



Richmond County School System Interscholastic **CONTRACT** for Parents and Student-Athletes

1. I understand that each participating student in athletics, extracurricular, co-curricular and interscholastic activities is expected to maintain at least a 75 average in order to remain eligible. I also understand that progress reports will be done every three (3) weeks and I must sign the report and return to the school. I also understand that if my child does not maintain academic achievement, that he/she will be removed from participation until such grades have improved and academic expectations and requirements have been met.
2. I understand that my child is expected to attend all practices, rehearsals, meetings and events, to arrive promptly and to remain throughout the scheduled hours. I also agree to provide a written excuse for missed practices and pick up my child after practices, rehearsals, meetings and events have ended.
3. I understand that my child is to cooperate and conduct him or herself with Administrators, teachers, coaches, spectators, officials and team members in a manner showing respect to all persons.
4. I understand that my child must adhere to all school policies and the policies of the Richmond County Board of Education.
5. I understand that my child must maintain the highest standards of honesty and integrity while representing the school and the school system of Richmond County.
6. I understand that my child is to respect and care for all equipment and supplies issued by the Richmond County School System. I also understand that I am held financially responsible for any theft, damage or loss of any of the equipment or supplies issued to my child by the Richmond County School System.

The privilege of representing a school rests upon the personal responsibility of the child and the parent. In consideration of the County Board of Education of Richmond County offering athletics, extracurricular, co-curricular, and interscholastic activities and selecting my child as a member, I promise that my child will attend school regularly, maintain high academic standards, and be cooperative and respectful of others. This contract is for the _____ school year.

This contract becomes effective this _____ day of _____ 20_____.

Signature of parent or guardian

Signature of student

Authorization to Disclose Health Information

Athlete's Name: _____

Date of Birth: _____

I authorize AU Medical Center, Inc. to use or disclose the above named individual's health information as described below, concerning the period from July 1, 2019 to June 30, 2020.

- ☐ Medical information, as specified:
- ☐ Standard Document Set (Discharge Summary, History and Physical, Progress Notes, Test Results, Consults)
- ☒ Other (specify): **Pre-Participation Exam and any subsequent athletic injury or condition**
- ☐ Entire Medical Record (justification required)
- ☐ Psychiatric/Psychological Information
- ☐ Drug/Alcohol Abuse Treatment Information
- ☐ HIV (Human Immunodeficiency Virus)/AIDS (Acquired Immune Deficiency Syndrome)

This information may be disclosed to and used by the following individual or organization (circle ONE):

Name: Academy of Richmond County
Address: 910 Russell St., Augusta, GA 30904

Name: Hephzibah High School
Address: 4558 Brothersville Rd., Hephzibah, GA 30815

Name: Butler High School
Address: 2011 Lumpkin Rd., Augusta, GA 30906

Name: T.W. Josey High School
Address: 1701 15th St., Augusta, GA 30901

Name: Cross Creek High School
Address: 3855 Old Waynesboro Rd., Augusta, GA 30906

Name: Lucy C. Laney High School
Address: 1339 Laney Walker Blvd., Augusta, GA 30901

Name: Glenn Hills High School
Address: 2840 Glenn Hills Dr., Augusta, GA 30906

Name: Westside High School
Address: 1002 Patriot's Way, Augusta, GA 30907

Purpose: To assist the coaches, school administration, and Richmond County Board of Education with the athlete's ability to participate in athletics

Special Instructions: Only coaches from the particular sport or Athletic Director, School Administration may receive this information.

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the health information management department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: **06/30/20**. If I fail to specify an expiration date, event or condition, this authorization will expire in 90 days.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to ensure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand that any disclosure of information carries with it the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Director of Health Information Management Services at (706) 721-2722.

Parent or Legal Representative Signature

Date

If signed by Legal Representative, Relationship to Athlete

Signature of Witness

PERMISSION TO TREAT/ACKNOWLEDGEMENT OF RISK FORM

Participating in interscholastic athletic activities/sports has the potential to be harmful to all participants. The parent/guardian and student-athlete understands that participating in these activities increases the risk for bodily injury and possibly sudden death. Participation in interscholastic athletic activities/sports is strictly voluntary, and the parent/guardian hereby assumes responsibility for any and all injuries and other losses that the student-athlete may suffer through participation. If you are unwilling to assume these risks your minor student-athlete will not be eligible to participate in interscholastic athletic activities/sports as part of the Richmond County Board of Education School District.

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first-aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return-to-play after injury or illness. Occasionally, those minor athletes require sports medicine services before, during and after their participation in sport-related activities, and under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

Accordingly, in their relationship with AU Health – Jaguar Sports Medicine, the Richmond County Board of Education requires as a pre-condition of participation in interscholastic activities, that a parent/guardian provide written consent to the rendering of necessary sports medicine services to their minor athlete by a qualified medical provider (QMP) employed or otherwise designated by the school/district, to the extent the QMP deems necessary to prevent harm to the student-athlete. It is understood that a QMP may be an athletic trainer, physician, physician assistant, or nurse practitioner licensed by the state of Georgia (or the state in which the student-athlete is located at the time the injury/illness occurs), and who is acting in accordance within the scope of practice under their designated state license and any other requirement imposed by Georgia law. In emergency situations, the QMP may also be a credentialed paramedic or emergency medical technician, but only for the purpose of providing emergency care and transport as designated by state regulation and standing protocols, and not for the purpose of making decisions about return to play.

I, _____, am the parent/guardian of _____,
a minor and student-athlete participating in interscholastic athletic activities/sports as part of the Richmond County Board of Education School District.

I understand that the school/district employs or designates QMP's (as defined above) to provide sports medicine services (as also defined above) to the school's interscholastic student-athletes before, during, or after sport-related activities, and that on certain occasions there are sport-related activities conducted away from the school/district facilities during which other QMP's are responsible for providing such sports medicine services. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return-to-play in accordance within the defined scope-of-practice under the designated state license, except as otherwise limited by Georgia law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return-to-play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's coaches, athletic director, school nurse, any classroom teacher required to provide academic accommodation to assure the student-athlete's recovery and safe return to activity, and any treating QMP.

If the parent/guardian believes that the minor is in need of further treatment or rehabilitation services for the injury/illness, the minor may be treated by the QMP or a provider of the parent's/guardian's choice. I understand, however, that all decisions regarding same day return-to-activity following injury/illness shall be made by the QMP employed/designated by the school/district.

Student-Athlete's Name (printed)

Student-Athlete's Signature

Date

Parent's/Guardian's Name (printed)

Parent's/Guardian's Signature

Date