER _____

MOTHER _____ DAYTIME PHONE _____ CELL/PAGER _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

DAYTIME PHONE # _____ CELL/PAGER # _____

PART III-A SCHOOL BOARD INSURANCE INFORMATION

IN ACCORDANCE TO SCHOOL BOARD RULE 6Gx13 -6A-1.61, INTERSCHOLASTIC ATHLETICS, SENIOR HIGH SCHOOLS:

It must be understood that the school, the athletic department, and/or the School Board assumes no direct or implied responsibilities for expenses resulting from any athletic injury. **All students taking part in the interscholastic athletic program must participate in a Board-approved insurance program for that sport.** Purchase of School Board-approved insurance is required prior to participation in the fall football program, spring football program, and all other interscholastic sports programs. Benefits under this insurance program are secondary to benefits covered under any other hospital-medical-surgical coverage that you may have purchased. Only those charges in excess of the amount payable by your other insurance will be paid, and the total payment will not exceed 100% of all bills for any one accident. Any charges or expenses, including deductibles not covered by the School Board-approved insurance policies, are the responsibilities of the parent or guardian. **All School Board-approved insurance is non-refundable.**

PART III-B PARENTAL INSURANCE INFORMATION

PRIMARY INSURANCE INFORMATION THAT INCLUDES YOUR CHILD:

NAME OF INSURED _____ SOCIAL SECURITY # _____

EMPLOYER _____

INSURANCE COMPANY _____ ADDRESS _____

INSURANCE CO. PHONE # _____ GROUP # _____ POLICY # _____

PRIMARY CARE PHYSICIAN _____ PHONE # _____

FOR ATHLETIC OFFICE USE ONLY: Insurance: \$9.00 _____ \$30.00 (FB) _____ \$10.00 (SFB) _____

GPA: 1st Semester _____ 2nd Semester _____

MEDICAL HISTORY

	YES	NO
1. Has anyone in your family died suddenly at a young age (under 45)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your family (parents, grandparents, brothers, sisters) have a history of angina, coronary artery disease, heart attack, bypass surgery, before the age of 55?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been ill in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you or anyone in your family have high cholesterol, diabetes, or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you take any medication regularly?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has a physician, or your parents ever told you that you have a heart murmur, or any type of medical problem with your heart?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been told, you or anyone in your family had sickle cell anemia?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had fainting spells, passed out, shortness of breath, difficulty in breathing, chest pain, dizziness in or out of exercise, or have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever had epileptic seizures, fits, convulsions, or severe headaches?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have poor vision or wear contact lenses or sport glasses for participation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you had an injury to the head or neck (a concussion or fracture)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you had any injury to the knee, shoulder, arms, legs, or back?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have only one, or one working organ in a pair or set (eyes, ears, kidneys, ovaries, testicles, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has a physician ever told you not to participate in sports for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you have any allergies to any type of medication or bees, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have any skin problems such as itching, moles, breaking out, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you lose weight regularly to meet requirement for your sport?	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you use special pads or braces?	<input type="checkbox"/>	<input type="checkbox"/>

21. Have you ever had any of the following?
If YES, check appropriate blank and explain below

<input type="checkbox"/> Head injury or concussion	<input type="checkbox"/> Been knocked out
<input type="checkbox"/> Seizures	<input type="checkbox"/> Heat cramps
<input type="checkbox"/> Abdominal Injury	<input type="checkbox"/> Became dizzy during or after exercise
<input type="checkbox"/> Stinger or Burner (numbness or tingling in arms, legs, hands, or feet)	
<input type="checkbox"/> Passed out during or after exercise	

22. Have you ever injured (sprained, fractured, dislocated, etc.) any of the following?
If YES, check appropriate blank and explain below.

<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Wrist
<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Chest	<input type="checkbox"/> Foot
<input type="checkbox"/> Back	<input type="checkbox"/> Forearm	<input type="checkbox"/> Hip
<input type="checkbox"/> Knee	<input type="checkbox"/> Elbow	<input type="checkbox"/> Shin/Calf
<input type="checkbox"/> Thigh	<input type="checkbox"/> Ankle	
<input type="checkbox"/> Hand	<input type="checkbox"/> Shoulder	

23. Have you ever had any of the following?
If YES, check the appropriate blank.

<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Stomach Ulcers
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Frequent Headaches
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Other	

FEMALE HEALTH HISTORY

	YES	NO
24. Are your menstruations regular?	<input type="checkbox"/>	<input type="checkbox"/>
25. Is heavy bleeding ever a problem?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are cramps a frequent problem during menstruation?	<input type="checkbox"/>	<input type="checkbox"/>
27. Have you ever had a blood clot in your menstrual flow?	<input type="checkbox"/>	<input type="checkbox"/>
28. Have you ever been treated for?	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

TO BE COMPLETED BY MEDICAL STAFF AND PHYSICIAN

NAME: _____		CIRCLE ONE: MALE FEMALE	
	NORMAL	ABNORMAL	COMMENT/FOLLOW-UP
HEIGHT			
WEIGHT			
DO YOU WEAR GLASSES OR CONTACTS? YES / NO			
VISION: LEFT 20/ _____			
RIGHT 20/ _____			
BLOOD PRESSURE			
PULSE			
SKIN			
NOSE, MOUTH, THROAT			
NECK GLANDS / LYMPH NODES			
CHEST, LUNGS			
HEART			
ABDOMEN			
HERNIA			

ORTHOPEDIC EXAMINATION

	NORMAL	ABNORMAL	COMMENT/FOLLOW-UP
SPINE			
HIP (R) (L)			
SHOULDER (R) (L)			
ELBOW (R) (L)			
WRIST (R) (L)			
KNEE (R) (L)			
ANKLE (R) (L)			
FOOT (R) (L)			
GAIT			
POSTURE			

ASSESSMENT

ONE OF THE FOLLOWING MUST BE CHOSEN FOR THIS ATHLETE TO PARTICIPATE.

1. Full, unlimited participation _____
2. Limited participation, indicate sport and/or type of limitation _____
3. Clearance pending release by family physician _____
4. No athletic participation _____

PHYSICIAN'S NAME _____

PHYSICIAN'S SIGNATURE _____ DATE _____

PHYSICIAN'S ADDRESS _____

PHYSICIAN'S PHONE NUMBER _____

I have read and understood the previous information. Furthermore I have reviewed my child's health history form and agree that it is accurate and complete. I give consent for the medical staff to perform the pre-season sport physical examination on my child, which I understand is not a substitute for regular check-ups and care from our own family physician. I also give consent for trained medical staff (licensed athletic trainer, fire/rescue, physician) to treat my child, if necessary, at any physical, practice, or game upon my absence. My signature in the space below indicates that the requirements have been carefully read and permission is granted for my child to participate in all interscholastic athletics, with the exception of

(IF NO EXCEPTION, WRITE "NONE")

PARENT/GUARDIAN _____
(Please print name.)

