



Miami-Dade County Public Schools

School Board Administration Building
1450 Northeast Second Avenue
Miami, Florida 33132

Direct all inquiries to Procurement Management Services:

BUYER: Barbara D. Jones, CPPB, Executive Director

E-MAIL ADDRESS: bjones@dadeschools.net

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REQUEST FOR PROPOSALS (RFP)

REQUEST FOR PROPOSALS NO. 059-JJ10

SPORTS MEDICINE PROGRAM

Proposals will be accepted until **2:00 PM, (Local Time) on April 23, 2009**, in the Division of Procurement Management, School Board Administration Building, 1450 N.E. Second Avenue, Room 352, Miami, Florida, 33132, at which time they will be publicly opened and may not be withdrawn for one hundred twenty (120) days from that date.

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
PROCUREMENT MANAGEMENT
1450 N.E. 2ND AVENUE, MIAMI, FLORIDA 33132
REQUEST FOR PROPOSALS NO. 059-JJ10

SPORTS MEDICINE PROGRAM

Sealed proposals will be accepted in Procurement Management, at the above location, until **2:00 P.M.** (Local Time) **April 23, 2009**, and may not be withdrawn for one hundred twenty (120) days from that date.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 THEIR 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
PROPOSER 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 Proposer's EXACT legal name and an unsigned proposal may be considered non-responsive.

II. SUBMITTING OF PROPOSALS

- A. Number of Proposals:

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

- * The original proposal in a sealed envelope or box marked "Original."
- ** Ten (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. (Local Time) **April 23, 2009.**

III. CHANGE OR WITHDRAWAL OF PROPOSAL

- A. PRIOR TO PROPOSAL OPENING. Should the agency or individual proposer 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 23, 2009.** The agency or individual proposer's name and the proposal number should appear on the envelope.
- B. AFTER PROPOSAL OPENING. After **April 23, 2009**, 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 which can be accessed at the District's website www.dadeschools.net
- 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. 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 established herein.
- C. The protesting party shall be required to post a bond consistent with F.A.C. Rule 28-110.005(2), and Board Rule 3C-1.11. Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.
- D. Formal written protests will be reviewed by Procurement Management Services who 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. 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. The Board reserves the right to utilize other governmental contracts, if in the best interest of the Board.
- 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.

- D. CHARTER SCHOOLS: Items awarded under this contract shall be made available to charter schools authorized by the School Board.

VI. DEFAULT

In the event of default, which may include, but is not limited to non-performance and/or poor performance, the Proposer 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. Statute, and School Board Rule 6Gx13-8C-1.064. The School Board reserves the right to reject any and all bids from a Vendor who is currently debarred or in default of any bid, purchase order or contract with the School Board or any other private or governmental entity, pursuant to School Board Rule 6Gx13- 3F-1.023.

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 CFR 34, Part 80.36(I) and Part 85.510, Florida Statute 257.36, or Florida Administrative Code Chapter 1B. The vendor certifies by signing the bid that the vendor and his/her 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 Board 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 from:

1. Making public representations at duly noticed pre-bid conferences or before duly noticed selection and negotiation committee meetings;
2. Engaging in contract negotiations during any duly noticed public meeting;

3. Making a public presentation to the School Board during any duly noticed public meeting; or
4. 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.

X. THE JESSICA LUNSFORD ACT BACKGROUNDSCREENING REQUIREMENTS

In accordance with the requirements of Sections, 1012.465, and 1012.32 and 1012.467, Florida Statutes, School Board Rules 6Gx13- 3F-1.024 and 6Gx13- 4C-1021 as amended from time to time Proposer agrees that, if Proposer receives remuneration for services, Proposer and all of its employees who provide or may provide services under this Agreement will complete criminal history checks, and all background screening requirements, including level 2 screening requirements as outlined in the above-referenced statutes and School Board rules prior to providing services to the School Board of Miami-Dade County.

Additionally, Proposer agrees that each of its employees, representatives, agents, subcontractors or suppliers who are permitted access on school grounds when students are present, who have direct contact with students or who have access to or control of school funds must meet level 2 screening requirements as described in the above-referenced statutes and School Board rules.

Pursuant to the 2007 amendments to the JLA enacted by the Florida Legislature, requirements for certain fingerprinting and criminal history checks shall be inapplicable to non-instructional contracted personnel who qualify for exemption from level 2 screening requirements as provided under § 1012.468, Fla.Stat. (2007).

In addition, the provisions of § 1012.467, Fla.Stat. (2007) are incorporated herein by reference, and any provisions of this Addendum that may be inconsistent with, contrary to, or determined to be in conflict with § 1012.467, will be superseded by said statute.

A non-instructional contractor who is exempt from the screening requirements set forth in § 1012.465, § 1012.468 or § 1012.467, Florida Statutes, is subject to a search of his or her name or other identifying information against the registration information regarding sexual predators and sexual offenders maintained by the Department of Law Enforcement under § 943.043 and the national sex offender public registry maintained by the United States Department of Justice. Proposer will not be charged for this search.

Further, upon obtaining clearance by Board, if Board deems necessary, Board will issue a photo identification badge which shall be worn by the individual at all times while on Board property when students are present.

Proposer agrees to bear any and all costs associated with acquiring the required background screening - including any costs associated with fingerprinting and obtaining the required photo identification badge. Proposer agrees to require all its affected employees to sign a statement, as a condition of employment with Proposer in relation to performance under this Agreement, agreeing that the employee will abide by the heretofore described background screening requirements, and also agreeing that the employee will notify the Proposer/Employer of any arrest(s) or conviction(s) of any offense enumerated in School Board Rules 6Gx13- 3F - 1.024 and 6Gx13- 4C 1.021 within 48 hours of its occurrence. Proposer agrees to provide the Board with a list of all of its employees who have completed background screening as required by the above-referenced statutes and who meet the statutory requirements contained therein. Proposer agrees that it has an ongoing duty to maintain and update these lists as new employees are hired and in the event that any previously screened employee fails to meet the statutory standards. Proposer further agrees to notify the Board immediately upon becoming aware that one of its employees who was previously certified as completing the background check and meeting the statutory standards is subsequently arrested or convicted of any disqualifying offense. **Failure by Proposer to notify the Board of such arrest or conviction within 48 hours of being put on notice and within 5 business days of the occurrence of qualifying arrest or conviction, shall constitute grounds for immediate termination of this Agreement by the Board.**

The parties further agree that failure by Proposer to perform any of the duties described in this section shall constitute a material breach of the Agreement entitling the Board to terminate this Agreement immediately with no further responsibility to make payment or perform any other duties under this Agreement.

COMPLIANCE WITH SCHOOL CODE

Proposer agrees to comply with all sections of the Florida K-20 Education Code, Title XLVIII, Florida Statutes as it presently exists, and further as it may be amended from time to time. Further Proposer agrees that failure to comply with the Florida K-20 Education Code shall constitute a material breach of this Agreement and may result in the termination of this Agreement by the Board.

XI. CONFLICT OF INTEREST

Former Miami-Dade County Public Schools employees, classified as Managerial Exempt Personnel, Pay Grade 22 and above, Dade County School Administrators Association, Pay Grade 47 and above, and other equivalent positions, are prohibited from personally representing another person or entity or acting as an agent or attorney for compensation in connection with any matter in which The School Board of Miami-Dade County, Florida, is interested, for two years after the School Board employees' service terminates. This provision is pursuant to School Board Rule 6Gx13 – 4A-1.212 and Florida Statute § 112.313(9).

The School Board of Miami-Dade County, Florida shall be prohibited from entering into any business relationship or continue an existing business relationship with any person or entity determined to have engaged in violation of the restriction contained in this provision.

XII. PUBLIC RECORDS LAW

It is the practice of The School Board of Miami-Dade County, Florida, to evaluate all Requests For Proposals in a public forum open to the Sunshine, pursuant to Florida Statute §286.011 and to make available for public inspection and copying any information received in response to an RFP, in accordance with Florida Statute §119, as such any information sent to M-DCPS is being sent into the public domain. No action on the part of the proposer would create an obligation of confidentiality on the part of the School Board, including but not limited to, making a reference in the proposal to the trade secret statutes, Florida Statutes §§ 812.081, 815.045. It is recommended that potential suppliers exclude from their response any information that, in their judgment, may be considered a trade secret.

XIII. MISSING DOCUMENTS

All proposals received in response to this RFP, will be sealed for a period of 20 days, pursuant to Florida Statute 119.07, to allow for the request and receipt of any missing documents.

Respondents who do not meet all the requirements for the RFP may be contacted to submit the missing information within two business days. Incomplete or noncompliant proposals may be disqualified.

