

**CONSENT TO THE DISCLOSURE & USE OF
PERSONAL HEALTH INFORMATION**

Please Print

Last Name: _____ First Name: _____

Date of Birth: _____ / _____ / _____ SSN: _____

I, _____, the parent or guardian of _____ (the "student-athlete"), hereby authorize the physician(s), athletic trainer(s) and/or sports medicine staff representing _____ to gather and release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's preparation for and participation in athletics at _____ (the "School"). I/We further authorize the physician(s), athletic trainer(s), and/or sports medicine staff representing _____ to inquire on and receive the student-athlete's protected health information from other medical personnel as it relates to his/her care by the sports medicine staff at _____.

This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related individually identifiable health information. This protected health information may be released to other healthcare providers, hospitals and/or medical clinics and laboratories, athletic trainers, athletic coaches, medical insurance coordinators athletic and/or school administrators and officials of the state's high school athletic association.

I understand that as a parent/legal guardian my authorization/consent to the disclosure of the student-athlete's protected health information may be a condition for the student-athlete's participation in interscholastic sports at the School. I understand that the student-athlete's protected health information is protected under Federal law. I, the parent/legal guardian, understand that once information is disclosed per this authorization, the information is subject to re-disclosure by the recipient and may no longer be protected under federal law. I may revoke this authorization at any time by notifying the school's athletic director in writing, but if I do, it will not have any effect on actions taken in reliance of my prior authorization. This authorization expires one year and ninety days from the date it is signed.

Student Signature: _____

Date: _____

Parent / Guardian(s) Signature: _____

Date: _____

THE HUGHSTON FOUNDATION, INC. & THE HUGHSTON CLINIC, P.C.
CONSENT TO TREATMENT

Dear Parent/Guardian:

In order to provide the best possible medical care for your child or ward (hereinafter, collectively, "child"), a medical record will be established for him/her. If your child should become injured while playing sports, this record will provide important information about him/her. Please complete and sign as indicated and return to your child's coach. Your signature serves as permission to treat your child until 18 years of age or until he/she has completed activity participation.

**THIS INFORMATION MUST BE COMPLETED BEFORE YOUR CHILD
CAN BE EVALUATED / TREATED FOR ANY INJURY THAT MAY OCCUR**

Athlete Name: _____ D.O.B. ____/____/____

Athlete Address: _____
Street City State Zip

Parent/Guardian Name: _____

Parent/Guardian Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Guaranteed contact number - Pager, Cell Phone, etc. _____

INSURANCE INFORMATION

Primary:

Secondary:

Company Name: _____ Company Name: _____

Policy and/or Group No.: _____ Policy and/or Group No.: _____

ALLERGIES/MEDICAL CONDITIONS

My child's doctor is: _____

My child is currently taking the following medications: _____

My child has the following allergies or medical conditions: _____

Georgia High School Association

Student/Parent Sudden Cardiac Arrest Awareness Form

SCHOOL: _____

1: Learn the Early Warning Signs

If you or your child has had one or more of these signs, see your primary care physician:

- Fainting suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones
- Unusual chest pain or shortness of breath during exercise
- Family members who had sudden, unexplained and unexpected death before age 50
- Family members who have been diagnosed with a condition that can cause sudden cardiac death, such as hypertrophic cardiomyopathy (HCM) or Long QT syndrome
- A seizure suddenly and without warning, especially during exercise or in response to loud sounds like doorbells, alarm clocks or ringing phones

2: Learn to Recognize Sudden Cardiac Arrest

If you see someone collapse, assume he has experienced sudden cardiac arrest and respond quickly. This victim will be unresponsive, gasping or not breathing normally, and may have some jerking (Seizure like activity). Send for help and start CPR. You cannot hurt him.

3: Learn Hands-Only CPR

Effective CPR saves lives by circulating blood to the brain and other vital organs until rescue teams arrive. It is one of the most important life skills you can learn – and it's easier than ever.

- Call 911 (or ask bystanders to call 911 and get an AED)
- Push hard and fast in the center of the chest. Kneel at the victim's side, place your hands on the lower half of the breastbone, one on top of the other, elbows straight and locked. Push down 2 inches, then up 2 inches, at a rate of 100 times/minute, to the beat of the song "Stayin' Alive."
- If an Automated External Defibrillator (AED) is available, open it and follow the voice prompts. It will lead you step-by-step through the process, and will never shock a victim that does not need a shock.

