



School Year 2020-2021

Grades K-7

**EMERGENCY CONTACT & INSURANCE INFORMATION**

Student's Name (Legal) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ LAST FIRST MI D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ 2019-20 Grade Level: \_\_\_\_\_

Address: \_\_\_\_\_, GA \_\_\_\_\_ STREET CITY ZIP

Student's Home Phone #: \_\_\_\_\_ Student's Cell Phone #: \_\_\_\_\_

Child Lives With: \_\_\_\_ Father \_\_\_\_ Mother \_\_\_\_ Both \_\_\_\_ Other: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father/Guardian's Employer: \_\_\_\_\_

Father/Guardian's Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Home Phone#(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother/Guardian's Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Parent/Guardian contact e-mail address: \_\_\_\_\_

Emergency Contact & Relationship (must be 21 or older): \_\_\_\_\_

Contact Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Office Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Insurance Co: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Co. Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

\*Please attach a copy of your child's insurance card to this packet if they are in Grades 8-12.

**\*\*PLEASE BE AWARE OF THE FOLLOWING WHEN CARING FOR MY CHILD\*\***

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications & Condition: \_\_\_\_\_

**PERMISSION FOR AUTHORIZATION TO TREAT IN PARENT ABSENCE**

\*I give permission for representatives of Savannah Christian Preparatory School to authorize medical treatment for my child in my absence. This may include, but is not limited to, activation of emergency services, emergency room procedures, and injury/illness evaluation and treatment by certified athletic trainers at away competitions.

Print Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_



**PERMISSION & MEDICAL RECORD RELEASE FORM**

Student's Name: \_\_\_\_\_  
Last First M.I.

**ASSUMPTION OF RISK AND PERMISSION TO TREAT**

I am aware playing or practicing to play/participate in any sport or sport related activity could be a dangerous activity involving **MANY RISKS OF INJURY**. I understand that the dangers and risks of playing or practicing to play/participate in sports or sport related activity include, but are not limited to: death; serious neck and spinal injuries that may result in complete or partial paralysis; brain damage; serious injury to virtually all bones, joints, ligaments, muscles, tendons, other aspects of the musculoskeletal system and vital organs; and serious impairment to other aspects of the body, general health, and well-being. I understand the dangers and risks of playing or practicing to play/participate in any sport or sport related activity may result not only in serious injury, but in a serious impairment of my (the participant's) future abilities to earn a living; to engage in other business, social, and recreational activities; and generally enjoy life. Because of the dangers of playing or practicing to play/participate in any sport or sport related activity, I recognize the importance of following the coach's, official's and medical staff's instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instructions.

As the parent / legal guardian of the above named participant, I have read the above warnings and release, and understand its terms. I hereby agree to hold the Savannah Christian Preparatory School, its direct and contracted employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever that may arise by or in connection with participation of my child in any activities related to Savannah Christian Preparatory School activities. The terms hereof will serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family. Whenever injury and/or sickness occur to the participant listed above, and the participant is under the supervision of Savannah Christian Preparatory School, and the participant's parent / legal guardian is unavailable to give his/her permission for treatment, the participant and others whose signatures are attached below do hereby give permission to Memorial Health and Memorial Sports Medicine to authorize any emergency action necessary to ensure the safety of the child. The intention hereof being to grant authority to administer and perform all and singularly any examinations, pre-participation physical examinations, treatments, anesthetics, operations, and diagnostic procedures which may now, or during the course of this participant's care, be deemed advisable or necessary. This does not hold Memorial Health and/or the Savannah Christian Preparatory School financially responsible for any medical care given. An insurance policy may be available through the school for an additional cost.