XIV. ASSIGNMENT

This Contract may not be assigned nor may any assignment of monies due, or to become due to proposer, be assigned without the prior written agreement of Miami-Dade County Public Schools. If proposer attempts to make such an assignment, such attempt shall constitute a condition of default.

XV. CANCELLATION OF PROPOSALS

Prior to opening, a solicitation may be canceled in whole or in part, prior to the date and hour specified in the Instructions To Agency/Proposer for receipt of proposals, when the Assistant Superintendent, Procurement Management Services, determines in writing, that such action is in the best interest of the Board for reasons including, but not limited to:

- 1) The Board no longer requires the supplies, services, or construction;
- 2) The Board no longer can reasonably expect to fund the procurement;
- 3) A review of a valid protest filed by a proposer as may be determined by the administrative staff; or
- 4) Proposed amendments to the solicitation would be of such magnitude that a new solicitation is desirable.

When a solicitation is canceled prior to opening, notice of cancellation shall be posted on the District's website, and sent to all businesses solicited, via facsimile or mail. Any proposals received for the cancelled solicitation shall be returned to the proposer unopened.

XVI. TERMINATION FOR CONVENIENCE

The School Board may terminate the Agreement at any time without cause upon a minimum thirty (30) days' notice to Proposer, in which case the following provisions shall apply: (A) The notice may be effective as of a date certain or may apply only after the delivery of certain enumerated deliverables;. (B) The School Board shall pay to Proposer upon receipt of an invoice from Proposer otherwise complying with the Agreement, for any services in respect of a deliverable not yet delivered which have actually been performed by Proposer, pro-rated on a percentage completion basis based on Proposer's reconciliation of labor actually expended compared to labor originally estimated by Proposer in constructing its proposal.

XVII. DISCLOSURE OF EMPLOYMENT OF FORMER SCHOOL BOARD EMPLOYEES

Pursuant to School Board Rule 6Gx13- 3F-1.025, which may be accessed at <http://www2.dadeschools.net/schoolboard/rules>, all bidders, proposers, and consultants are required to disclose the names of any of their employees who serve as agents or principals for the bidder, proposer or consultant, and who, within the last two years, have been or are employees of the School Board. Such disclosure

will be in accordance with current School Board rules, but will include, at a minimum, the name of the former School Board employee, a list of the positions the employee held in the last of their employment with the School Board, and the dates the employees held those positions. See following page and include page in your proposal packages. If non-applicable, please indicate so on the form and return.

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 03/08

DISCLOSURE OF EMPLOYMENT OF FORMER SCHOOL BOARD EMPLOYEES
(PLEASE INCLUDE THIS FORM WITH YOUR PROPOSAL PACKAGE)

Pursuant to School Board Rule 6Gx13- 3F-1.025, which may be accessed on the school website at www2.dadeschools.net/schoolboard/rules all bidders, proposers, and consultants, are required to disclose the names of any of their employees who serve as agents or principals for the bidders, proposers or consultant, and who **within the last two years**, have been or are employees of the School Board. Such disclosure will be in accordance with current School Board rules, but will include, at a minimum, the name of the former School Board employee, a list of the positions the employee held in the last two years of his or her employment with the School Board, and the dates the employee held those positions.

NAME	LIST OF POSITIONS	DATES EMPLOYEE HELD POSITION
<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>
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LOBBYISTS

Board rule 6Gx13-8C-1.21, delineates the policy regarding lobbyists. Pursuant to this rule, lobbyists shall complete annually, a Lobbyist Registration Form, and pay the annual registration fee. The Board rule may be accessed at:

<http://www2.dadeschools.net/schoolboard/rules/>

REQUEST FOR PROPOSALS NO. 059-JJ10

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 Boulevard, Room 325
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 thirty-nine (39) senior high schools and five (5) 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., (Local Time), April 23, 2009, 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 proposer(s). The District will in no way be responsible for delays caused by the United States Postal Service or any other delivery service or caused by any other occurrence. The proposal must be submitted in a sealed envelope or box marked "SPORTS MEDICINE PROGRAM." It is anticipated that a proposal(s) will be presented to the School Board for acceptance on or about June 17, 2009. If accepted, notification to the successful proposer(s) will be provided on or after June 17, 2009. The School Board reserves the right to reject any and all proposals.

IV. GENERAL INFORMATION ABOUT THE SCHOOL DISTRICT

The Miami-Dade County Public Schools is a school district organized under Section 4, Article IX, of the Constitution of the State of Florida and Chapter 230 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 343 schools, 339,000 students, and more than 38,736 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, 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 renewal period. The Board, through Procurement Management, 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. Costs. 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 39 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. EQUAL EMPLOYMENT OPPORTUNITY AND M/WBE PARTICIPATION

Equal Employment Opportunity

1. 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 is requested to indicate its equal employment policy and provide a detailed breakdown by ethnicity, gender and occupational categories of its work force.

(ATTACHMENT A)

2. Minority/Women Business Enterprise (M/WBE) Participation

The School Board has an active Minority/Women Business Enterprise (M/WBE) Program, to increase contracting opportunities for M/WBE's. In keeping with this policy, if a minority firm, which is Woman or African American-owned and operated, is to perform a scope of work, provide documentation to substantiate the experience of the M/WBE and its staff in providing this type of service. The Division of Business Development and Assistance must certify all M/WBE's, prior to contract award. The M/WBE Application may be accessed through the following link:

<http://forms.dadeschools.net/webpdf/3920.pdf>

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:

- ◆ Representative, District/School Operations (1)
- ◆ Representative, Athletics/Activities and Accreditation (2)
- ◆ Representative, Division of Business Development and Assistance (1)
- ◆ Representative, Risk and Benefits Management (1)
- ◆ Representative, Procurement Management (1) (Non-voting)
- ◆ Principal, Senior High School (1)
- ◆ Athletic Director, Senior High School (1)
- ◆ Athletic Trainer, Senior High School (1)

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 become a significant factor when all other criteria are met.
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 vendor to provide materials within constraints of the contract.
6. Past Performance.

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>	
August	4000 Students	39 sites
September and October	3500 Students	36 sites
December and January	2500 Students	36 sites

*April - will accommodate schools on an as needed basis

*Not to conflict with spring recess

1. On the first three examination dates all 39 senior high schools and 5 alternative centers, will be designated as host examination sites; on the final examination date, all 39 senior high schools and 5 alternative centers, will be serviced on an "as needed" basis. Each site will be responsible for providing assistance in preparing examination sites and for the supervision of athletes.
2. The extent of the physical examinations shall be in accordance with the attached form. (**Attachment B**).
3. Each site should be provided with at least the following number of the indicated personnel:
 - 1) 3 Medical Doctors (2 orthopedic surgeons/1 general 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 utilized 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 area (**Attachment C**). 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 recertify 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 200 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 17th Street Miami, FL
d. Milander Field	4700 Palm Avenue Field Hialeah, FL
e. Memorial Field	Alton Rd. & 12 St. Field Miami Beach, FL
f. Traz-Powell Stadium	N.W. 107 St. & 27 Ave. Miami, FL
g. North Miami Stadium	N.W. 151 St. and US1 No. Miami Beach, FL
h. Curtis Park	1901 N.W. 24th Avenue Miami, FL
i. Southridge Stadium	19598 S.W. 112 th Avenue Miami, FL 33128

2. Junior Varsity Games

Provide appropriately-qualified physicians for approximately 170 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. (**Attachment D**)

3. Responsibility of Game Physicians

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

D. The Chief of Sports Medicine shall:

- 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:

Attendance of all medical professionals at physical examination screening;

Services rendered by all four designated sports medicine clinics for M-DCPS; and

Summary of contracted sports medicine workshops for M-DCPS.

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 School Athletics and Activities.

XI. GENERAL INSURANCE REQUIREMENTS

At the time an award is made, the successful proposer shall be responsible for providing the School Board with certificates of insurance which indicate that insurance coverage has been obtained and meets the requirements as outlined below:

Professional Liability

The Professional Liability Insurance provided by the individual/firm shall conform to the following requirements:

- A. The individual firm's Professional Liability insurance shall be on a form acceptable to the Board and shall cover those sources of liability typically insured by Professional Liability Insurance, arising out of or the rendering or failure to render professional services in the performance of this agreement, including all provisions of indemnification which is part of this agreement.
- B. If on a claims-made basis, the individual/firm shall maintain without interruption, the Professional Liability Insurance until (3) years after this agreement.
- C. The minimum limits to be maintained by the individual/firm (inclusive of any amounts provided by an umbrella or excess policy) shall be \$3 million per claim/annual aggregate.