SIGNATURE _____ DATE _____
Father Mother Guardian

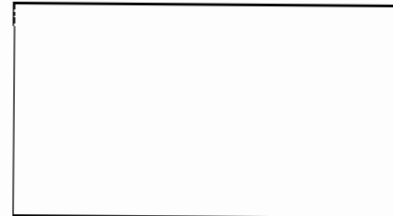
SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20 _____

BY _____ WHO PRODUCED A FORM OF LEGAL IDENTIFICATION OR IS
PERSONALLY KNOWN TO ME

NOTARY NAME _____
(Please print name.)

NOTARY SIGNATURE _____

MY COMMISSION EXPIRES _____



(NOTARY SEAL)

SPORTSMANSHIP AGREEMENT

Dear Parents/ Guardians:

Your son or daughter has indicated a desire to participate in interscholastic athletics and you have expressed your willingness to permit him/her to complete. We, who are concerned with the educational development of boys and girls through athletics, feel that a properly controlled, well-organized sports program meets the students' needs for self-expression, mental alertness, and physical growth. Our hope is to maintain a program that is sound in purpose and that will further each student's educational maturity.

When your son/daughter enlists in one of our sports programs, the school staff commits to the following responsibilities and obligations: 1) encourage and monitor classroom achievement; 2) provide adequate equipment and facilities; 3) provides a certified head coach; 4) provide equalized contests with skilled officials; and 5) provide adequately supervised transportation to away events when possible. It must be understood that being part of an athletic team does not guarantee a minimum amount of playing time. Head coaches and their staff will determine who will represent the school in the sport for which they are responsible. High school athletics is an extra-curricular activity that makes it a *privilege* to participate and not a right.

As parents, you have committed yourselves to certain responsibilities and obligation as well. As a parent/guardian of a potential athlete at this school you are expected to do the following: 1) encourage your son/daughter to work hard in the classroom; 2) support our coaches' decisions or to arrange a private meeting with both the coach and/or athletic director should a conflict arise; and 3) attend as many games as possible and to cheer for our school, and specifically, for your child.

Good conduct is expected on the part of all involved. Profanity and/or unnecessary comments toward student athletes, game officials, coaches and other fans will not be tolerated at any interscholastic contest. Such behavior may result in the dismissal or removal of such an offender from participation in, or attendance at school athletic events.

Please understand that college athletic scholarships are earned by meeting certain academic and athletic requirements that are set forth by the National Collegiate Athletic Association (NCAA). Guideline and information on the college recruiting process are available in the Athletic Director's Office or through the NCAA Clearinghouse.

By signing below, I agree to and understand the contents contained in this letter.

(PARENT/GUARDIAN SIGNATURE)

(DATE)

ATTACHMENT E

MIAMI-DADE COUNTY PUBLIC SCHOOLS ZONES
AREA SPORTS MEDICINE CLINICSZONE 1 (9)

American Senior
B. Goleman Senior
Hialeah Senior
Hialeah-Miami Lakes Senior
Miami Carol City Senior
Miami MacArthur North
Miami Norland Senior
North Miami Beach Senior
North Miami Senior

ZONE 3 (9)

Academy for Community Education
G. Holmes Braddock Senior
Coral Gables Senior
John A. Ferguson Senior
MAST Academy
Miami Coral Park Senior
Miami Sunset Senior
South Miami Senior
Southwest Miami Senior

ZONE 2 (9)

Design & Architecture (DASH)
Dr. Michael M. Krop Senior
Miami Beach Senior
Miami Central Senior
Miami Edison Senior
Miami Jackson Senior
Miami Northwestern Senior
Miami Senior
Miami Springs Senior

ZONE 4 (8)

Coral Reef Senior
Homestead Senior
Miami Killian Senior
Miami MacArthur South
Miami Palmetto Senior
Miami Southridge Senior
South Dade Senior
Felix Varela Senior

High Schools

@dadeschools.net

Click under the following titles to view
Loc# / E-Mail - for school e-mail
School / School Website - for school official website
Address / Boundaries - for legal boundaries
RC - for Region Center official website
VD - for Voting District Information

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 (Click first letter of school name)

LOC# / E-MAIL	SCHOOL / SCHOOLWEBSITE	TELEPHONE	ADDRESS / BOUNDARIES	PRINCIPAL
7011	American	305-557-3770	18350 NW 67 Ave., Hialeah 33015	Dr. Louis J. Algaze
7051	Braddock, G. Holmes	305-225-8729	3601 SW 147 Ave., Miami 33185	Manuel S. Garcia
7071	Coral Gables	305-443-4871	450 Bird Rd., Coral Gables 33146	Dr. Alexis L. Martinez
7101	Coral Reef	305-232-2044	10101 SW 152 St., Miami 33157	Adrienne F. Leal
7081	Design & Architecture	305-573-7135	4001 NE 2 Ave., Miami 33137	Stacey H. Mancuso
7121	Ferguson, John A.	305-408-2700	15900 SW 56 St., Miami 33185	Dr. Donald A. Hoehert
7751	Goleman, Barbara	305-362-0676	14100 NW 69 Ave., Miami Lakes 33018	Dr. Marcos M. Moran
7111	Hialeah	305-822-1500	251 E 47 St., Hialeah 33013	Lorenzo Ladaga
7131	Hialeah-Miami Lakes	305-823-1330	7977 W 12 Ave., Hialeah 33014	Karen L. Robinson
7151	Homestead	305-245-7000	2351 SE 12 Ave., Homestead 33035	Dr. Alvin L. Brennan
7141	Krop, Dr. Michael M.	305-652-6808	1410 N.E. 215 St., Miami 33178	George A. Nunez
7161	MAST Academy	305-365-6278	3979 Rickenb. Cswy., Miami 33149	Dr. Consuelo V. Dominguez
7201	Miami Beach	305-532-4515	2231 Prairie Ave., Mia. Bch 33139	Dr. Jeanne P. Friedman
7231	Miami Carol City	305-621-5681	3422 NW 187 St., Miami Gardens 33056	Albert Payne Jr
7251	Miami Central	305-696-4161	1761 NW 95 St., Miami 33147	Samuel L. Johnson
7271	Miami Coral Park	305-226-6565	8865 SW 18 St., Miami 33165	Dr. Nicholas P. Jacangelo
7301	Miami Edison	305-751-7337	6161 NW 5 Ct., Miami 33127	Barbara M. Mallard
7341	Miami Jackson	305-634-2621	1751 NW 36 St., Miami 33142	Deborah L. Love
7361	Miami Killian	305-271-3311	10655 SW 97 Ave., Miami 33176	Ricardo Rodriguez
7391	Miami Lakes Educational Center	305-557-1100	5780 NW 158th Street, Hialeah 33014	James V. Parker
7381	Miami Norland	305-653-1416	1050 NW 195 St., Miami 33169	Wille B. Turner
7411	Miami Northwestern	305-836-0991	1100 N.W. 71 St. Miami 33150	Dr. Steve Gallon III
7431	Miami Palmetto	305-235-1360	7460 SW 118 St., Miami 33156	Janet S. Hupp
7461	Miami Senior	305-649-9800	2450 SW 1 St., Miami 33135	Victoriano Lopez
7731	Miami Southridge	305-238-6110	19355 SW 114 Ave., Miami 33157	Carzell J. Morris

