



Ben Hill County Schools

Parental Permission/Policy Sign-Off Form

Student-Athlete Name: _____

I, the undersigned, being the parent/guardian of _____, a student in Ben Hill County Schools, hereby grant permission for said student to participate in athletics at FHSCCA/BHMS. It is understood that neither FHSCCA, BHMS, the Ben Hill County 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 during the participation of said student in any practice, game or contest, or in traveling to or from any practice or game or contest; in either personal or school vehicles. This permission is effective as of this date and shall continue for one calendar year; all signatures dated April 1st or later will be valid until July 31st of the next year. 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.

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

Heat Policy Awareness Form

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 2.67 Heat and Humidity Policy and Ben Hill County School Systems guidelines for outdoor extracurricular activities during extreme hot and humid weather.

Student-Athlete Initials: _____ **Parent-Guardian Initials:** _____ **Date:** _____

Concussion Awareness Form

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 signs, symptoms, and dangers of concussions.

Student-Athlete Initials: _____ **Parent-Guardian Initials:** _____ **Date:** _____

Sudden Cardiac Arrest Awareness Form

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 Sudden Cardiac Arrest form. We have also been given additional information regarding signs, symptoms, and dangers of sudden cardiac arrest.

Student-Athlete Initials: _____ **Parent-Guardian Initials:** _____ **Date:** _____

Signature of Student-Athlete: _____ **Date:** _____

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