

**Memorial Sports Medicine**  
**EMERGENCY CONTACT & INSURANCE INFORMATION**

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      LAST      FIRST      MI  
D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_      2010-11 Grade Level: \_\_\_\_\_

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

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

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

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

Father's Employer: \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Father's Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Mother's Employer: \_\_\_\_\_ Work Phone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Mother's Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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 \_\_\_\_\_

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

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

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

**\*\*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 Chatham County Public School System 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: \_\_\_\_\_

# Memorial Sports Medicine 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-Chatham County Public Schools, 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-Chatham County Public 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-Chatham County Public Schools, 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 SportsOne 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-Chatham County Public Schools 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, Soccer, Softball, and Volleyball** which involve greater risk of injury than **non-contact sports: Track & Field, Tennis, Cross Country, Rowing, and Golf**.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
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 SportsOne 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 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 SportsOne 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

## **Savannah-Chatham County Public School System Heat Guidelines for Outdoor Athletics**

The following are guidelines for coaches and administrators to help protect student-athletes from having heat related illnesses or problems. This guide is to be used and referred to when making decisions or modifying and/or suspending athletic practices. At 3:00 p.m. each day in July, August and continuing into the warmer days in September, a designated person will determine the **heat index**. The heat index combines air temperature and relative humidity to determine an apparent temperature - how hot it actually feels. Administrators, coaches, and the athletic trainer will then make a decision using the guide below on whether to make modifications for all athletic practices to be held that afternoon. Coaches will then make the necessary modifications and notify the administrators and students.

### **GUIDELINES FOR PRACTICE/MODIFICATIONS**

1. If the **heat index** is **80-94°**, athletes should be watched closely for any heat distress and frequent water breaks should be taken.
2. If the **heat index** is **95-100°**, 10 minute rest breaks should be taken every hour, water breaks every 10 minutes, and athletes should be under careful supervision from coaches and trainers. Practice time must be kept to 120 minutes or less.
3. If the **heat index** is **101-105°**, athletic practices should be modified such as football practice in shorts, shoulder pads and helmets only. Frequent water every 10 minutes and rest breaks must be held, athletes should be able to get water at any time, and athletes should be under extreme supervision from coaches and trainers. Practice time must be kept to 120 minutes or less.
4. If the **heat index** is **106-110°**, further modifications must be made, such as football practice in shorts, T-shirts and helmets only. Water breaks should be taken every 10 minutes and athletes should be allowed to get water at any time, frequent rest breaks must be taken and athletes should be monitored at all times for heat distress. Practice time must be kept to 90 minutes or less.
5. If the **heat index** is **111° or greater**, then practice **will be suspended, postponed until later in the evening, or held indoors** at the coach's discretion, with suggestions made by the athletic trainer. Practice could also be rescheduled or postponed, when the heat index has reached an acceptable level. When a practice or event is "**BLACK FLAGGED**" (which means the heat index is at the 111° level or higher that day), no outdoor practice may begin until the athletic director or athletic trainer communicates to the head coach that the conditions are acceptable, the heat index is below 111°. Practice may be postponed to a later time the same day if the heat index lowers. All appropriate guidelines should be followed based on the reading at the time.

It is the responsibility of all coaches in the Savannah Chatham County Public School System to provide ample supplies of water and appropriate care to our athletes. 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 practice and games, while the weather has the possibility of reaching critical levels in relation to the heat and humidity.

To Check the Heat Index: <http://www.weatherunderground.com/US/GA/Savannah.html>

Re: See Board Policy JGFB and JGFB-R

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Athlete Signature: \_\_\_\_\_

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

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

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