



MEDICAL INFORMATION, ACKNOWLEDGEMENT AND CONSENT

Student's Name: _____ Grade for SY20/21: _____

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 Health Services and Athletic Trainers to administer medical treatment. 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

Signature of Parent/Guardian Providing Acknowledgement and Consent

Date

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

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: _____