7511	<u>Miami Springs</u>	305-885-3585	<u>751 Dove Ave., Miami Springs 33166</u>	Douglas P. Rodriguez
7531	<u>Miami Sunset</u>	305-385-4255	<u>13125 SW 72 St., Miami 33183</u>	Dr. Daniel Tosado
7901	<u>New World School of Arts</u>	305-237-3135	<u>300 NE 2 Ave., Miami 33132</u>	Ella R. Brown
7591	<u>North Miami</u>	305-891-6590	<u>800 NE 137 St., N. Miami 33161</u>	Camell A. White
7541	<u>North Miami Beach</u>	305-949-8381	<u>1247 NE 167 St., N. Mia. Bch. 33162</u>	Raymond L. Fontana
7371	<u>Robert Morgan Educational Center</u>	305-253-9920	<u>18180 SW 122 Ave., Miami 33177</u>	Gregory Zawyer
7061	<u>School for Advanced Studies - North</u>	305-237-1089	<u>11380 NW 27 Ave., Miami 33167</u>	Dr. Melissa M. Patrylo
7041	<u>School for Advanced Studies - Wolfson</u>	305-237-7270	<u>25 NE 2nd Street, Room 5515, Miami 33132</u>	Dr. Melissa M. Patrylo
7091	<u>School for Advanced Studies - South</u>	305-237-0510	<u>11011 SW 104 St., Miami 33176</u>	Dr. Melissa M. Patrylo
7701	<u>South Dade</u>	305-247-4244	<u>28401 SW 167 Ave., Homestead 33030</u>	Thomas E. Halfaker
7721	<u>South Miami</u>	305-666-5871	<u>6856 SW 53 St., Miami 33155</u>	Craig V. Speziale
7741	<u>Southwest Miami</u>	305-274-0181	<u>6855 SW 50 Terr., Miami 33165</u>	Jorge O. Sotolongo
7601	<u>Turner, William Technical</u>	305-691-8324	<u>10151 NW 19 Ave., Miami, 33147</u>	Valmarie W. Rhoden
7781	<u>Varela, Felix</u>	305-752-7900	<u>15255 SW 86th St., Miami 33196</u>	Milagros R. Fornell
7791	<u>Washington, Booker T.</u>	305-324-8900	<u>1200 NW 6th Ave., Miami 33136</u>	Rosann P. Sldener

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Alternative Schools

@dadeschools.net

On a specific school information line click to
Loc#/E-Mail - for school e-mail
School/School Website - for school official website
RC - for Region Center official website
VD - for Voting District Information

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 (Click first letter of school name)

LOC# /E-MAIL	SCHOOL/SCHOOL WEBSITE	TELEPHONE	ADDRESS	RC
8119	500 Role Model Academy for Excellence	305-691-7771	6300 NW 27th Ave. Miami 33147	AE
8019	Academy for Comm. Ed.	305-460-2946	39 Zamora Ave., Coral Gables 33134	AE
8121	C.O.P.E. Center North	305-836-3300	9950 NW 19 Ave., Miami 33147	AE
8131	D. M. Wallace C.O.P.E. Ctr.	305-233-1044	10225 SW 147 Terr., Miami 33176	AE
8201	Corporate Academy South	305-246-4348	2351 SE 12 Ave., Homestead 33035	AE
8161	Corporate Academy North	305-634-4650	5120 NW 24th Ave., Miami 33142	AE
8139	D.A Dorsey Ed. Center	305-693-2490	7100 NW 17 Ave., Miami 33147	AE
8013	Headstart Transition	305-995-7643	1450 NE 2 Ave., Miami 33127	AE
8101	Jan Mann Opp. School	305-625-0855	16101 NW 44 Ct., Opa-locka 33169	AE
2861	JRE Lee Opp. School	305-661-1551	6521 SW 82 Ave., South Miami 33143	AE
8141	Juvenile Justice Center	305-638-5054	3300 NW 27 Ave., Miami 33142	AE
7254	Miami-MacArthur North	305-826-1989	13835 NW 97 Ave., Hialeah 33018	AE
7831	Miami-MacArthur South	305-279-5422	11035 SW 84 St., Miami 33173	AE
8017	Outreach Programs	305-995-1272	1500 Bisc. Blvd., Rm 128, Miami 33132	AE
8171	School for Applied Technology	305-573-5499	225 NE 34th Street., Miami 33137	AE
8016	Teenage Parent Program	305-637-9701	5120 NW 24th Ave., Miami 33142	AE

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ATTACHMENT G

GLOSSARY OF TERMS

1. **Deductible** - The out-of-pocket expense that enrollees must pay for health services before a payer will assume liability for all or part of the remaining cost of health services. For example, in the football insurance, there is a \$500 deductible on expenses before the plan makes any payments (except for certain exceptions noted in the certificate of insurance).
2. **Excess Coverage** - A contract which provides payment only after other valid and collectible coverage has paid its maximums under the terms of the other policies. Both the Student Accident Insurance and the Football Accident Insurance policies have "Excess Coverage" clauses.
3. **Incidental Malpractice** - The rendering of or failure to render medical, surgical, dental, nursing or any other professional services by any physician, dentist, nurse, teacher, teacher's aide, coach, trainer, hospital, clinic, emergency medical technician, psychologist, technologist, or any other person or facility employed by the insured (Miami-Dade County Public Schools) or for whom the insured (Miami-Dade County Public Schools) is legally responsible.
4. **Game Physician** - A licensed physician with hospital admitting privileges.
5. **Usual, Customary, and Reasonable Fees (UCR)** - The fee screening system used by their party payers based on individual and aggregate physician charging patterns over a period of time and for a defined geographical area. This system is used as a basis for benefit payments.
6. **Utilization Review** - The process of reviewing the appropriateness and the quality of care provided to hospitalized and non-hospitalized patients. Utilization may be before treatment is rendered (prospective), during (concurrent), or after (retrospective) the services are rendered.

