

LFO High School
Athletic Check Sheet
Phone: 706-866-0342
Fax: 706-861-6645

Chance Nix, Principal
Chris Eaves, 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 LFO High School Athletics during the **2019-2020** school year. I have read, understand, and will comply with all forms indicated on the Athletics page of the LFO 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 LFO High School athletic teams in which he/she participates.*)

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

_____ 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.*)

_____ Athletic Fee Explanation (*I understand that I am responsible for paying the \$50.00 fee for the 2019-2020 school year.*)

_____ Heat Policy

Parent/Guardian

Date

LFO HIGH SCHOOL
Fort Oglethorpe, Georgia 30742

Chance Nix, Principal
Chris Eaves, Athletic Director

Medical Information Card
LFO Athletics

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? _____

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

List any allergies you have _____

List any medications you currently take _____

Name of Father (or guardian) _____

Cell phone # _____ Work phone # _____

Name of Mother (or guardian) _____

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 a 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