Workers' Compensation Insurance

Workers' Compensation Insurance for all employees of the proposer as required pursuant to the provisions of Section 440, Florida Statutes.

Commercial General Insurance

Commercial General Insurance on a comprehensive basis in an amount not less than \$1,000,000 combined single limit per occurrence. The School Board of Miami-Dade County, Florida, its employees and agents must be listed as an additional insured on the policy.

Automobile Liability Insurance

Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the work as outlined in this RFP, in an amount not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage liability.

Each insurance policy evidencing the insurance required hereunder shall bear the appropriate endorsements whereby the insurance carrier waives any rights of subrogation acquired against the Board and the Students by reason of any payment under such policy and shall provide that such insurance carriers shall notify the Board in writing at least (30) days prior to any cancellation, termination, non-renewal or modification to the individual/firm's policy(ies) required under this agreement.

Upon the execution of this agreement, the individual/firm shall furnish to the Board's Office of Risk and Benefits Management with Certificates of Insurance evidencing the individual/firm's insurance coverage is consistent with the terms of the agreement. The individual/firm shall also provide copies of the policies to the Board. The individual/firm shall also provide the Board with renewal or replacement Certificates of Insurance no less than (30) days prior to cancellation, termination or modification. The individual/firm shall be in material breach of this agreement if the individual/firm fails to obtain replacement insurance coverage prior to the date in which coverage is terminated or expires. In this event the Board may terminate this agreement without further liability to the individual/firm. Additionally the individual/firm shall be liable to the Board for any and all damages incurred due to the individual/firm's failure to perform the agreement terms.

XII. INDEMNIFICATION

The individual/firm(s) must enter into the following indemnification and hold harmless agreement:

The individual/firm(s) hereby agrees to indemnify, hold harmless and defend the Board, its officers, agents and employees individually and collectively from and against all liabilities, obligations, losses, damages, penalties, interest, claims, actions, assessments, fines, suits, demands, investigations, proceedings, judgments, orders or injuries, including death to any, or damage, of whatever nature, to any property and all costs including court costs and attorneys' fees, and disbursements, whether suit is instituted or not, and if instituted, at all tribunal levels (wherever raised by the parties hereto or a third party) imposed on, or incurred by or asserted against the Board or any of them arising out of or in connection with or based directly or indirectly upon (a) the individual/firm's directors, officers, employees, agents, subcontractors or representatives, of their duties and obligations under or pursuant to this agreement, including without limitations, the failure to maintain insurance or notify the Board; (b) any material breach of this agreement by the individual/firm(s), (c) false or inaccurate representation or warranty made by or on behalf of the individual/firm(s), and (d) any act or omission, negligence, or intentional acts of the individual/firm(s), or any of the individual/firm's directors, officers, employees, agents, subcontractors or other representatives.

XIII. OCCUPATIONAL LICENSE:

Any person, firm, corporation or joint venture, with a business location in Miami-Dade County, Florida, which is submitting a bid, shall meet the County's Occupational License Tax requirements in accordance with Chapter 8A, Article

IX of the Code of Miami-Dade County, Florida. Bidders with a location outside Miami-Dade County shall meet their local Occupational Tax requirements. A copy of the license is requested to be submitted with the Bid Proposal. If the Bidder has already complied with this requirement, a new copy is not required while the license is valid and in effect. It is the Bidder's responsibility to resubmit a copy of a new license after expiration or termination of the current license. Non-compliance with this condition may cause the bid not to be considered for award.

XIV. DISPUTE RESOLUTION

A. Dispute

If, during the Term, any issue, dispute, or controversy (a "Dispute") arises hereunder, then the designated representatives of Contractor and the Board shall promptly confer and exert commercially reasonable efforts to attempt to reach a reasonable and equitable resolution of such Dispute. If such representatives fail to resolve such Dispute within five (5) business days after such Dispute arises, the Dispute shall be referred promptly to the responsible senior management of each Party. If such Dispute is not resolved within five (5) business days after such referral to senior management, each Party shall promptly make an appropriate member of its senior executive team available on-site at the location designated by the Board, and the Parties shall exert all commercially reasonable efforts to resolve such Dispute in good faith during such meeting. Neither Party shall seek any means of resolving any Dispute arising in connection with this Agreement other than as described herein before the end of the fifth (5th) business day after the date that such Dispute was referred to the responsible senior management of each Party. If the Parties' responsible senior management representatives fail to resolve a Dispute in accordance with the foregoing procedure within the period of time specified above, either Party may, at any time after the expiration of such time period, pursue any rights or remedies available hereunder, at law, or in equity. Nevertheless, if mutually agreed upon in writing by the Parties with respect to any given Dispute from time to time, the Parties may choose to pursue any available form of alternative dispute resolution (such as, for example, mediation or arbitration, whether binding or non-binding) with respect to such Dispute. Agreement to arbitrate or mediate any given Dispute shall not serve as agreement to mediate or arbitrate any other Dispute arising hereunder.

B. Exceptions

Neither Party shall be obligated to comply with the procedures set forth in the foregoing provisions of this Section with regard to any other breach, alleged breach, or violation with regard to any third-party claims, or with regard to disputed matters for which less than thirty (30) days remain before the period provided by the applicable statute of limitations governing the claim or cause of action underlying the disputed matter shall expire.

C. Termination or Suspension of Services

During the pendency of any internal escalation conducted or held in accordance with this Section, both Parties shall continue to perform their respective obligations under this Agreement.

XV. IMPLEMENTATION SCHEDULE

- | | |
|---|------------------|
| • Procurement Contract Review Committee | January 15, 2009 |
| • Mailing of Request For Proposals | April 7, 2009 |
| • Deadline for Questions | April 17, 2009 |
| • Opening of Proposals | April 23, 2009 |
| • Evaluation of Proposals | April 27, 2009 |
| • Recommendation for Award | June 17, 2009 |

Specific information concerning this RFP should be e-mailed prior to the deadline for questions, referencing the RFP by page number and paragraph, no later than 4:00 p.m., on April 17, 2009, to:

Ms. Barbara D. Jones, CPPB, Executive Director
Procurement Management Services
1450 N.E. Second Avenue, Room 352
Miami, Florida 33132
(305) 995-2348
E-mail bjones@dadeschools.net

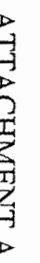
The School Board of Miami-Dade County, Florida will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the proposal due date. Proposers should not rely on any statements other than those made in this RFP or in any addendum to this RFP. Where there appears to be a conflict between the RFP and any addenda issued, the last addendum issued will prevail.

Responses to questions will be posted to M-DCPS' website and it is the responsibility of the proposers(s) to monitor this site for posting of response(s). The website link is the following:

<http://procurement.dadeschools.net/bidsol/asp/ENACT.asp>

ATTACHMENTS

- A. Affirmative Action Employment Breakdown (FM 4859)
- B. Physical Examination Form and Student Questionnaire
- C. School Zones for Area Sports Medicine Clinics
- D. Directory of Senior High Schools
- E. Glossary of Terms
- F. The Board-Approved Football Accident Insurance Plan



AFFIRMATIVE ACTION EMPLOYMENT BREAKDOWN

FM-4859 Rev. (02-01)

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 INFORMATIONIN 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: \$13.00 _____ \$45.00 (FB) _____ \$18.00 (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"/>	21. Have you ever had any of the following? If YES, check appropriate blank and explain below ___ Head injury or concussion ___ Been knocked out ___ Seizures ___ Heat cramps ___ Abdominal Injury ___ Became dizzy during or after exercise ___ Stinger or Burner (numbness or tingling in arms, legs, hands, or feet) ___ Passed out during or after exercise		
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"/>		22. Have you ever injured (sprained, fractured, dislocated, etc.) any of the following? If YES, check appropriate blank and explain below. ___ Head ___ Neck ___ Wrist ___ Upper Arm ___ Chest ___ Foot ___ Back ___ Forearm ___ Hip ___ Knee ___ Elbow ___ Shin/Calf ___ Thigh ___ Ankle ___ Hand ___ Shoulder	
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"/>	23. Have you ever had any of the following? If YES, check the appropriate blank. ___ Mononucleosis ___ Stomach Ulcers ___ Sickle Cell Anemia ___ Diabetes ___ Tuberculosis ___ Frequent Headaches ___ Asthma ___ Hepatitis ___ Other		
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"/>			
COMMENTS: _____ _____ _____ _____				FEMALE HEALTH HISTORY	
			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?		
			Anemia	<input type="checkbox"/>	<input type="checkbox"/>
			Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
			Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/>

