

ATHENS ACADEMY  
STUDENT INFORMATION SHEET (2011-2012)

Must be completed, signed and submitted by the first day of practice for fall athletics or by the first day of school for all others.

\_\_\_\_\_  
LAST NAME                                      FIRST                                      MIDDLE                                      NAME USED AT SCHOOL

Street \_\_\_\_\_ Student Cell (If applicable) (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M / F Grade/Teacher or Advisor (2011-2012) \_\_\_\_\_/\_\_\_\_\_  
Names/ages of siblings: \_\_\_\_\_

\_\_\_\_ *I have updated the K12 Alerts website with my most current emergency contact information (skip the emergency contact section)*

\_\_\_\_ *I have not updated the K12 Alerts website with my most current emergency contact information (fill out emergency contact section)*

**PLEASE SUPPLY ALL REQUESTED EMERGENCY CONTACT INFORMATION**

Father's full name \_\_\_\_\_  
Name used \_\_\_\_\_  
Home address \_\_\_\_\_  
(if different from student)  
Home phone (\_\_\_\_) \_\_\_\_\_  
Business phone (\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_

Mother's full name \_\_\_\_\_  
Name used \_\_\_\_\_  
Home address \_\_\_\_\_  
(if different from student)  
Home phone (\_\_\_\_) \_\_\_\_\_  
Business phone (\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_

**Emergency contacts (not parent): [ LOCAL ]**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_  
Business phone (\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_) \_\_\_\_\_

**Emergency contacts (not parent): [ LOCAL ]**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Home phone (\_\_\_\_) \_\_\_\_\_  
Business phone (\_\_\_\_) \_\_\_\_\_  
Cell phone (\_\_\_\_) \_\_\_\_\_

Please complete if your child will be in grades 7-12 and a member of an athletic team

**ATHLETIC PARENT-GUARDIAN PERMISSION TO PARTICIPATE; AUGUST 1, 2011 THROUGH JULY 31, 2012**  
Must Be Completed, Signed and Submitted by the First Day of Practice for fall athletics

**I. INHERENT RISK IN SPORT/PHYSICAL EXAMINATION**

I/we do hereby give our permission for my child to participate in athletics at Athens Academy, realizing that such participation involves the potential for injuries and health problems, including those that are life-threatening, which are inherent in all sports. I/we acknowledge that even with the best of coaching, use of the most advanced protective equipment, and strict observance of rules, injuries and sports-related health problems are still a possibility.

Such permission is extended to all school athletics except as noted below. Furthermore, I understand my child must have completed a physical examination by a licensed physician before he/she will be permitted to try out for any athletic team. I understand such physicals are valid for one calendar year. Exceptions: \_\_\_\_\_

**II. MEDICAL RELEASE AND INFORMATION**

An attempt will be made in case of minor or major injury to contact parents concerning decisions for medical treatment. I/we agree that if parents cannot be reached, Athens Academy personnel may admit my child for medical treatment.

**III. ATHENS ACADEMY INSURANCE**

Athens Academy carries insurance for school-related student injuries. The insurance is secondary to the parent's own medical insurance. **Payment of claims is subject to the terms and conditions of the policy and may not cover the entire balance of charges.** Claim forms should be submitted to the insurance company along with the parent's explanation of benefits from the parent's insurer **and the itemized bill for treatment.** Please assist our coaches and Business Office by notifying them when an injury requires medical treatment.

**IV. SIGNATURE GIVING PERMISSION TO PARTICIPATE**

I/we acknowledge that I/we have read and understood the information presented herein concerning: I. Inherent Risk, II. Medical Release, III. AA Insurance, and by signing below. I/we give permission for my child (named at top of page) to participate in athletics at Athens Academy.

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

\_\_\_\_\_  
Date

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LAST NAME                                      FIRST                                      MIDDLE                                      NAME USED AT SCHOOL

MEDICAL INFORMATION:

The school will notify the parents if there is any adverse reaction to medication, illness, or exposure to a communicable disease. A student may NOT attend school if he/she is ill or has a communicable disease as defined by the posted communicable diseases chart, or ***has had a temperature of 100° or more in the last 24 hours***. Other reasons for exclusion from school are contagious symptoms such as, but not limited to, rash, diarrhea, or sore throat.

Student's Pediatrician/Primary Care Provider \_\_\_\_\_ Telephone \_\_\_\_\_  
 Dentist \_\_\_\_\_; Orthopedist \_\_\_\_\_; Ophthalmologist \_\_\_\_\_  
 Preferred Hospital/ER \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

You have permission to treat my child in a medical emergency if I cannot be reached.

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Parent/Guardian Signature                                      Date

List the name, dosage and schedule of any medicines taken on a regular basis. If the student is to be given medication (prescription or non-prescription) during school or extended day hours, an authorization form must be on file in the Division Office.

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Please place an "X" in the appropriate column:

	<u>yes</u>	<u>no</u>		<u>yes</u>	<u>no</u>
Has a doctor ever prescribed glasses?	___	___	Does the child have any muscular or skeletal defects of which the school should be aware? *	___	___
Does the student wear glasses?	___	___	Are there physical reasons for limiting participation in physical education or strenuous physical activities? *	___	___
Does the student wear contact lenses?	___	___	Does the child have an EpiPen prescribed*	___	___
Has a doctor ever diagnosed any loss of hearing?	___	___	Date of most recent tetanus inoculation	___	___
Is hearing aid used?	___	___	*If yes, please explain:	_____	
Has the child ever had:				_____	
Asthma *	___	___		_____	
Diabetes	___	___		_____	
Epilepsy*	___	___		_____	
Rheumatic fever	___	___		_____	
Allergy *	___	___		_____	
Severe reaction to stings or bites*	___	___		_____	

Please list any special needs or conditions that may be helpful to us as we work with your child.

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The student above does \_\_\_\_\_ does not \_\_\_\_\_ have permission to attend all school-related field trips.

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Parent/Guardian Signature                                      Date