Note to Doctors and Hospital: This is a limited policy. Allowances are not meant to reflect the true value of treatment

Note to Parents: Accidents must be reported and bills submitted within 90 days after accident

NOTIFICATION OF INJURY FOR FOOTBALL ACCIDENTS

After completing this form, attach all bills to white copy and send to A-G Administrators, Inc P. O. Box 979 Valley Forge, PA 19462 1-800-634-8629 Athletic Department retains yellow copy

STUDENTS SOCIAL SECURITY OR STUDENT ID#

INSURED'S NAME FIRST LAST
INSURED'S ADDRESS
NAME OF SCHOOL
DATE AND TIME OF ACCIDENT HOUR (CHECK ONE P M A.M.)
COMPUTE DESCRIPTION OF ACCIDENT (WHERE, HOW, NATURE OF INJURY, AND PART OF BODY INJURY)

DATE OF ACCIDENT REPORTED TO SCHOOL:

DATE OF THIS REPORT:

SIGNATURE OF SCHOOL OFFICIAL:

OTHER INSURANCE INFORMATION (TO BE FURNISHED BEFORE CLAIM CAN BE PROCESSED)

Is your child covered by other health and accident insurance of any type, either as the primary insured or as a dependent? Yes No

Father's Name Social Security No.
Employer Emp. Phone No.
Name of Employer's Group Insurance Co.
Policy No. Certificate No.

Insurance Co. Address Street City State Zip Code

Mother's Name Social Security No.
Employer Emp. Phone No.
Name of Employer's Group Insurance Co.
Policy No. Certificate No.

Insurance Co. Address Street City State Zip Code

Name of any other Insurance or Individual Health and Accident Plan:
Name
Policy No. Certificate No.
Insurance Co. Address: - Street City State Zip Code

PARENT'S AUTHORIZATION

I HEREBY CERTIFY THAT I HAVE REAL) THE ANSWERS TO ALL PARTS OF THIS FORM AND TO THE BEST OF MY KNOWLEDGE AND BELIEVE THE INFORMATION IS COMPLETE AND CORRECT AS GIVEN HEREIN. IF ANY OF THIS INFORMATION IS INCOMPLETE OR INCORRECT AND FOR THAT REASON RESULTS IN AN OVERPAYMENT, I HEREBY AGREE TO REIMBURSE CIGNA INSURANCE COMPANY TO THE FULL EXTENT OF THAT OVER PAYMENT. I HEREBY AUTHORIZE LIFE INSURANCE COMPANY OF NORTH AMERICA AND/OR A-G ADMINISTRATORS, INC. TO RELEASE, OR OBTAIN FROM, ANY OTHER INSURANCE COMPANY, HOSPITAL OR DOCTOR OR ANY OTHER ORGANIZATION OR PERSON FULL INFORMATION CONCERNING THE PHYSICAL CONDITION AND MEDICAL HISTORY OF MYSELF OR ANY DEPENDENT INSURED UNDER THIS POLICY. A PHOTOSTAT OF THIS FORM SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

SIGNATURE OF PARENT DATE

STATE OF FLORIDA INSURANCE FRAUD LAW ANY PERSON KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES ANY STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF FELONY OF THE THIRD DEGREE.



INSURANCE BENEFITS FOR INTERSCHOLASTIC FOOTBALL SUMMARY OF BENEFITS—FOR DISTRIBUTION TO PARENTS

THIS GROUP POLICY ISSUED TO THE MIAMI-DADE COUNTY SCHOOL BOARD TO INSURE ALL PLAYERS AND STUDENT MANAGERS WHO PARTICIPATE IN INTERSCHOLASTIC TACKLE FOOTBALL (BOTH FALL SEASON AND SPRING PRACTICE) IS SUMMARIZED BELOW. IN THE EVENT OF CONFLICT BETWEEN THIS SUMMARY AND THE POLICY, THE LATTER WILL GOVERN.

Insurance coverage for accidents during play and practice of interscholastic football begins with the first session for those players and managers who pay the appropriate premium, on or before practice begins. Otherwise coverage begins on the day premium is paid to the Football Coach or Manager. Coverage ends for the fall season after the last game of the season, including post season games. For spring practice, coverage terminates after the last of the sessions allowed by the Florida High School Athletic Association. The policy also covers accidents which occur while traveling to play a game with another school, while riding a vehicle.

THIS IS A LIMITED BENEFIT POLICY. THE BENEFITS ARE LISTED BELOW. THE BENEFITS ARE NOT DESIGNED TO PAY WHATEVER IS CHARGED. THIS POLICY CONTAINS A \$250 DEDUCTIBLE APPLICABLE TO EACH ACCIDENT. NO BENEFITS SHALL BE PAID UNTIL THE FIRST \$250 HAS BEEN PAID BY OTHER MEANS (limited exceptions to this are described below). THIS POLICY ALSO CONTAINS AN EXCESS CLAUSE, WHICH MEANS THAT ANY BENEFITS WHICH CAN BE COLLECTED FROM ANY OTHER INSURANCE OR PLAN WILL BE DEDUCTED FROM THE TOTAL EXPENSE BEFORE THIS POLICY HAS LIABILITY. THIS MEANS TO DETERMINE OTHER BENEFITS WILL BE TO DISCOVER WHAT THE OTHER INSURANCE OR PLAN WOULD PAY IF THIS POLICY DID NOT EXIST.

This insurance is underwritten by Life Insurance Company of North America. For claims inquiries, please call 1-800-634-8628. The plan Administrator is, McKinley Financial Services, Inc. at 1-800-393-2244.

