

This must be carried to all activities by the activity sponsor

Parental Permission for Student Participation in Athletics at Ben Hill County Schools

STUDENT NAME: _____ SCHOOL YEAR: _____

SCHOOL: _____ Fitzgerald High School (FHS)
_____ Ben Hill Middle School (BHMS)

GRADE LEVEL: _____
GRADE LEVEL: _____

We, the undersigned, being the parents/guardian of _____, a student in Ben Hill County Schools, have read the *Cautionary Statement* and hereby grant permission for said student to participate in **athletics** at FHS/BHMS. It is understood that neither FHS, BHMS, the Ben Hill County Schools Board of Education, nor any employees of Ben Hill County Schools are liable or shall be held liable for any loss, damage, or injury sustained for the participation of said student in any practice, game, or contest, or in traveling to or from any practice, game, or contest. This permission is effective as of this date and shall continue throughout the school year.

Football	<input type="checkbox"/>	Baseball	<input type="checkbox"/>	Track	<input type="checkbox"/>	Competition Cheer	<input type="checkbox"/>	Golf	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Football Cheer	<input type="checkbox"/>	Tennis	<input type="checkbox"/>
Softball	<input type="checkbox"/>	Cross Country	<input type="checkbox"/>	Riflery	<input type="checkbox"/>	Basketball Cheer	<input type="checkbox"/>	Weightlifting	<input type="checkbox"/>

If your child should be injured, it is imperative that we have on file, written permission from you authorizing Ben Hill County Schools to obtain medical treatment for him/her. Without such authorization, doctors will not treat your child. Please note that although the school system will secure needed treatment for your child, the responsibility for meeting any expense incurred must be yours.

I hereby give my permission for a representative of Ben Hill County Schools to obtain any medical treatment for my child, _____, as a result of his/her participation in Ben Hill County Schools athletic program.

CAUTIONARY STATEMENT ACKNOWLEDGEMENT

As the parent/guardian of the student athlete listed above, I verify that we have received, read, understand, and agree to adhere to the cautions, considerations and responsibilities required for participation on a Ben Hill County School System Athletic Team.

Athlete Initials: _____ Parent/Guardian Initials: _____ Date: _____

HEAT POLICY ACKNOWLEDGEMENT

As the parent/guardian of the student athlete listed above, I verify that I have been informed of and received a copy of the Georgia High School Association and the Ben Hill County School Systems guidelines for outdoor extracurricular activities during extreme hot and humid weather.

Athlete Initials: _____ Parent/Guardian Initials: _____ Date: _____

CONCUSSION ACKNOWLEDGEMENT

As the parent/guardian of the student athlete listed above, I verify that we have been informed of and received a copy of the Georgia High School Association By-law 2.68 Concussion Policy. We have also been given additional information regarding the signs, symptoms and dangers of concussions.

Athlete Initials: _____ Parent/Guardian Initials: _____ Date: _____

Signature of Parent/Guardian _____

Date: _____

See reverse side for Additional Information

Please Attach any additional medical information that you feel is important

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Student Name: _____ Date of Birth ____/____/____

Parent/Guardian _____ Cell Phone (____)_____

Address/City/Zip _____

Main Phone (____)_____ Secondary Phone (____)_____

Emergency Contact _____ Emer. Phone (____)_____

Family Physician _____ MD Phone (____)_____

MEDICAL INSURANCE INFORMATION: Every student must have documented evidence of insurance coverage and a valid physical on file with the school before student participation may occur in any activity requiring physicals.

Do you have medical insurance? _____ Yes _____ No

Name of person insured _____

Name of Insurance Company: _____ Policy# _____

Medicaid (Please Circle) Yes or No _____ Policy # _____

I understand that I may be responsible for meeting any expenses incurred for medical treatment for my child.

Signature of Parent/Guardian _____ Date _____

MEDICATION AUTHORIZATION FORM

I, the parent/guardian of the athlete, _____, do grant the Coaches at Fitzgerald High School permission to distribute over-the-counter medications to my athlete as directed by the manufacturer if needed. These medications include: acetaminophen (generic Tylenol), ibuprofen (generic Motrin/Advil), generic Imodium, generic Benadryl, and Tums.

Please check one of the following:

_____ My athlete is not allergic to any of these medications, and medication may be administered to him/her if necessary.

_____ My athlete is allergic to _____, but may receive the other medications.

By checking one of the above statements and signing below, I am releasing the Certified Athletic Trainer, FHS Athletics, FHS, and the Ben Hill School System of all liability should any resulting injury/illness occur.

Parent/Guardian Signature

Date

* If your student-athlete has asthma or exercise induced bronchospasm and uses an inhaler, please provide an extra inhaler for the Certified Athletic Trainer/Coach to keep in case of emergency or ensure that your athlete keeps the inhaler with him/her at all times.

** If your student-athlete wears contact lenses and frequently has difficulty with them, please provide an extra set for the Certified Athletic Trainer/Coach to keep in the event of their loss during practices or games.

*** Please list any medical conditions and/or medications that your student-athlete has been diagnosed with or has been prescribed. (Sickle Cell Trait, Diabetes, Asthma, ADHD medications, etc.)

