



Ben Hill County Schools Student-Athlete Information/Medical Insurance/Medical Authorization



Student-Athlete Information

Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ **Grade:** _____ **Gender:** Male Female (Circle One)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Legal Guardian/Emergency Contact #1

Name: _____

Relation: _____

Phone #: _____

Legal Guardian/Emergency Contact #2

Name: _____

Relation: _____

Phone #: _____

Medical Insurance Information

Every student-athlete must have documented evidence of insurance coverage and a valid physical on file with the school before participation may occur in any activity requiring a physical.

Is the student-athlete covered by a medical insurance policy? Yes No (Circle One)

Name of Insurance Company: _____ **Policy #:** _____

Name of Insured: _____ **Insured's Date of Birth:** _____

I understand that I will be responsible for paying any expenses incurred for medical treatment for my child.

Signature of Parent/Guardian: _____ **Date:** _____

Medical Authorization

I, the parent/guardian of the student-athlete stated above, do grant the coaching staff and athletic trainer at Fitzgerald High School College and Career Academy permission to distribute over-the-counter medications to my child as directed by the manufacturer, if needed. By checking off approved medications and signing below, I am verifying that my child is not allergic to the approved medications, and I am releasing the athletic trainer, the coaching staff, Fitzgerald High School Athletics, Fitzgerald High School College and Career Academy, and the Ben Hill County School System of all liability should any resulting injury/illness occur. These medications include (please check the medications approved to be distributed):

Signature of Parent/Guardian: _____ **Date:** _____

Please list any medical conditions (asthma, diabetes, sickle cell trait, inhaler, etc.): _____

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