EXPLANATION OF BENEFITS

For a covered football injury treated within 30 days (60 days for dental care), which is independent of all other causes, the company will pay in accordance with the following schedule for expenses incurred within one year after injury:

1. Maximum medical liability for any one claim	\$25,000
2. Accidental death benefit (death must occur within 180 days after accident)	\$1,000
3. Maximum benefit for surgery payable to the physician or anesthesiologist are the fees listed in the 1991 Florida's Workers' Compensation Fee Schedule. Surgery is defined as (1) a cutting operation; (2) repair of laceration which requires sutures; (3) reduction of a fracture or dislocation. For all other treatments, non-surgical benefits are payable.	
4. Non-Surgical benefits (includes visit, treatment and care): 1st physician to treat, up to	\$45
Treatment by the same or other physician after 1st treatment (1 per day), up to	\$40
Non-Surgical physiotherapy or manipulation is limited to \$30.00 per visit and 20 visit maximum	
5. X rays (includes radiology readings) are limited as follows:	
Ankle, elbow, finger, foot, forearm, hand, nose, toe or wrist, chest, facial bones, femur, hip, humerus, ribs, knee, pelvis, shoulder, tibia or fibula, Skull or Sternum, up to	\$75
Teeth: One Tooth, up to	\$15
Full Mouth, up to	\$40
MRI, up to	\$750
Cat Scan, up to	\$375
6. Hospital inpatient necessary and reasonable hospital charges for room and board, nursing, and other services, up to	\$1,000 per day
(Note: This limitation shall not apply to charges pursuant to items 3,4,5,8, and 9.)	
7. Hospital Outpatient Emergency Room/Ambulatory Surgical Centers. Reasonable charges for necessary outpatient services are covered, except for services and fees already specified.	
8. Dental expense for sound, natural teeth only, up to	\$100 per tooth
Maximum allowance for any one dental injury	\$500
(Note: teeth with artificial items such as crowns, caps, braces, bands, jackets, inlays, bridges, false teeth, etc., installed before the accident are not sound, natural teeth. Repair or replacement of such are not covered.)	
9. Ambulance, if necessary and not for convenience, up to	\$250
10. Home Health Care, up to 40 non-surgical, follow-up visits per calendar year when recommended by the treating physician. Service must begin within 7 days after a hospital stay or outpatient surgery.	

WHAT IS NOT COVERED BY THE POLICY (PREMIUM IS CHARGED FOR THE FOLLOWING):

(1) Declared or undeclared war or any act thereof; (2) Replacement or prescriptions for eyeglasses or contact lenses; (3) Cosmetic surgery; (4) Any expense for supplies received or services performed 52 weeks or longer after injury; (5) Any dental expense unless first treatment is performed within 60 days after date of injury; (6) Service of physician in the employ of School Board; (7) Suicide or attempted suicide; (8) Hernia in any form; (9) Infection, except when direct result of injury; (10) Sickness, disease, or pathological fracture; (11) Fainting, unless preceded by injury; (12) Alcohol intoxication, or while under the influence of drugs, unless prescribed by physician; (13) Conditions which had their origin prior to the effective date of a player's coverage, unless written clearance is received from physician before start of season; (14) Drug store prescriptions.

"REASONABLE EXPENSE" as used herein, shall mean the usual and customary fee or charge for services rendered or supplies furnished in the geographical area where rendered or furnished. Service or supplies must be prescribed or approved by licensed physician who is not a member of the player's family.

WAIVER OF \$250 DEDUCTIBLE occurs if: (1) Necessary surgery is performed on an outpatient basis; (2) Diagnostic laboratory or X ray services are performed on an outpatient basis for pre-admission testing within 7 days prior to hospital admission; (3) a mandatory second surgical opinion is obtained for the necessity of non-emergency surgery. (This waiver applies only to charges for a second opinion.)

FOOTBALL ENROLLMENT FORM - FALL-2004-2005

IMPORTANT:

PLEASE FOLLOW THE INSTRUCTIONS NOTED BELOW ON HOW TO PROCESS THIS FORM.

PART 1 - WHITE COPY	PART 2 - YELLOW COPY	PART 3 - PINK COPY
<p><u>Make check payable to:</u> McKinley Financial Services, Inc</p> <p><u>Send white copy and your check to:</u> McKinley Financial Services, Inc 545 North Andrews Avenue Miami, Florida 33137 Phone: (954) 938-2685 Fax: (954) 938-2695</p>	<p><u>Send yellow copy to:</u> LA-Chane Clark, Risk Compliance Assistant Office of Risk & Benefits Management Miami-Dade County Public Schools 1500 Biscayne Boulevard, Suite 12 Miami, FL 33132 Phone (305) 995-7133 Fax (305) 995-7199</p>	<p>Retain pink copy for your record of students who have paid the required premium</p>

Name of School _____ Date Enrollment _____

Supervisor's Name _____ Title _____

Name of Student (Please Type)	Date Premium Paid	Name of Student (Please Type)	Date Premium Paid
1 _____	25 _____	_____	_____
2 _____	26 _____	_____	_____
3 _____	27 _____	_____	_____
4 _____	28 _____	_____	_____
5 _____	29 _____	_____	_____
6 _____	30 _____	_____	_____
7 _____	31 _____	_____	_____
8 _____	32 _____	_____	_____
9 _____	33 _____	_____	_____
10 _____	34 _____	_____	_____
11 _____	35 _____	_____	_____
12 _____	36 _____	_____	_____
13 _____	37 _____	_____	_____
14 _____	38 _____	_____	_____
15 _____	39 _____	_____	_____
16 _____	40 _____	_____	_____
17 _____	41 _____	_____	_____
18 _____	42 _____	_____	_____
19 _____	43 _____	_____	_____
20 _____	44 _____	_____	_____
21 _____	45 _____	_____	_____
22 _____	46 _____	_____	_____
23 _____	47 _____	_____	_____
24 _____	48 _____	_____	_____

Principal's Signature _____

TOTAL NUMBER OF STUDENTS ON LIST _____ X\$36.00 EACH= \$ _____ Check # _____

Please use additional forms if necessary.

Make check from the school for all students on the list.

Please be sure that check is attached to white copy

DO NOT DELAY IN SENDING FORMS PROMPTLY - BEFORE BEGINNING PRACTICE

STUDENTS ARE NOT PERMITTED TO PRACTICE UNLESS NAME APPEARS ON THE LIST

INFORMATION FOR ATHLETIC DIRECTORS, COACHES, TRAINERS AND SCHOOL FISCAL DEPT.