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.**

- ☐ Full, unlimited participation _____
- ☐ Limited participation, indicate sport and/or type of limitation _____
- ☐ Clearance pending release by family physician _____
- ☐ 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 _____
Father ☐ Mother ☐ Guardian ☐

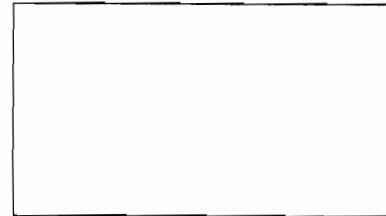
DATE _____

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 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 C

MIAMI-DADE COUNTY PUBLIC SCHOOLS ZONES

AREA SPORTS MEDICINE CLINICS

ZONE 1 (11)

American Senior
Barbara Goleman Senior
Hialeah Senior
Hialeah-Miami Lakes Senior
Miami Carol City Senior
Miami MacArthur North Senior
Miami Norland Senior
North Miami Beach Senior
North Miami Senior
Westland, Hialeah Gardens Senior

ZONE 2 (10)

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
State School “QQQ”

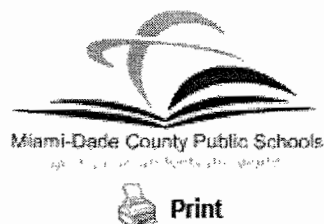
ZONE 3 (9)

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
Ronald W. Reagan/Doral Senior

ZONE 4 (9)

Coral Reef Senior
Homestead Senior
Miami Killian Senior
Miami MacArthur South
Miami Palmetto Senior
Miami Southridge Senior
South Dade Senior
Felix Varela Senior
State School “YYY”

ATTACHMENT D



High Schools

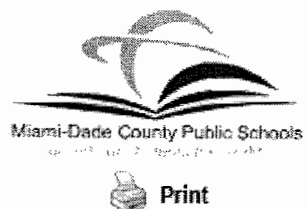
A · B · C · D · E · F · G · H · I · J · K · L · M · N · O · P · Q · R · S · T · U · V · W · X · Y · Z

LOC /	SCHOOL INFORMATION	TELEPHONE / FAX	PRINCIPAL	RC	VD
7011	AMERICAN SHS 18350 NW 67TH AVENUE HIALEAH, FL 33015	Ph: (305)557-3770 Fx: (305)828-7380	LUIS E. DIAZ	N	4
7751	BARBARA GOLEMAN SHS 14100 NW 89TH AVENUE MIAMI LAKES, FL 33018	Ph: (305)362-0676 Fx: (305)827-0249	CARLOS ARTIME	N	4
7791	BOOKER T. WASHINGTON SHS 1200 NW 6TH AVENUE MIAMI, FL 33136	Ph: (305)324-8900 Fx: (305)324-4676	RHONDA Y. WILLIAMS	SC	2
7071	CORAL GABLES SHS 450 BIRD ROAD CORAL GABLES, FL 33146	Ph: (305)443-4871 Fx: (305)441-8094	JO ANNE D. GANS	SC	6
7101	CORAL REEF SHS 10101 SW 152 STREET MIAMI, FL 33157	Ph: (305)232-2044 Fx: (305)252-3454	ADRIANNE F. LEAL	S	9
7081	DESIGN & ARCHITECTURE SHS 4001 NE 2ND AVENUE MIAMI, FL 33137	Ph: (305)573-7135 Fx: (305)573-8253	DR. STACEY H. MANCUSO	SC	2
7141	DR MICHAEL M. KROP SHS 1410 NE 215 TH STREET MIAMI-DADE, FL 33179	Ph: (305)652-6808 Fx: (305)651-8043	MATTHEW J. WELKER	N	3
7781	FELIX VARELA SHS 15255 SW 96 STREET MIAMI, FL 33196	Ph: (305)752-7900 Fx: (305)386-8987	LUZ M. NAVARRO	S	7
7051	G. HOLMES BRADDOCK SHS 3601 SW 147TH AVENUE MIAMI, FL 33185	Ph: (305)225-9729 Fx: (305)221-3312	MANUEL S. GARCIA	SC	8
7191	HIALEAH GARDENS SHS - S/S JJJ 11700 HIALEAH GARDENS BLVD HIALEAH GARDENS, FL 33018	Ph: (305)698-5000 Fx: (305)698-5001	DR. LOUIS J. ALGAZE	NC	4
7111	HIALEAH SHS 251 EAST 47 STREET HIALEAH, FL 33013	Ph: (305)822-1500 Fx: (305)828-5513	DR. VERENA CABRERA	NC	4
7131	HIALEAH-MIAMI LAKES SHS 7977 WEST 12TH AVENUE HIALEAH, FL 33014	Ph: (305)823-1330 Fx: (305)362-4188	CHRISTOPHER J. SHINN	N	4
7151	HOMESTEAD SHS 2351 SE 12TH AVENUE HOMESTEAD, FL 33034	Ph: (305)245-7000 Fx: (305)247-5757	KERRI A. MAYSONET	S	9
7121	JOHN A. FERGUSON SHS 15900 SW 56 STREET MIAMI-DADE, FL 33185	Ph: (305)408-2700 Fx: (305)408-6487	JANE M. GARRAUX	SC	7
7033	LAW ENFORCEMENT/FORENSIC STUDIES - NO Sports				

		SHS NW CORNER OF 2ND AVE & NW 3RD ST MIAMI, FL	Ph: Fx:			
7161		MARITIME & SCIENCE TECHNOLOGY ACADEMY 3979 RICKENBACKER CAUSEWAY MIAMI, FL 33149	Ph: (305)365-6278 Fx: (305)361-0996	THOMAS C. FISHER II	SC	6
7201		MIAMI BEACH SHS 2231 PRAIRIE AVENUE MIAMI BEACH, FL 33139	Ph: (305)532-4515 Fx: (305)531-9209	DR. ROSANN P. SIDENER	N	3
7231		MIAMI CAROL CITY SHS 3422 NW 187TH STREET OPA LOCKA, FL 33056	Ph: (305)621-5681 Fx: (305)620-8862	NELSON IZQUIERDO	N	1
7251		MIAMI CENTRAL SHS 1781 NW 95TH STREET MIAMI, FL 33147	Ph: (305)696-4161 Fx: (305)836-2872	DOUGLAS P. RODRIGUEZ	NC	2
7271		MIAMI CORAL PARK SHS 8865 SW 16TH STREET MIAMI, FL 33165	Ph: (305)226-6565 Fx: (305)553-4658	DR. NICHOLAS P. JACANGELO	SC	8
7301		MIAMI EDISON SHS 6161 NW 5TH COURT MIAMI, FL 33127	Ph: (305)751-7337 Fx: (305)759-4561	LAVETTE S. HUNTER	NC	2
7341		MIAMI JACKSON SHS 1751 NW 36TH STREET MIAMI, FL 33142	Ph: (305)634-2621 Fx: (305)634-7477	DEBORAH L. LOVE	NC	2
7361		MIAMI KILLIAN SHS 10655 SW 97TH AVENUE MIAMI-DADE, FL 33176	Ph: (305)271-3311 Fx: (305)270-9142	RICARDO RODRIGUEZ	S	6
No Sports 7391		MIAMI LAKES EDUCATIONAL CENTER 5780 NW 158 STREET MIAMI LAKES, FL 33014	Ph: (305)557-1100 Fx: (305)827-9317	JAMES V. PARKER	N	4
7381		MIAMI NORLAND SHS 1050 NW 195TH STREET MIAMI-DADE, FL 33169	Ph: (305)653-1416 Fx: (305)651-6175	DR. DERICK R. MCKOY	N	1
7411		MIAMI NORTHWESTERN SHS 1100 NW 71 STREET MIAMI, FL 33150	Ph: (305)836-0991 Fx: (305)691-4955	CHARLES E. HANKERSON	NC	2
7431		MIAMI PALMETTO SHS 7460 SW 118 STREET PINECREST, FL 33156	Ph: (305)235-1360 Fx: (305)235-7169	HOWARD I. WEINER	S	9
7461		MIAMI SHS 2450 SW 1ST STREET MIAMI, FL 33135	Ph: (305)649-9800 Fx: (305)649-9475	DR. DANIEL TOSADO	SC	6
7731		MIAMI SOUTHRIDGE SHS 19355 SW 114TH AVENUE MIAMI-DADE, FL 33157	Ph: (305)238-6110 Fx: (305)253-4456	MARTIN T. REID	S	9
7511		MIAMI SPRINGS SHS 751 DOVE AVENUE MIAMI SPRINGS, FL 33166	Ph: (305)885-3585 Fx: (305)884-2632	THOMAS P. ENNIS	NC	5
7531		MIAMI SUNSET SHS 13125 SW 72ND STREET MIAMI-DADE, FL 33183	Ph: (305)385-4255 Fx: (305)385-6458	DR. LUCIA COX	S	8
No Sports 7901		NEW WORLD SCHOOL OF THE ARTS 25 NE 2ND STREET MIAMI, FL 33132	Ph: (305)237-3135 Fx: (305)237-3794	DR. FREDERIC E. CONDE	SC	3
7541		NORTH MIAMI BEACH SHS 1247 NE 167TH STREET NORTH MIAMI BEACH, FL 33162	Ph: (305)949-8381 Fx: (305)949-0491	RAYMOND L. FONTANA	N	3
7591		NORTH MIAMI SHS 800 NE 137TH STREET NORTH MIAMI, FL 33161	Ph: (305)891-6590 Fx: (305)895-1788	MICHAEL A. LEWIS	NC	1
JO Sports 7371		ROBERT MORGAN EDUCATIONAL CENTER	Ph: (305)253-9920	GREGORY ZAWYER	S	7
















