

HERITAGE HIGH SCHOOL

Athletic Check Sheet

Phone: 706-937-6464 Fax: 706-937-6477

Matt Phillips, Principal Eric Schexnaildre, Athletic Director

Fill out this page in blue or black ink only

I, the undersigned, do hereby give my permission for _____ (print student's name) to participate in Heritage High School Athletics during the **2024-2025** school year.

I have read, understand, and will comply with all forms indicated on the Athletics page of the Heritage High School website. **Please initial the following items and return this page to your coach.**

I have read and understand the following:

_____ Medical Information Card (*I have supplied all pertinent medical information for my child listed above*).

_____ Catoosa County Athletics Rules and School Conduct

_____ Concussion Awareness and Management Form (*I have read the forms and I understand the facts presented in it.*)

_____ Field Trip Waiver (*I give my student, listed above, permission to travel with all Heritage High School athletic teams in which he/she participates.*)

_____ Emergency Medical Treatment Authorization (*I give permission for the treatment of my child listed above.*)

_____ Non-Emergency Medication Authorization (*I give permission for my child, listed above, to receive the following over-the-counter medications from the HHS athletic trainer*). You must circle at least one.

CIRCLE ALL THAT APPLY: Ibuprofen Acetaminophen Benadryl Tums None of these

_____ Medical Information Release Authorization (*I give permission to release medical information of my child listed above.*)

_____ Athletic Insurance (*I have, or will purchase, insurance for my child listed above or accept the financial burden for the absence thereof.*)

_____ Heat Policy

_____ Sudden Cardiac Arrest Awareness Form

Parent/Guardian

Date

HERITAGE HIGH SCHOOL

Ringgold, Georgia 30736

Ronnie Bradford, Principal

Eric Schexnaildre, Athletic Director

Heritage Athletics Medical Information Card

Fill out this page in blue or black ink only

Name _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Year you will graduate _____ Do you wear contact lenses or glasses? _____

Sport(s) in which you participate at Heritage High School _____

Your (*student's*) email address _____

Abbreviated medical history (previous injuries, medical problems, etc.) _____

List any allergies you have _____

List any medications you currently take _____

Name of Father (or guardian) _____ Email address _____

Cell phone # _____ Work phone # _____

Name of Mother (or guardian) _____ Email address _____

Cell phone # _____ Work phone # _____

In case of emergency, contact (other than parent or guardian)

1. Name _____ Relationship _____ Phone # _____

2. Name _____ Relationship _____ Phone # _____

Primary Care Physician

Name _____ Phone # _____

Insurance Provider _____ Policy Number _____

Group Number _____ ID Number _____

In case of an emergency or accident on school grounds or during any school activity involving my child, _____, which in the opinion of the school authorities present, requires immediate attention or surgical attention, I hereby grant permission to said school authorities to obtain services of an athletic trainer, physician, or to transport said child to the hospital or emergency facility if it is deemed necessary by school authorities. I hereby grant permission also to said physician to read said condition unless I am present and request otherwise or until I later request otherwise.

Parent or Guardian Signature

Date