*****IMPORTANT NOTICE*****
PLEASE DESTROY ANY OF THE HARTFORD INSURANCE FORMS

MIAMI-DADE SCHOOL BOARD REQUIREMENTS

MANDATORY AT SCHOOL INSURANCE COVERAGE
FOR 100% OF ALL STUDENTS THAT PARTICIPATE IN ANY INTERSCHOLASTIC SPORT
EXCEPT INTERSCHOLASTIC TACKLE FOOTBALL.

2004-2005 SCHOOL TERM

100% OF ALL STUDENTS THAT PARTICIPATE IN ANY WAY IN AN INTERSCHOLASTIC SPORT (EXCEPT TACKLE FOOTBALL, WHICH IS HANDLED BY A SEPARATE POLICY,) MUST BE ENROLLED FOR AT SCHOOL ONLY COVERAGE. THE COST FOR THIS IS A ONE-TIME PAYMENT OF \$9.00, WHICH WILL LAST UNTIL THE 1ST DAY OF THE 2005-2006 SCHOOL TERM.

1. EACH STUDENT MUST BRING \$9.00 TO THE COACH OR TRAINER (CHECK OR MONEY ORDER PAYABLE TO THE SCHOOL OR CASH).
2. THE DATE RECEIVED BY THE SCHOOL MUST BE RECORDED SINCE THIS IS THE DATE COVERAGE WILL START.
3. THREE PART ENROLLMENT FORMS HAVE BEEN DELIVERED TO YOU ALONG WITH THIS SHEET. PLEASE PRINT STUDENT'S NAME AND DATE RECEIVED ON ONE LINE OF THE FORM.
4. AT THE END OF EACH WEEK, PLEASE TOTAL THE NAMES LISTED ON THE FORM AND MULTIPLY BY \$9.00 TO DETERMINE THE DOLLAR AMOUNT RECEIVED FOR THE PAGE OR PAGES.
5. MAIL THE WHITE COPY OF THE FORM TOGETHER WITH A SCHOOL CHECK PAYABLE TO RELIANCE STANDARD LIFE INSURANCE CO. FOR THE TOTAL DOLLARS RECEIVED ON THE PAGE OR PAGES SENT TO SCHOOL INSURANCE OF FLA P.O. BOX 4250, WINTER PARK, FLA.32793
6. MAIL THE YELLOW COPY OR COPIES TO MS. LACHANE CLARK, RISK MANAGEMENT, MIAMI-DADE COUNTY SCHOOL BOARD.
7. RETAIN THE PINK COPY FOR YOUR RECORDS.

WE HAVE DELIVERED ENOUGH TAKE HOME BROCHURES TO YOUR SCHOOL OFFICE BY SEPARATE SHIPMENT WITH INSTRUCTIONS FROM YOUR SCHOOL BOARD ADMINISTRATION THAT EVERY STUDENT MUST BE GIVEN ONE OF THESE TO TAKE HOME TO THE PARENTS. THESE EXPLAIN THE POLICY BENEFITS, LIMITS, EXCLUSIONS AND HOW TO FILE A CLAIM. THIS SHIPMENT ENCLUDES CLAIM FORMS. PLEASE USE THE SUPPLY OF CLAIM FORMS WE SENT IN THIS SHIPMENT FOR SPORTS CLAIMS. PLEASE BE SURE A COACH OR TRAINER SIGNS THE CLAIM FORM OR ATTACHES A COPY OF THE SCHOOL ACCIDENT REPORT TO THE SCHOOL BOARD AS VERIFICATION OF A COVERED ACCIDENTAL INJURY.

PLEASE DO NOT SEND ANY NAMES OR MONEY FOR 24-HOUR COVERAGE. THIS WOULD COMPLICATE ACCOUNTING AT YOURS AND OUR ACCOUNTING OFFICES. ANY 24-HOUR ENROLLMENT MUST BE MAILED TO US BY THE STUDENT ON THE STANDARD ENROLLMENT FORM ATTACHED TO BOTTOM OF THE TAKE HOME BROCHURE. WE WILL GIVE \$9.00 CREDIT ON 24-HOUR ENROLLMENTS TO THOSE ON YOUR LIST. THE UPGRADE CHECK SHOULD BE FOR \$22.00.

SCHOOL INSURANCE OF FLA. P.O. BOX 4250, WINTER PARK, FLA., 32793 (1-800-432-6915)

**MIAMI-DADE COUNTY PUBLIC SCHOOLS/SCHOOL INSURANCE OF FLORIDA
STUDENT ACCIDENT INSURANCE (BASIC-SCHOOL-TIME PLAN)
ENROLLMENT FORM FOR ATHLETES 2004-2005 YEAR**

Important: Please read the following instructions carefully and PLEASE TYPE OR PRINT CLEARLY:

PART 1-WHITE COPY	PART 2-YELLOW COPY	PART 3 PINK COPY
Make check payable to: Reliance Standard Life Insurance Co. Then send white copy and school check National Insurance of Florida P.O. Drawer 4256 Winter Park, Florida 32793 Phone : 1-800-432-6915 Fax: 407-365-2754	Send yellow copy to: LaChane Clark-Risk Management Miami: Dade County Public Schools 1500 Biscayne Boulevard, Suite 1271 Miami, Florida 33132 Mail Code : 9112 Phone : 305-995-7133 Fax : 305-995-7199	Retain pink copy for your records.

Name of School _____

Name of School Representative Conducting Enrollment _____

NAME OF STUDENT	DATE PAID	NAME OF STUDENT	DATE PAID
1. _____	_____	21. _____	_____
2. _____	_____	22. _____	_____
3. _____	_____	23. _____	_____
4. _____	_____	24. _____	_____
5. _____	_____	25. _____	_____
6. _____	_____	26. _____	_____
7. _____	_____	27. _____	_____
8. _____	_____	28. _____	_____
9. _____	_____	29. _____	_____
10. _____	_____	30. _____	_____
11. _____	_____	31. _____	_____
12. _____	_____	32. _____	_____
13. _____	_____	33. _____	_____
14. _____	_____	34. _____	_____
15. _____	_____	35. _____	_____
16. _____	_____	36. _____	_____
17. _____	_____	37. _____	_____
18. _____	_____	38. _____	_____
19. _____	_____	39. _____	_____
20. _____	_____	40. _____	_____

Total dollar amount for all names listed above \$ _____

Date _____

Athletic Director _____
(Sign Here)

(Print Here)

PLEASE USE ADDITIONAL FORMS IF NECESSARY. THE SCHOOL CHECK MUST REFLECT THE AMOUNT SHOWN ABOVE.
Pursuant to Board Rule 6Gx13-6A-f.161, all athletes must purchase Student Accident Insurance before being allowed to participate in any interscholastic sport.

