



MEDICAL INFORMATION, ACKNOWLEDGEMENT AND CONSENT

Student's Name: _____ Grade for SY22/23: _____

Student's Preferred Name: _____

Student's Date of Birth: _____ Student's Insurance Provider: _____

Provider Phone #: _____ Name of Insured: _____

Student's allergies: _____

Student's Medical Conditions: _____

Student's Medications: _____

My signature below acknowledges that I have read and understood each of the following policies and procedures. My signature serves as a medical release that authorizes GMC Staff members to administer medical treatment and to request further emergency treatment as necessary. Furthermore, my signature acknowledges that I understand that the school will use both the Parent/Guardian and Emergency Contact information that I provided on this form. I understand it is my responsibility to notify the school of any changes in the emergency contact info.

1. GMC Prep's Medical Release and Consent for Treatment
2. GMC Prep's Student/Parent Concussion Awareness and Georgia High School Association's Concussion Policy
3. GMC Prep's Student/Parent Sudden Cardiac Arrest Policy
4. GMC Prep's Athletic Insurance Policy

Printed Name of Parent/Guardian Providing Acknowledgement and Consent	Relationship to Student
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Signature of Parent/Guardian Providing Acknowledgement and Consent	Date
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My signature below acknowledges that I have read and understand the included GMC Prep's Student/Parent Concussion Awareness Policy and Georgia High School Association's Concussion Policy, Georgia High School Association's Sudden Cardiac Arrest Policy, and GMC Prep's Athletic Insurance Policy.

Signature of Student	Date
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CONTACT INFORMATION

Parent/Guardian: _____ Relationship: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Alternate Emergency Contact: _____ Relationship: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____