	18180 SW 122 AVENUE MIAMI-DADE, FL 33177	Fx: (305)259-1495			
7241	RONALD W. REAGAN/DORAL SHS 8600 NW 107TH AVENUE MIAMI, FL 33178	Ph: (305)805-1900 Fx: (305)805-1901	JACQUES Y. BENTOLILA	NC	5
7048	S/S "QQQ1" 2601 NE 151 STREET MIAMI, FL 33160	Ph: (305)621-5681 Fx: (305)627-5185		N	3
7061	SCHOOL FOR ADVANCED STUDIES - NORTH 11380 NW 27 AVE - ROOM 1111 MIAMI, FL 33167	Ph: (305)237-1089 Fx: (305)237-1610	GUILLERMO A. MUNOZ	S	2
7091	SCHOOL FOR ADVANCED STUDIES - SOUTH 11011 SW 104 STREET - PORTABLE T-706 MIAMI, FL 33176	Ph: (305)237-0510 Fx: (305)237-0511	GUILLERMO A. MUNOZ	S	7
7041	SCHOOL FOR ADVANCED STUDIES - WOLFSON 25 NE 2ND STREET, ROOM 5515 MIAMI, FL 33132	Ph: (305)237-7270 Fx: (305)237-7271	GUILLERMO A. MUNOZ	S	3
7551	SCHOOL FOR ADVANCED STUDIES HOMESTEAD 500 COLLEGE TERRACE HOMESTEAD, FL 33030	Ph: (305)237-5062 Fx: (305)237-5232	GUILLERMO A. MUNOZ	S	9
7701	SOUTH DADE SHS 28401 SW 167TH AVENUE MIAMI-DADE, FL 33030	Ph: (305)247-4244 Fx: (305)248-3867	ALICIA HIDALGO	S	9
7721	SOUTH MIAMI SHS 6856 SW 53RD STREET MIAMI-DADE, FL 33155	Ph: (305)666-5871 Fx: (305)666-6359	GILBERTO D. BONCE	SC	8
7741	SOUTHWEST MIAMI SHS 8855 SW 50TH TERRACE MIAMI-DADE, FL 33165	Ph: (305)274-0181 Fx: (305)596-7370	JAMES HAJ	SC	8
7049	WESTLAND HIALEAH SHS 4000 WEST 18TH AVENUE HIALEAH, FL 33012	Ph: (305)818-3000 Fx: (305)818-3002	DR. ALBERTO RODRIGUEZ	NC	4
VO Sport 7601	WILLIAM H. TURNER TECHNICAL ARTS HIGH SCHOOL 10151 NW 19TH AVENUE MIAMI-DADE, FL 33147	Ph: (305)691-8324 Fx: (305)693-9463	VALMARIE W. RHODEN	NC	2
JO Spas 7056	YOUNG MEN'S PREPARATORY ACADEMY 3001 NW 2 AVENUE MIAMI, FL 33127	Ph: (305)571-1111 Fx: (305)571-1112	LEONARD J. RUAN	SC	2
NO Spas 055	YOUNG WOMEN'S PREPARATORY ACADEMY 1150 SW 1 STREET MIAMI, FL 33130	Ph: (305)575-1200 Fx: (305)325-8071	CONCEPCION I. MARTINEZ	SC	6

"YYY"
11035 SW 84th St.
Miami, FL 33018



Alternative Schools

A · B · C · D · E · F · G · H · I · J · K · L · M · N · O · P · Q · R · S · T · U · V · W · X · Y · Z

LOC / 	SCHOOL INFORMATION	TELEPHONE / FAX	RC	VD
8019 	ACADEMY FOR COMMUNITY ED 39 ZAMORA AVENUE MIAMI, FL 33134	Ph: (305)460-2946 Fx: (305)460-2944	SC	6
8017 	ALTERNATIVE OUTREACH PROGRAM 5120 N.W. 24 AVE MIAMI, FL 33142	Ph: (305)636-6160 Fx: (305)636-6198	AC	2
8121 	COPE CENTER NORTH 9950 N W 19TH AVENUE MIAMI, FL 33147	Ph: (305)836-3300 Fx: (305)835-8818	NC	2
8161 	CORPORATE ACADEMY NORTH 5120 NW 24TH AVENUE MIAMI, FL 33142	Ph: (305)634-4650 Fx: (305)637-1693	NC	2
8201 	CORPORATE ACADEMY SOUTH 2351 SE 12TH AVENUE HOMESTEAD, FL 33034	Ph: (305)246-4348 Fx: (305)246-3948	S	9
8131 	DOROTHY M. WALLACE COPE CENTER 10225 SW 147TH TERRACE MIAMI, FL 33176	Ph: (305)233-1044 Fx: (305)256-8694	S	9
9013 	HEADSTART TRANSITION 1450 NE 2ND AVENUE MIAMI, FL 33132	Ph: (305)995-7614 Fx: (305)995-7650	AC	
8141 	JUVENILE JUSTICE CENTER 3300 NW 27TH AVENUE MIAMI, FL 33142	Ph: (305)638-5054 Fx: (305)637-4525	NC	5
8171 	SCHOOL FOR APPLIED TECHNOLOGY 225 NE 34 STREET MIAMI, FL 33137	Ph: (305)573-5499 Fx: (305)573-2184	SC	2
8016 	TAP PROGRAM FACILITIES 5120 NW 24TH AVENUE MIAMI, FL 33142	Ph: (305)995-7346 Fx:	AC	2
8119 	THE 500 ROLE MODELS ACADEMY 6300 NW 27TH AVENUE MIAMI, FL 33147	Ph: (305)691-7771 Fx: (305)694-0921	NC	2
Sports 7254 	YMAACD @ MACARTHUR NORTH SH 13835 NW 97TH AVENUE HIALEAH, FL 33018	Ph: (305)826-1989 Fx: (305)558-8347	N	4
Sports 7631 	YMAACD @ MACARTHUR SOUTH SH 11035 SW 84TH STREET MIAMI, FL 33173	Ph: (305)279-5422 Fx: (305)279-8973	S	7
8101 	YWAACD@JAN MANN OPPORTUNITY SC 16101 NW 44TH COURT OPA LOCKA, FL 33054	Ph: (305)625-0855 Fx: (305)625-1605	N	1
2861 	YWAACD@JRE LEE OPPORTUNITY SCH 6521 SW 62ND AVENUE SOUTH MIAMI, FL 33143	Ph: (305)661-1551 Fx: (305)663-9485	S	6

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.

**ACCIDENT ONLY INSURANCE POLICY
THE SCHOOL BOARD OF MIAMI-DADE COUNTY
INTERSCHOLASTIC FOOTBALL PROGRAM
SCHEDULE OF BENEFITS
Policy # 2008-201912-1**

Eligibility: Any player or student manager who participates in interscholastic tackle football (both fall football and spring football). Accidents during play and practice of interscholastic football begins with the first session for those players who pay the appropriate premium on or before practice begins. Otherwise, coverage begins on the day premium is paid to the School Site Athletic personnel. Coverage ends for the fall season after the last game of the season including post season games. For spring football, coverage terminates after the last of the sessions allowed by the Florida High School Athletic Association. The policy also covers accidents that occur while traveling to play a game with another school while riding in a vehicle that is under physical supervision or proper authority of the School Board.

The Policy provides for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury and a Deductible of \$250 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be paid for Covered Medical Expenses incurred within 104 weeks from the date of Injury up to the maximum benefit per service as scheduled below. Any service or supply not specifically listed is not covered.