IMPORTANT NOTICE TO PARENTS

Did you know that schools normally are not financially responsible for your child if he or she has a school-related injury? Since accidents can happen anytime at school and outside of school, we suggest that you provide your child with student accident insurance. You may choose either of the two plans described below.

- (1) "At-School" coverage will cover your child at school and school-related activities (except tackle football).
- (2) "24-Hour" coverage includes at-school coverage but extends to all injury at home, at play, on vacation, etc. (except tackle football).

BECAUSE ACCIDENTS CAN HAPPEN AT ANY TIME, WE RECOMMEND THE "24-HOUR" COVERAGE.

The cost of each plan is described on the enrollment envelope below.

.....
THE COMPANY PROVIDING THIS INSURANCE IS THE RELIANCE STANDARD LIFE INSURANCE COMPANY
2001 MARKET ST., PHILADELPHIA, PA 19103.
.....

Student accident insurance provides coverage for bodily injury caused by a covered accident. This is a limited benefit policy and in no way is meant to reflect the true value of treatment. This policy is EXCESS INSURANCE. If you have other insurance, you must first file a claim with your primary insurance company. The benefits of this policy will be applied to your deductibles, copayments or other outstanding balances. If you do not have other insurance, the benefits of this policy will be paid up to the specified limits in the policy (listed on the back side of this sheet) with no deductible.

.....
The policy covers all interscholastic sports except interscholastic tackle football.
.....

HOW TO ENROLL

1. Tear off enrollment envelope below. Make an X in the box to show the plan you choose. (24-hour coverage is your best buy).
2. Print legibly (a) Student's name (b) Parents' mail address (c) School Name (d) Grade of student (e) Amount enclosed (f) Sign in lower left of form (g) Enclose correct premium (h) Seal (i) Mail.
3. Your school will accept delivery only during the first 2 weeks of the school term or you may mail it to the address already on the return envelope.
4. After the first 2 weeks of the school term, all enrollments must be mailed to the address on the enrollment envelope.
5. You may enroll at any time during the school term.
(Usted puede aplicar para este seguro en cualquier fecha desde el primer día de clases hasta el comienzo del próximo año escolar.)
6. All coverage will end the day school starts for classes grades K-12 for the next school term (extended 2 weeks if student eligibility continues).
(Toda la cobertura terminará el primer día de clases del próximo término escolar para grados K-12.)
7. Coverage starts as of 11:59 p.m. on the postmark date on the enrollment envelope or the date delivered to your school during the first 2 weeks.
(Cobertura comenzará a las 11:59 p.m. de la noche de la fecha postdatada por el servicio de correo.)
8. No refunds are allowed except if you pay twice for the same person.
9. Coverage may be transferred to any licensed school located in the USA.

HOW TO FILE A CLAIM

1. Be sure the injury was caused by an identifiable accident.
(Como presentar una reclamación. La póliza solo cubre lesiones corporales sufridas por accidente).
2. Get one of our claim forms from your school (instructions are on the form).
(Obtenga una de nuestras formas de reclamación en su escuela y siga las instrucciones impresas en la forma).
3. This policy only covers bodily injury caused by a definable accident.
4. Satisfactory proof of loss must be given within 90 days after date of accident.
5. Please do not call the claims office for a claim form unless you are not able to get one from your school or from any nearby public school.
6. MAIL ALL CLAIMS TO: SCHOOL INSURANCE OF FLORIDA, P.O. BOX 4250, WINTER PARK, FLA. 32789.
Parents and School Officials
(Administrative Office) 800-432-6918
Hospitals and Physicians
(Claims Office) 407-365-8819

SUMMARY OF INSURANCE: The reverse side of this page becomes your summary of insurance upon enrollment for student accident insurance. It lists the maximum benefits, limitations, exclusions, definitions and other pertinent information contained in the group master policy on file at the school. All statements in this application are representations, not warranties. Actual benefit payments will be paid in accordance with the policy terms and provisions. PLEASE READ THE SUMMARY CAREFULLY AND RETAIN IT FOR YOUR RECORDS. FLORIDA AGENT: JOE HUGHES

SUMMARY OF INSURANCE
MIAMI-DADE 2004-2005 POLICY # 09-0101-2004

RELIANCE STANDARD LIFE INSURANCE CO.
PHILADELPHIA, PA

EXCESS INSURANCE

Benefits are payable, subject to the limits specified below, for accidental bodily injury resulting from a covered accident. We will pay the reasonable cost of covered eligible medical charges not to exceed the maximum benefit amount of \$25,000 per covered accident. First medical treatment must be obtained by a licensed physician or dentist within sixty (60) days after the date of the covered accident. We will pay for covered charges for treatment and care rendered within one hundred four (104) weeks after the date of a covered accident.

"Covered Accident" means bodily injury of the insured that results directly and independently of all other causes from an accident. Self-inflicted injuries caused by prolonged over-exertion, stress or strain, or disease process or aggravation of an existing condition is expressly excluded from coverage under the Policy.

"Sick Injury" means bodily injury caused directly by accident, independent of all other causes sustained while coverage under the Policy is in force.

"Covered Charges" means reasonable charges which are not in excess of usual and customary charges; not in excess of the maximum benefit amount payable for services specified below, services and supplies which are not excluded from coverage; and services and supplies which are a medical necessity for treatment of the covered accident.

"Hospital" means a licensed or properly accredited general hospital which is open at all times and operated primarily and continuously for the treatment of and surgery for sick and injured persons as inpatients under the supervision of one (1) or more legally qualified physicians available at all times with continuous, twenty-four (24) hour nursing services by Registered Nurses on duty or call. "Hospital" does not mean a facility that is primarily a clinic, nursing, rest or convalescent home, or an institution specializing in or primarily treating mental or nervous disorders, alcoholics or drug addicts.

"Surgery" is defined as (1) Any cutting operation; (2) The repair of a laceration that requires sutures; (3) The reduction of a fracture or dislocation. Reduction means to put a bone or bones back in place that had been displaced by a covered accident. (Treatment of a non-displaced fracture is not a surgical procedure.)

