



**2020-2021 SCHOOL TRAVEL FORM**

In order to provide the best possible medical care for your child, a medical record will be established for him/her. If your child should become injured while playing sports, this form will provide important information to coaches and medical personnel. Please complete and sign as indicated.

**EMERGENCY CONTACT INFORMATION**

**Student's Full Name (Legal):** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
LAST FIRST MI

**Gender:**  Male  Female

**Student's Preferred Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**D.O.B.** \_\_\_\_/\_\_\_\_/\_\_\_\_ **2020-2021 Class** (circle one): 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> Fr So Jr Sr **HS Graduation Year: 20**\_\_\_\_

**Address:** \_\_\_\_\_, **GA** \_\_\_\_\_  
Street City Zip

**Student's Home Phone #:**(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Student's Cell Phone #:**(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Child Lives With** (check one): Father  Mother  Both Other: \_\_\_\_\_

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

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

**Mother/Guardian's Name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

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

**Parent/Guardian Contact E-Mail Address:** \_\_\_\_\_

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

**Contact Home Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Contact Cell Phone #:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

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

**INSURANCE INFORMATION**

(School supplemental insurance can be purchased through [www.k12studentinsurance.com](http://www.k12studentinsurance.com))

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

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

**Customer Service Phone #:** \_\_\_\_\_ ext \_\_\_\_\_

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

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

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

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

**Carries an EpiPen:**  Yes  No **Carries an Inhaler:**  Yes  No

**Optional Medication:** I give the Evans County Schools Athletic Department permission to give my child the following over-the-counter medication(s) in the event of injury or illness. (please check all that apply)

- |                                                            |                                                          |                                      |
|------------------------------------------------------------|----------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol)           | <input type="checkbox"/> Ibuprofen (Advil, Motrin)       | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Anti-Acids (Pepto-Bismol/Diotame) | <input type="checkbox"/> Anti-Diarrhea (Imodium/Diamode) | <input type="checkbox"/> Do Not Give |

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

\*I give permission for school representatives 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 treatment by certified athletic trainers at away competitions.

**Parent Name:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Print Clearly

*Please complete/sign/date every line (if applicable) in order for your student athlete to be eligible to participate.*

**OPTIM ATHLETIC PARTICIPATION**

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**Parental Consent and Insurance Information Form**

**Warning:** Although participation in supervised inter-scholastic athletics and school activities may be one of the least hazardous in which students will engage in or out of school, **BY ITS NATURE, PARTICIPATION IN INTER-SCHOLASTIC ATHLETICS and SCHOOL ACTIVITIES INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG TERM CATASTROPHIC, INCLUDING PERMANENT PARALYSIS FROM THE NECK DOWN OR DEATH.** Although serious injuries are not common in supervised school athletic programs or the school setting, it is possible only to minimize, not eliminate the risk.

Students can and have the responsibility to help reduce the chance of injury. **STUDENTS AND PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR TEACHERS/COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR EQUIPMENT DAILY.**

By signing this permission form, you acknowledge that you have read and understand this warning. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

I (We) hereby give consent for my child to:

1. Compete in athletics in the Georgia High School Association.
2. Accompany any school team/activity on any of its local or out-of-town trips.
3. I hereby verify that the information on this form is correct and understand that any false information may result in my son/daughter being declared ineligible.
4. And, I consent to Internet storage and deliver of this information to medical providers as appropriate by DCATS, LLC.

This acknowledgement of risk and consent to allow participation shall remain in effect until revoked in writing.

**Authorization to Release Medical Information**

I, being of lawful age hereby authorize and consent to having Optim Sports Medicine Program Athletic Trainers and/or their consulting physician(s) provide any requested medical information to other physicians, other healthcare providers, my high school coaches or school administration, intercollegiate teams, professional teams, their scouts, recruiters, or athletic trainers which directly pertains to my participation at Evans County Schools. Said authorization to release medical information will include, but is not necessarily limited to information concerning illnesses, injuries, treatments, hospitalizations, examinations, X-rays, or other forms of diagnostic testing occurring while participating in activities at said school or athletic organization.

I understand that I may revoke this authorization by providing written notice to Optim Sports Medicine Program. I also understand that I am waiving my right to privacy with regard to the medical records and patient identifiable information by authorizing the release of my information.

This authorization shall be valid for one (1) year commencing on the effective date executed below. I understand that the release of my medical information is being carried out with my consent and so assume full responsibility.

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

\_\_\_\_\_  
Date

**MEDICAL CONSENT TO TREAT**

The undersigned grants the representative from Optim Sports Medicine Center and its employee's parental consent for your child's pre-participation screening and assessment/treatment of your child's injuries that he/she may suffer during the school year.

I give permission for the school official, chaperone, or representative of the Optim Sports Medicine Center, involved in the activity with my child, to seek medical aid, render first aid if such attention is necessary in the sole discretion of said person involved. In case of emergency and when I cannot be immediately reached by telephone or otherwise, I give permission to the physician selected by the school officials to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery for my child. I agree to be responsible for all medical expenses incurred in connection therewith. In the event the School incurs expenses for medical treatment, then and in that event I agree to reimburse said institution in full.

**THE UNDERSIGNED CERTIFIES THAT HE/SHE READ AND UNDERSTANDS THE ABOVE.**

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

\_\_\_\_\_  
Date

*Please complete/sign/date every line (if applicable) in order for your student athlete to be eligible to participate.*