Maximum Benefit:	\$25,000 per Injury
Deductible:	\$250 per Injury
Inpatient	
Room & Board:	\$1,000 per day maximum
Hospital Miscellaneous:	Paid under Room & Board
Nurse's Services:	Usual & Customary Charges
Physician's Visits:	\$45 first day/\$40 each subsequent day
	<i>(Benefits are limited to one visit per day and do not apply when related to surgery)</i>
Outpatient	
Day Surgery Miscellaneous:	Usual & Customary Charges
	<i>(Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index.)</i>
Physician's Visits	\$45 first day / \$40 each subsequent day
	<i>(Benefits are limited to one visit per day and benefits for Physicians visits do not apply when related to surgery or physiotherapy)</i>
Physiotherapy:	\$30 per visit maximum / 20 visits maximum
Medical Emergency:	Usual & Customary Charges
	<i>(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)</i>
X-Rays:	\$75 maximum
CAT Scan:	\$375 maximum
MRI:	\$750 maximum
Laboratory:	No Benefits
Injections:	No Benefits
Prescription Drugs:	Usual & Customary Charges
Inpatient and/or Outpatient Surgeon's Fees:	Usual & Customary Charges
	<i>(Specified Surgery based on the Florida Workers Compensation Fee Schedule). (No more than one procedure through the same incision will be paid)</i>
Anesthetist/Assistant Surgeon:	Usual & Customary Charges
Ambulance:	\$250 maximum
Consultant:	Usual & Customary Charges
Dental:	\$500 per tooth / \$1,000 per Injury
	<i>(Benefits are paid on Injury to sound, natural teeth Only (Includes Orthodontia as a result of a Covered Injury)) (X-rays for one tooth will be covered up to a maximum of \$15; X-rays for full mouth will be covered up to a maximum of \$40)</i>
Replacement of Eyeglasses, Contact Lenses and Hearing Aids:	Usual & Customary Charges
	<i>(As a result of a Covered Injury)</i>
Home Health Care:	40 non-surgical visits maximum (Per Policy Year)
	<i>(Services must be rendered within 7 days after hospital stay or outpatient surgery. Physician must recommend treatment and treatment must be certified by the Utilization Review Program.)</i>

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; or (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.

Usual and Customary Charges are based on data provided by Ingenix, Inc. using the 75th percentile.

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance.

The Master Policy issued is the contract and will govern and control the payment of benefits.

The policy contains an Excess Provision. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance.

The Policy is a non-renewable one year term policy.

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of our nonpublic personal information. You may obtain a detailed copy of our privacy practices by calling us toll-free at (866) 313-4512 or by visiting us at www.k12studentinsurance.com

Facts About The Policy:

1. The Master Policy on file with the school district is a non-renewable one year term policy.
2. This is a limited benefit policy.

THIS IS A LIMITED POLICY AND THE CHARGES OUTLINED ARE THE MAXIMUM LIABILITY TO BE PAID BY THE COMPANY AND IN NO WAY ARE MEANT TO REFLECT THE TRUE VALUE OF TREATMENT. WHEN EXPENSES OF ANY TYPE PAYABLE UNDER THIS POLICY EXCEED \$500, THIS POLICY WILL PAY ONLY IN EXCESS OF OTHER VALID AND COLLECTIBLE INSURANCE.

Underwritten By:
United HealthCare Insurance Company

Administered By:
UnitedHealthcare StudentResources
P.O. Box 809027 ♦ Dallas, TX ♦ 75380-9027
(866) 313-4512 ♦ (469) 229-6782 FAX
www.k12studentinsurance.com

POLICY EXCLUSIONS AND LIMITATIONS

Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

1. Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle.
2. Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
3. Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered Injury.
4. Dental treatment, except for accidental Injury to Sound, Natural Teeth.
5. Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting; fainting; hernia, regardless of how caused; illness or disease in any form.
6. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered Injury.
7. The addition to or use of alcohol, intoxicants, hallucinogenics, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
8. Injury for which benefits are paid or payable by Worker's Compensation or employer's liability or occupational disease law.
9. Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
10. Nuclear reactions or radiation contamination; war, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); participation in a riot or civil disorder; or while a member of the Armed Services.
11. Pre-existing Conditions or aggravation of a Pre-existing Condition.
12. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of injury.
13. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
14. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bob-sledding, or ballooning.
15. Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted Injuries; fighting.
16. Supplies, except as specifically provided in the policy.
17. While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

Pre-Existing Condition means any condition which manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care or treatment was recommended or received within the 12 months immediately prior to the Covered Person's Effective Date under this policy.

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; and 4) sustained while the Covered Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

EXCESS INSURANCE PROVISION

Even if you have other insurance, the Plan may cover unpaid balances, Deductibles and pay those eligible medical expenses not covered by other insurance. Benefits will be paid on the unpaid balances after your other insurance has paid. No benefits are payable for any expense incurred for injury which has been paid or is payable by other valid and collectible insurance or under an automobile insurance policy. Covered Medical Expenses exclude amounts not covered by the primary carrier due to penalties imposed as a result of the Covered Person's failure to comply with policy provisions or requirements. Important: The Excess Provision has no practical application if you do not have other medical insurance or if your other insurance does not cover the loss.

EXTENSION OF BENEFITS AFTER TERMINATION

The coverage provided under this policy ceases on the Termination Date. However, if a Covered Person is Totally Disabled on the Termination Date from a covered Injury, Covered Medical Expenses for such Injury or Sickness will continue to be paid as long as the condition continues but not to exceed 90 days after the Termination Date.

The total payments in respect of the Covered Person for such condition both before and after the Termination Date will never exceed the Maximum Benefit.

Totally Disabled means the Covered Person's inability to engage in most normal activities of a person of like age and sex in good health.

BENEFITS FOR OUTPATIENT SERVICES

Benefits will be provided for treatment performed outside of a Hospital for any Injury as defined in the policy provided that such treatment would be covered on an inpatient basis and is provided by a health care provider whose services would be covered under the policy if the treatment were performed in a Hospital. Treatment of the Injury must be a Medical Necessity and must be provided as an alternative to inpatient treatment in a Hospital. Reimbursement is limited to amounts that are Usual and Customary for the treatment or services.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

BENEFITS FOR PROCEDURES INVOLVING BONES OR JOINTS OF THE JAW AND FACIAL REGION

Benefits will be paid the same as any other Injury for diagnostic or surgical procedures involving bones or joints of the jaw and facial region, if, under accepted medical standards, such procedure or surgery is medically necessary to treat conditions caused by Injury.

Benefits shall be subject to all Deductibles, copayment, coinsurance, limitations, or any other provisions of the policy.

HOW TO FILE A CLAIM

NOTE: Medical Treatment must be received from a qualified licensed Physician within 60 days from the date of accident.

1. Obtain a claim form quickly from our website or from your school office or call UnitedHealthcare StudentResources at 866-313-4512. Answer all questions in detail and include signatures to avoid claim from being returned for incomplete information.
2. Attach all bills to the completed form and mail to the insurance company within 90 days of the accident.
3. Any bills not filed with the claim form should be sent to the company identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service. Bills submitted after one year will not be considered for payment except on the absence of legal capacity.

ACCIDENTAL DEATH AND DISMEMBERMENT

If such Injury shall independently of all other causes and within 180 days from the date of accident solely result in any one of the following specific losses, the Covered Person or beneficiary may request the Company to pay the applicable amount below in lieu of payment under the "Medical Expense Benefits" provision.