"At-School Coverage" applies while a covered person is in attendance at the school during the hours and on the days that school is in session; participating in activities, except as a spectator, which are exclusively school-funded, school-sponsored, school-supervised and scheduled by the school on or away from school premises, during or after school hours, or school-sponsored religious instruction; traveling directly and without interruption to or from the covered person's residence and the school for regular school sessions or such travel time as is required, however, not to exceed one (1) hour before the regular school classes begin and not more than one (1) hour after school is dismissed; while a covered person is participating in a school-scheduled, school-sanctioned interscholastic sports practice or competition at or away from school premises, except tackle football.

"24-Hour Coverage" includes "At-School Coverage" and extends coverage to twenty-four (24) hours per day while a covered person is at home, school or on vacation. Under the 24-hour coverage plan, the same benefits, limitations and exclusions of the "At-School Coverage" plan will apply. No benefits are payable for practicing for or participating in tackle football.

Additional policy terms and provisions apply which are stated in the Master Blanket Accident Insurance Policy issued to the school district and on file for your review.

Effects of Other Coverage: The insurance coverage provided under the policy shall be "EXCESS" to any other collectible insurance or plans, including but not limited to auto P.I.P. and auto medical payments, HMOs or PPOs, subject to limits stated in the policy when total charges for treatment of a covered accident are in excess of \$500.00. Third party subrogation rights are reserved. Total payments by all insurance or plans, including HMOs or PPOs, shall never exceed the total medical expenses incurred.

BASIC COVERAGE MAXIMUM BENEFIT LIMITS

Hospital Room and Board and all Inpatient Benefits:
Up to \$1,000 per day includes miscellaneous expenses, services, room charges and supplies (licensed hospital only).

Outpatient Room and Outpatient Use of Hospital or Licensed Ambulatory Surgery Centers:
Usual, customary and reasonable charges not to exceed a \$250 maximum benefit; however, if major surgery is performed, usual, customary and reasonable outpatient or surg-center facility charges, not to exceed a \$4,000 maximum benefit, will be paid.

Special Duty Nurse:
When hospital-confined, not to exceed reasonable and customary.

Operation (non-surgical, treatment, care):
First Office Visit - \$50; Follow-up Office Visit - \$45
First Hospital ER Visit - \$50; Follow-up Hospital ER Visit - \$45

Surgery/Anesthetics:
Fees not to exceed the amounts listed in the 2001 Florida Workers' Compensation Fee Schedule not to exceed a \$3,000 maximum benefit.

Physiotherapy (manipulation, massage, adjustments, etc., including office visits connected therewith) \$30 per day, maximum of \$300.

Dentist: Up to \$100 per sound natural tooth, maximum \$500
X-Ray (includes reading x-ray, BSE, EKG):
Up to \$180 if fracture exists; if no fracture, up to \$75
MRI: \$300

CAT or other Scanner \$250
Ambulance: Up to \$250
Motor Vehicle Injury: Up to \$1,000 maximum

Repetitive Action: \$500.00
(swimming, running, throwing, stress fracture, where no accident occurs but results in a condition that requires treatment).
Re-injury or aggravation of an existing condition:
Up to \$500

Maximum Medical Limit: \$25,000
Accidental Death: \$1,800 (within 180 days of accident)

Dismemberment:
Loss of either one eye, arm or leg: \$1,000
Double amputation: \$7,500

EXCLUSIONS - WHAT THE POLICY DOES NOT COVER

- The practice or play of intercollegiate tackle football, including travel to or from such practice or play.
- Damage to either teeth whole, sound, vital and natural teeth or to existing dental bridges, crowns, restorations or braces; orthodontic procedure and services; treatment for injury or function of tooth caused either by decay, infection or the breakdown of a dental restoration.
- Balls, athlete's foot, impetigo or similar skin infection, rashes, poisonous vegetation reactions, warts, blisters, cellulose, orange, muscle spasms, allergies or allergic reactions, ingrown nails, appendicitis, hernia of any kind, however caused; infections occurring other than as a result of such injury; detached retina; or psychotropic drugs.
- Any form of illness, sickness or disease including but not limited to the following: Perthes' Disease, Osgood-Schlatter's Disease, Osteomyelitis, Osteochondritis, Osteopetrosis, Impacted, Slipped Capital Femoral Epiphysis, Thrombophlebitis, Myocardial Infarction, or similar conditions.
- Any form of fighting or brawling or criminal or felonious assault or the insured being engaged in an illegal occupation.
- Participation in, including practice and preparation for any type of non-school sponsored, non-school supervised and non-school scheduled karate, taekwon do, kung fu or other types of martial arts.
- Participation in, including practice, any non-school scheduled, non-school sponsored, non-school supervised organized athletic league such as, but not confined to, Little League, Youth soccer league, Babe Ruth league, American Legion league, etc.
- Services or treatment rendered as a part of the member school service by a hospital, physician, or person employed or retained by the member, or by a person related to the insured by blood or marriage.
- Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any motorized or engine-driven vehicle. Eligible medical expenses not collectible from other valid coverage will be payable up to \$1,000.00.
- Intentionally self-inflicted injury.
- War or any act of war (takes by air, land or sea shall be deemed act of war), civil disobedience, plots or insurrection.
- Injuries sustained by the insured for which benefits are payable under any Workers' Compensation or Employer Liability Laws, or while engaging in activity for monetary gain from sources other than the Member.
- Aviation in any form except while the insured is riding as a passenger in a licensed airplane provided by an incorporated passenger carrier on a regularly scheduled passenger flight and route.
- Riding in or on, being struck by, being towed by, boarding or alighting from, or operating any snowmobile, all-terrain vehicle, or two (2) or three (3) wheeled motor vehicle.
- The use of or while under the influence of drugs unless administered as prescribed by a physician.
- The existence or aggravation of physical or mental infirmity, condition or disease, whether infectious, congenital, secondary or acquired in origin. Conditions or the aggravation of conditions that originated prior to the insured's Effective Date, not to exceed \$500.00.
- Expense resulting from participating in activities for which benefits would be payable, in the absence of this insurance, under any high school or association-sponsored catastrophe sports accident policy or trust fund is expressly excluded from coverage.
- Snow skiing, water skiing, waterboarding, hydro-skiing, or jet skiing.
- Prescription drugs, injections, miscellaneous supplies and medications, except those administered while hospital-confined or when treated in the emergency room.
- Any expense for which a benefit is not listed.

Each student will receive a certificate of insurance summarizing the provisions and benefits of the policy (filed form # LRS-8985-0100-FL). Any difference between the policy and the certificate will be settled according to the provisions of the policy.

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