By signing this sudden cardiac arrest form, I give _____ High School permission to transfer this sudden cardiac arrest form to the other sports that my child may play. I am aware of the dangers of sudden cardiac arrest and this signed sudden cardiac arrest form will represent myself and my child during the 2019-2020 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL: _____

DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor "ding" to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death.

Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

BY-LAW 2.68: GHSA CONCUSSION POLICY: In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.)

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

By signing this concussion form, I give _____ High School permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2018-2019 school year. This form will be stored with the athletic physical form and other accompanying forms required by the _____ School System.

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

Student Name (Printed)

Student Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

MUSCOGEE COUNTY ATHLETIC FORM BOOKLET

PERMISSION TO PARTICIPATE/ PERMISSION TO TREAT/HOLD HARMLESS/TRANSPORTATION AGREEMENT FORM				
Student - Athlete: (Please Print)		Home Street Address:		
Date of Birth:	Student Cell Phone: () - - -	City:	State:	Zip:
School:	Grade:	What extra-curricular activities will the student-athlete participate in?		
Parent/Guardian Name:(Please Print)		Parent Cell Phone: () - -	2nd Parent/Guardian Name / Phone #:	
		Parent Work Phone: () - -		
EMERGENCY CONTACT – Other than Parents listed above:				
Name:		Relationship:		Phone#: () - -
INSURANCE- The MCSD requires that all students who participate in athletics be adequately covered by medical or accident insurance (proof of health insurance or school health insurance). <i>Changes/updates to student insurance coverage must be communicated by a parent/guardian at the time of the change and copies of new insurance information provided to the Site-School Athletic Director.</i>				
Check One: [] School Accident Insurance [] Name of Other Insurance Company:			Policy No:	
Address:			Group No:	
General Requirement- We have read and discussed the general requirements for athletic eligibility. We understand that additional questions or specific circumstances should be directed to our student's coach, school site athletic director, or the Building Principal.				
Risk of Injury- We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a MCSD athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor MCSD can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.				
Transportation - I understand that transportation may or may not be available through the Muscogee County School District (MCSD), Transportation Department (TD). If a MCSD bus or a MCSD approved charter bus is not available (site-school must cover rental costs), I understand that transportation will be the parent/guardian's responsibility. In most instances, the MCSD/TD will have buses available for teams with a licensed school bus driver that is a faculty member of the school. Car-pooling by parents/guardians with parents/guardians driving is allowed if this form is completed and on file with the site-school. Coaches will be notified in writing of any and all car-pooling.				
Hold Harmless Agreement- As a lawful parent/guardian of the above-named student, I hereby give permission for my child to participate in school sponsored extra-curricular activities. By signing this form, I agree that I have fully read, understand and agree to the conditions set forth below: I acknowledge and agree that during this school sponsored activity my child will be subject to any and all Muscogee County School District (MCSD) disciplinary rules and Student Code of Conduct to which he or she is subject during the school day. I further understand that during this activity my child will be subject to the supervision and direction of those adults who accompany the students on the behalf of MCSD. I consent for/to my child's participation in extra-curricular activities. I acknowledge and agree that I am responsible for informing appropriate District personnel of any medical needs of my child and authorize MCSD personnel or other chaperones to take any and all medical actions they believe necessary for my child until such time as I may be contacted. I acknowledge and agree that MCSD, its officers, employees, agents and volunteers do not have or assume any liability for damages, losses, or injuries to the above-named student as a result of the student participating in this trip. I acknowledge and agree that unless I have purchased school insurance or have personal insurance that provides coverage for injuries to my child, there may not be school district insurance to cover any injuries, losses, or damages on this trip. I acknowledge and agree that any revocation of permission given by this form can only be in writing and must be delivered to the appropriate school officials to be effective.				
CERTIFICATION AND MEDICAL AUTHORIZATION. We certify that all of the information provided by us on this form is correct. We agree to abide by state and local rules. If the student-athlete is injured while participating in athletics and MCSD is unable to contact the parent, we grant MCSD permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care or treatment.				
We, the undersigned student and parent, have read this document and understand all of the expectations for athletic participation at my school.				
Student:			Date:	
Parent/Guardian:			Date:	