Loss of Life.....	\$1,000
Loss of Both Hands, Both Feet, or Sight of Both Eyes	\$1,000
Loss of One Hand and One Foot.....	\$1,000
Loss of Either One Hand or One Foot and Sight of One Eye.....	\$1,000
Loss of One Hand or One Foot or Sight of One Eye.....	\$ 500
Loss of Entire Thumb and Index Finger of Either Hand.....	\$ 500



FOOTBALL ENROLLMENT FORM: FALL 2008-2009

IMPORTANT:

Page ____ of ____

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

COPY # 1	COPY # 2	COPY # 3
Make check payable to: UnitedHealthcare Student Resources Send copy and school check to: UnitedHealthcare Student Resources P.O. Box 809027 Dallas, TX 75380-9027 Phone: (866) 313-4512 Fax: (469) 229-6782 www.k12studentinsurance.com	LaChane Faison , Risk Compliance Assistant Office of Risk & Benefits Managements Miami-Dade County Public Schools 1500 Biscayne Blvd, #127 – Mail Code 9112 Miami, FL 33132 Phone: 305-995-7133 Fax: 305-995-7199 Email: LClark1@dadeschools.net	Retain one copy for your records of students who have paid the required premium

Name of School	Form Date
Athletic Department Personnel / Title	Contact Phone # / Email

Name of Student (Please Type)	Amt. Paid	Date Paid	Name of Student (Please Type)	Amt. Paid	Date Paid
1.			16.		
2.			17.		
3.			18.		
4.			19.		
5.			20.		
6.			21.		
7.			22.		
8.			23.		
9.			24.		
10.			25.		
11.			26.		
12.			27.		
13.			28.		
14.			29.		
15.			30.		
Sub-Total	\$0.00		Sun-Total	\$0.00	

TOTAL NUMBER OS STUDENTS ON LIST X \$45.00 TOTAL= \$0.00

CHECK #

Please use additional forms if necessary

Make check from the school for all students on the list (**\$45.00** per participant)
 Please be sure that check is attached to **UnitedHealthcare Student Resources**
DO NOT DELAY IN SENDING FORMS PROMPTLY – BEFORE BEGINNING PRACTICE

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

For UnitedHealthcare Student Resources use only

MDCPS Board Portion:	X	\$	
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2008-2009 MIAMI-DADE STUDENT ATHLETIC INSURANCE ENROLLMENT FORM

STUDENTS MAY ENROLL IN ANY OF THE FOLLOWING OPTIONS: 24 HOUR FULL COVERAGE PLAN \$33 or AT SCHOOL ONLY PLAN \$13
THE DENTAL COVERAGE IS INCLUDED IN BOTH PLANS.

INSTRUCTIONS: 1) MAKE CHECK OUT TO UnitedHealthcare Student Resources AND MAIL ORIGINAL COPY AND CHECK TO UnitedHealthcare Student Resources
PO BOX 809027* DALLAS, TX* 75380-9027. 2) MAIL or FAX A COPY TO LACHANE FASION, RISK MGT. 1500 BISCAYNE BLVD SUITE 127B MIAMI FL. 33132
MAIL CODE 9112 *PHONE 305-995-7133 *FAX 305-995-7199. 3) KEEP THE THIRD COPY ON FILE FOR YOUR SCHOOL RECORDS.

Note: This enrollment roster of student athletes must be mailed within 7 days from the first day of sports practice to be retroactively effective on the first day of sports practice. LATE rosters received after 10 days from the 1st day of practice would reflect coverage being effective on the date that the roster and premium is received by UnitedHealthcare Student Resources. Pursuant to the Miami Board Rule 6Gx13-6A-1.161, all athletes must purchase Student Accident Coverage before practice or play in any Interscholastic Sport.

PLEASE PRINT NAME OF STUDENT FIRST NAME, LAST NAME	DATE PAID	PREMIUM PAID \$33.00 / \$ 13.00	PLEASE PRINT NAME OF STUDENT FIRST NAME, LAST NAME	DATE PAID	PREMIUM PAID \$33.00 / \$13.00
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.		

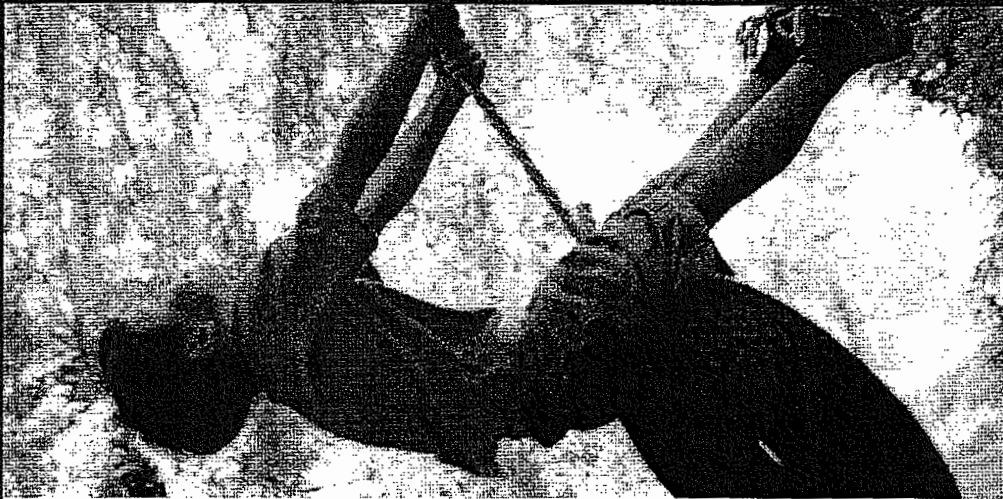
Athletes purchasing 24 hour plan \$33.00 = _____ X \$33.00=_____

Athletes purchasing At School plan \$13.00 = _____ X \$13.00=_____

FULL HIGH SCHOOL NAME: _____ CONTACT PHONE # _____

NAME OF PERSON COMPLETING THIS FORM: _____ FIRST DATE OF PRACTICE: ____/____/____

TOTAL PREMIUM COLLECTED = _____ *Check # _____ * Date mailed: ____/____/____



Protect your child with Student Accident or Health Insurance

Miami-Dade County Schools

Kids will be kids.

School is not a spectator sport. From hopping and skipping to blocking and tackling, our commitment to protecting kids starts as early as kindergarten.

That's why we're here!

Underwritten by:
United HealthCare Insurance Company

Serviced by: UnitedHealthcare **StudentResources**
800-237-0903

This certificate contains a deductible
provision.

Online Enrollment - Secured Accident & Health Plans

- Coverage can be purchased any time throughout the year. Remember to visit our website for faster enrollment.
- Checks, money orders, or credit cards accepted.

DO NOT SEND CASH

Fast, Accurate, Secure...Now Available:
online **ENROLLMENT**

www.k12StudentInsurance.com

UnitedHealthcare
A UnitedHealth Group Company

Review Your Benefits:

Any supply or service not specifically listed is not covered. Usual & Customary Charges (U&C) are based on the 75th percentile.

STUDENT HEALTH PLAN ONLY COVERAGE: The Policy provides benefits for loss due to a covered injury or sickness up to the \$50,000 Maximum Benefit as specified below for each injury or sickness after the \$50 Deductible. **ACCIDENT ONLY COVERAGE:** The Policy provides benefits for loss due to a covered injury up to the Maximum Benefit of \$25,000 for each injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of injury, benefits will be paid for Covered Medical Expenses incurred within 104 weeks from the date of injury up to the Maximum Benefit per service as shown below.

Maximum Benefits Paid As Specified Below

Compare and Choose	At School / 24 Hour Accident Only	Student Health Plan
MAXIMUM BENEFIT	\$25,000 (For each injury)	\$50,000 (For each injury or sickness)
Deductible	\$0	\$50 (Per Policy Year)
Room & Board	\$1,000 maximum per day	\$700 aggregate maximum per day
Hospital/Miscellaneous	Usual & Customary Charges	100% of U&C
Registered Nurse	Usual & Customary Charges	100% of U&C
Physician's Visit	\$45 first day / \$40 each subsequent day	\$50 first day / \$40 each subsequent day
(Benefits are limited to one visit per day and do not apply to surgery)		
Pre-Admission Testing	Paid under Hospital Miscellaneous	Paid under Room & Board / Hospital Miscellaneous
(Payable within 3 working days prior to admission)		
Day Surgery Miscellaneous	Usual & Customary Charges	\$700 maximum
(Usual & Customary Charges are based on the Outpatient Surgical Facility Charge Index)		
Physician's Visits (Benefits are limited to one visit per day and do not apply when related to surgery or chemotherapy)	\$45 first day / \$40 each subsequent day	\$45 first day / \$40 each subsequent day / 15 days maximum (Office visits for physical exams are covered up to \$50 Per Policy Year)
Physiotherapy (Benefits are limited to one visit per day)	\$30 per day / 10 visits maximum	Paid under Physician's Visits
Medical Emergency (Use of physician and supplies treatment must be rendered within 72 hours from the time of injury or onset of sickness)	Usual & Customary Charges	\$100 maximum
X-Rays	Usual & Customary Charges / \$75 maximum	\$100 maximum
CT Scan	\$75 maximum	Included under X-Rays
MRI	\$750 maximum	Included under X-Rays
Laboratory	No Benefits	No Benefits
Prescription Drugs	No Benefits	No Benefits
Injections	No Benefits	No Benefits
Orthopedic Braces & Appliances	Usual & Customary Charges	\$100 maximum
Surgery (Special Surgery based on date provided by Florida Workers Compensation Services. Non-covered procedure through workers' compensation benefit)	Usual & Customary Charges	25% of Surgery Allowance
Anesthetist	Usual & Customary Charges	No Benefits
Assistant Surgeon	Usual & Customary Charges	No Benefits
Ambulance	\$250 maximum	\$250 maximum
Consultant	\$500 per tooth / \$1,000 maximum per injury	No Benefits
Dental (Benefits are paid on injury to sound, natural teeth only) (Includes Orthodontia as a result of a Covered Injury)		\$200 per tooth
Major Orthodontia (Orthodontia 2 or 3 year)	\$2,000 maximum	No Benefits
Food Poisoning (Caused by school supplied food)	Paid as any other injury	No Benefits
Rehabilitation of Limbs (Orthopedic braces, prosthetic devices)	Usual & Customary Charges	No Benefits
Maternity (Maternity is a result of a Covered Injury)	No Benefits	Paid as any other Sickness