I specifically acknowledge that **Football** and **Wrestling** are **collision sports** that involve an even greater risk of injury than **contact sports: Basketball, Baseball, Cheerleading, Lacrosse, Soccer, Softball, and Volleyball** which involve greater risk of injury than **non-contact sports: Bowling, Cross Country, Equestrian, Golf, Rowing, Swimming, Track & Field and Tennis**.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Signature Date Parent /Guardian Signature Date

**AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION**

**General Disclosure:**

I hereby authorize Memorial Health and/or Memorial Sports Medicine Medical Personnel to release information from my medical records for the purpose of payment, treatment or operations to their Business Associate Partner (which includes; the Attending School's Coaching Staff and Administrators) and any Hospital in case of an Emergency Situation. This authorization shall be valid for the duration of the 2019-2020 school year. It is subject to revocation by the patient, or the parent / guardian at any time except to the extent that action has been taken in reliance thereon. I am aware that once Memorial Health and/or Memorial Sports Medicine discloses this information per my instructions, the information is subject to re-disclosure and may no longer be protected by the HIPAA (Health Insurance Portability and Accountability Act) of 1996. I understand that a photocopy of this authorization shall be as valid as the original. I know that I, or my authorized representative may receive a copy of this authorization upon request.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Signature Date Parent/Guardian Signature Date



## **GHSA: HEAT & HUMIDITY POLICY**

### **Heat and Humidity Awareness:**

GHSA has a statewide practice policy for extremely high heat and humidity that list guidelines for monitoring the heat during sports that occur in the warmer months. This includes practices, games, and voluntary conditioning.

#### **GUIDELINES FOR HYDRATION AND REST BREAKS:**

- Rest time should involve both unlimited hydration intake (water or electrolyte drinks) and rest without any activity.
- For football, helmets should be removed during rest time.
- The site of rest should be a “cooling zone” and not in direct sunlight.
- When the WBGT reading is over 86:
  - Ice towels and spray bottles filled with ice water should be available at the “cooling zone” to aid the cooling process
  - Cold immersion tubs must be available for practices for the benefit of any player showing early signs of heat illness.

Please refer to BY-LAW 2.67-GHSA Practice Policy for Heat and Humidity for more details:

<http://www.ghsa.net/sites/default/files/documents/sports-medicine/HeatPolicy2013.pdf>

It is recommended that all guidelines be followed in such a way that the best interests of our students be made our number one priority. It is also recommended that coaches constantly teach our students about proper hydration throughout each day. It is important that student-athletes be allowed to carry water with them during the day and hydrate themselves, on days of practices and games, while the weather has the possibility of reaching critical levels in relation to the heat and humidity.

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

\_\_\_\_\_  
*Student Athlete Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*



## Memorial Sports Medicine

### CONCUSSION AWARENESS INFORMATION AND GUIDELINES

The purpose for this document is to provide crucial information for student-athletes and parents/legal guardians. This form must be signed by both the athlete and parent/legal guardian prior to tryouts, workouts or other forms of participation.

#### Concussion Awareness Information:

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 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.

#### COMMON SIGNS OF A 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.)

Please refer to BY-LAW 2.68-GHSA Concussion policy for more details:

[http://www.ghsa.net/sites/default/files/documents/sports-medicine/2013GHSAConcussion\\_Form.pdf](http://www.ghsa.net/sites/default/files/documents/sports-medicine/2013GHSAConcussion_Form.pdf)

#### Student-Athlete Concussion/Head Injury Guidelines:

I affirm that:

