## Ben Hill County Schools

Please write clea	rly in print.	School:	FHSCCA		BHMS		School Yea	r:
			Student-	-Athlete In	formation			
Name:								
	lame)	(First Name)				(Middle Name)		
Date	of Birth:			Grade:			Gender:	☐Male ☐Female
Address:								
City:			_	State:			ZipCode:	
Legal Guardian/Emergency Contact #1					Emergency Contact #2			
Name:					Name:			
Relation:					Relation:			
Phone:					Phone:			
			Medical II	nsurance l	nformation			_
Every student-at any activity requ		ocumented evidenc				on file with	n the school be	fore participation may occur in
Is the student	-athlete cover	ed by a medical i	insurance pol	licy?	□Yes	□No		
Insurance Co	ompany:				Policy #:			
Named of Insured:				Insured's Date of Birth:				
I understand	that I will be re	esponsible for pa	ying any expe	enses incu	rred for medi	cal treati	ment for my	child.
Signature	of Parent/Gua	rdian					Date:	
School Colleg manufactured to the appro Fitzgerald Hig	ge & Career A r, if needed. By ved medicatio th School Colle	cademy permiss	te stated above sion to distrib oproved medi leasing the a demy, and Be	bute over cations ar othletic tra en Hill Sch	nt the coachi the-counter nd signing belainer, the coa ool System o	medicat ow, I am aching st f all liabil	ions to my verifying th aff, Fitzgera lity should a	trainer at Fitzgerald High child as directed by the lat my child is not allergic ald High School Athletics, any resulting injury/illness
☐ Non-Aspir	in (generic Tyle	enol)	☐ Ibuprofer	n (generic	Advil)		☐ Diphen	(generic Benadryl)
☐ Diotame (¿	generic Pepto-l	Bismol)	☐ Heat Gua	rd (Electro	olyte Replenis	hment)	☐ Oral Pai	n Relief (generic Orajel)
Signature	of Parent/Guai	rdian					Date:	
Please list any	y medical cond	itions and/or me	edications (as	thma, dial	betes, sickle c	ell trait, i	inhaler, etc.	)