Benefits are provided as mandated by the state of FL for the Benefits for Outpatient Services, Benefits for Procedures Involving Bones or Joints of the Jaw and Facial Region, and also under the Student Health Plan, Benefits for Postdelivery Care for a Mother and her Newborn Infant, Benefits for Diabetes, Benefits for Prosthetic Devices and Reconstructive Surgery, Benefits for Post-Surgical Mastectomy Care, Benefits for Osteoporosis, Benefits for Cleft and Cleft Palate, and Benefits for Hospital Dental procedures. Details of these benefits may be found in the Master Policy on file at the School District.

NOTE: This is a brief summary of the benefits and not a contract. A Master Policy has been provided to your school district that contains all of the provisions, limitations and exclusions and qualifications of the insurance benefits. The Master policy is the contract and will govern and control the payment of benefits.

Policy Exclusions and Limitations For all Accident Plans

Benefits will not be paid for: a) loss or expense caused by, contributed to, or resulting from: or b) treatment, services or supplies for, at, or related to:

1. Air travel except while as a fare-paying passenger on a regularly scheduled commercial air carrier; travel in or upon, sitting in or upon, alighting to or from, or working on or around any motorcycle or recreational vehicle including but not limited to: two or three-wheeled motor vehicle; four-wheeled all terrain vehicle (ATV); jet ski; ski cycle; snowmobile or off-road motorized vehicle not requiring licensing as a motor vehicle.
2. Artificial aids such as eyeglasses, contact lenses, hearing aids, or examinations or prescriptions therefore unless specifically provided for in the Schedule of Benefits.
3. Cosmetic surgery of any kind, except reconstructive surgery as a direct result of a covered injury.
4. Dental treatment, except for accidental injury to Sound, Natural Teeth.
5. Food poisoning or bacterial infections (except an infection occurring through an open visible wound); cysts or skin lesions such as blisters or boils; tumors; over-exerting; fainting; hernia, regardless of how caused; illness or disease in any form.
6. Immunizations; preventive medicines or vaccines, except where required for treatment of a covered injury.
7. The addiction to or use of alcohol, intoxicants, hallucinogenics, illegal drugs or medicines that are not taken in the dosage or for the purpose as prescribed by the Covered Person's Physician.
8. Injury for which benefits are paid or payable by worker's compensation or employer's liability or occupational disease law.
9. Injury where the Covered Person is the operator of a motor vehicle and does not possess a current and valid motor vehicle operator's license (except in a Driver's Education Program).
10. Nuclear reactions or radiation contamination; war, declared or undeclared (a pro-rata premium will be refunded upon request for such period not covered); participation in a riot or civil disorder; or while a member of the Armed Services.
11. Play or practice of interscholastic high school football; except where a specific additional premium is paid.
12. Pre-existing Conditions or aggravation of a Pre-existing Condition.
13. Routine physical examinations and routine testing; preventive testing or treatment; screening exams or testing in the absence of injury.
14. Skiing, scuba diving, surfing, roller skating, riding in a rodeo.
15. Skydiving, parachuting, hang gliding, glider flying, flight in an ultra light aircraft, parasailing, sail planing, bungee jumping, bobsledding, or ballooning.
16. Suicide or attempt thereat, while sane or insane (including drug overdose); intentionally self-inflicted injuries; fighting.
17. Supplies, except as specifically provided in the policy.
18. While committing or attempting to commit an assault or felony, or to which a contributory cause was the Covered Persons being engaged in an illegal occupation.

PRIVACY POLICY

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information. You may obtain a detailed copy of our privacy practices by calling us toll-free at (866) 313-4512 or by visiting us at www.k12studentinsurance.com

Accidental Death And Dismemberment Benefits

One amount, the greatest, may be payable at the Covered Person's option within 180 days from the date of accident in lieu of other benefits under the Policy.

Accidental Death	\$ 1,500
Accidental Loss of:	
Both Hands, Both Feet, or Sight of Both Eyes	\$ 7,500
One Hand and One Foot	\$ 7,500
One Hand or One Foot and Sight of One Eye	\$ 7,500
One Hand or One Foot or Sight of One Eye	\$ 1,000

Choose How To Enroll: Online at www.k12StudentInsurance.com for fast, easy enrollment or:

- Complete and detach the enrollment form.
- Make check or money order payable to UnitedHealthcare StudentResources. Do not send cash. The Company is not responsible for cash payments.
- Write your child's name on your check or money order.
- Insert check, credit card information or money order in the attached envelope.
- Mail envelope to UnitedHealthcare StudentResources, P.O. Box 809066, Dallas TX 75380-9066.
- Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
- Keep this brochure for future reference. Individual policies will not be sent to you.
- For Student Health Plan, no premium notices will be sent.

Facts About The Policy:

1. **STUDENT TRANSFER:** The policy continues in force anywhere in the world if the Covered Person should relocate prior to the expiration of coverage.
2. **CANCELLATION:** Coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company. However, a pro-rata refund of premium shall be made in the event a Covered Person enters the Military Service.
3. The Master Policy on file with the school district is a non-renewable one year term policy.
4. This is a limited benefit policy.
5. **INITIAL ENROLLMENT:** Coverage is effective the date correct application and premium are received by the Company.
6. **LATE ENROLLMENT:** There is no premium reduction for any individual who enrolls late in the year.
7. **STUDENT INJURY AND SICKNESS POLICY (Health Plan):** Coverage terminates on the earliest of: 1) the date the Master Policy terminates as held by the School District; or, 2) the last day of the period for which the appropriate premium has been paid.
8. Your cancelled check, credit card billing, or money order stub is your only receipt and notification of coverage.

How To File A Claim:

NOTE: Medical treatment must be received from a qualified, licensed Physician within 60 days from the date of accident.

1. Obtain a claim form quickly from our website, or from your school office, or call UnitedHealthcare StudentResources (866-313-4512). Answer all questions in detail and include signatures to avoid claim from being returned for incomplete information.
2. Attach all bills to the completed form and mail to the insurance company within 90 days of the accident or first treatment of sickness.
3. Any bills not filed with the claim form should be sent to the company identified with the student's name, school district, and date of accident. Bills that cannot be attached to the initial form must be submitted within 90 days of the date of service. Bills submitted after one year will not be considered for payment except on the absence of legal capacity.

Send Claims to: UnitedHealthcare StudentResources
P.O. Box 809027 • Dallas, TX 75380-9027
866-313-4512

Administered by: UnitedHealthcare StudentResources
P.O. Box 809027 • Dallas, TX 75380-9027
866-313-4512

DEFINITIONS:

Injury means bodily injury which is: 1) directly and independently caused by specific accidental contact with another body or object; 2) unrelated to any pathological, functional, or structural disorder; 3) a source of loss; and 4) sustained while the Covered Person is covered under this policy. All injuries sustained in one accident, including all related conditions and recurrent symptoms of these injuries will be considered one injury. Injury does not include loss which results wholly or in part, directly or indirectly, from disease or other bodily infirmity.

Pre-existing Condition means any condition which manifested itself in such a manner as would cause an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment or for which medical advice, diagnosis, care or treatment was recommended or received within the 12 months immediately prior to the Covered Person's Effective Date under this policy. Routine follow-up care to determine whether a breast cancer has recurred in a person who has been previously determined to be free of breast cancer does not constitute medical advice, diagnosis, care, or treatment for purposes of determining pre-existing conditions unless evidence of breast cancer is found during or as a result of the follow-up care.

Sickness means illness or disease of a Covered Person which first manifests itself after the Effective Date of insurance and while the insurance is in force. All related conditions and recurrent symptoms of the same or a similar condition will be considered one sickness. Covered Medical Expenses incurred as a result of an Injury that occurred prior to this policy's Effective Date will be considered a sickness under this policy.