- It is my responsibility as a student athlete or as the parent/legal guardian of a student athlete to report all injuries and illnesses to my Athletic Trainer or Memorial Sports Medicine representative.
- I have fully disclosed, in writing, all prior head injury related events and medical conditions and will disclose any future conditions to my Athletic Trainer or Memorial Sports Medicine representative.
- I understand the importance of and will immediately report any and all signs and symptoms of a head injury, including concussion, to the Memorial Sports Medicine representative or my Head Coach.
- I understand there is the possibility that participation in any sport may result in a head injury and/or concussion.
- I may be provided with the Heads Up-Concussion Fact Sheet / NCAA Concussion Fact sheet for student-athletes upon request
- If there are questions or I wish to discuss any areas and issues that are not clear to me concerning head injuries, I have the contact information of a Memorial Sports Medicine Athletic Trainer.
- I acknowledge that no piece of equipment can prevent injury/illness/concussion. Specifically, helmets or soccer headbands may help to prevent catastrophic head injury but do not significantly reduce the risk of a head injury, including concussion. I understand that it is my responsibility to wear (or to ensure the student-athlete wears) any equipment issued to me (or the student-athlete) in the appropriate manner.
- I agree to read and abide by all warning labels on any equipment before use.
- I have read and reviewed the following statement released by the National Operating Committee on Standards for Athletic Equipment (NOCSAE)
  - **Helmet Warning Statement** (*For those student-athletes who will play football at any level*):
    - **“Keep your head up. Do not use this helmet to butt, ram, or spear an opposing player with any part of this helmet or faceguard. This is in violation of football rules and such use can result in severe head or neck injuries, paralysis, or death to you and possible injury to your opponent. No helmet can prevent all head or neck injuries a player might receive while participating in football.”**

**BY SIGNING I AFFIRM THAT I HAVE READ THIS FORM AND I UNDERSTAND ALL THE FACTS PRESENTED IN IT.**

\_\_\_\_\_  
*Student Athlete Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

# Savannah Christian Preparatory School Medication Consent Form

Permission is hereby granted to the Head Athletic Trainer to dispense the following over-the-counter medications to my child: (please check chosen medications)

- |  |   |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)   | <input type="checkbox"/> Nasal Relief Spray                   |
| <input type="checkbox"/> Ibuprofen (Advil)         | <input type="checkbox"/> Antacid Tablets                      |
| <input type="checkbox"/> Naproxen Sodium (Aleve)   | <input type="checkbox"/> Pepto-Bismol                         |
| <input type="checkbox"/> Midol                     | <input type="checkbox"/> Anti-histamine (Diphenhydramine HCL) |
| <input type="checkbox"/> Migraine Relief           | <input type="checkbox"/> Sore Throat Spray                    |
| <input type="checkbox"/> Electrolytes (Medi-Lyte)  | <input type="checkbox"/> Cough Drops                          |
| <input type="checkbox"/> Electrolytes (Heat Guard) |   |

**OR**

I **DO NOT** wish any medications to be given to my child

Current Medical Concerns: (allergies, asthma, etc) \_\_\_\_\_

Current Medications your child is taking: \_\_\_\_\_

- If your child is currently taking any medications prescribed by a physician, please go ahead and obtain a written note from the MD stating that your child is prescribed the medication and is clear to play sports on such medication. Please attach this to this form. If you do not have this prior to the physical, your child may be disqualified until the information can be submitted.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Phone: (Home) \_\_\_\_\_

(other) \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone \_\_\_\_\_

Specialist: \_\_\_\_\_

Phone: \_\_\_\_\_

# SAVANNAH CHRISTIAN PREPARATORY SCHOOL ATHLETIC DEPARTMENT

1599 Chatham Pkwy  
P.O. Box 2848  
Savannah, GA 31402-2848



(912) 234-1653  
(912) 234-0491 Fax

## **PARENTAL PERMISSION AND RELEASE FORM**

Student's Name: \_\_\_\_\_

2019-2020 Grade: \_\_\_\_\_

We hereby give permission for our child to participate in the athletic/extracurricular activity programs of Savannah Christian Preparatory School.

We understand that injuries may occur while participating in these programs and we will not hold Savannah Christian nor its coaches, faculty or staff liable for any expenses thereof.

We also understand that SCPS provides student accident insurance at no cost to us and that this insurance is a SUPPLEMENTAL PLAN and is subject to a DEDUCTIBLE, LIMITATIONS AND EXCLUSIONS which may result in balances owed by the parents. We further understand that this supplemental policy is designed to complement our family coverage (private or group policy), and that a copy of its provision will be available from the school office.

Parent's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_