

BENZIE CENTRAL ATHLETIC DEPARTMENT

Parents and/or Guardians:

The following is a permission form that must be completed and signed by you and your student athlete before they may participate in an Interscholastic athletic event for Benzie Central Schools. In signing this letter you should be aware of the following important points:

1. Benzie Central Schools **DOES NOT** provide an insurance program covering health or injury problems, resulting from athletics. It is the responsibility of the athlete and their family to provide such insurance and to take care of any medical expenses.
2. In signing this form you are giving your student athlete permission to travel under the coach's direction and authority to and from athletic events.
3. The coaches shall have the authority to seek medical attention in case of injury in any athletic gathering (practice, contests or authorized team activity).
- 4.

STUDENT ATHLETE EMERGENCY INFORMATION FORM

Athlete Name: _____

Birth date: _____ Grade: _____ Gender: Male Female

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Phone (home/cell): _____ Work (mom/dad): _____

IF AN EMERGENCY SHOULD OCCUR AND PARENTS CANNOT BE REACHED THE FOLLOWING INDIVIDUALS WILL BE CALLED.

Emergency #1 _____ Phone: _____

Emergency #2 _____ Phone: _____

Physician _____ Phone: _____

Hospital Choice _____

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated and to follow their instructions. If the physician cannot be reached the school may make whatever arrangements deemed necessary for the well being of the child. I understand medical information may be provided to the Athletic Department for my child to participate in interscholastic athletics. This information will be treated with full confidentiality by this department.

Athlete Signature _____ Date _____

Parent Signature _____ Date _____

MEDICAL HISTORY

Indicate any issues we need to be aware of for the health and well being of your student -

ALLERGIES _____	ASTHMA _____
SEIZURES _____	DIABETIES _____
CARDIAC _____	SURGERIES _____
CURRENT MEDICATIONS _____	