

Brice Christian Academy

Extracurricular Participation Release Form

Principal: Mrs. Angela Cover

3160 Brice Road, Brice, Ohio 43109

Office: (614) 866-6789 / Fax: (614) 861-4217

I hereby authorize the release and disclosure of the personal health information of _____ (student) to Brice Christian Academy. The information may be released to the school principal, athletic director, coach, athletic trainer, physical education teacher, school first aid provider, teacher, or other member of the school administrative staff as necessary to evaluate the student's eligibility to participate in school sponsored activities.

I understand that the school has requested this authorization to release or disclose the personal health information to make certain decisions about the student's health and ability to participate in certain school sponsored activities, and that the school is not a health care provider or health plan covered by federal HIPAA privacy regulations.

We, the parents / guardians of _____, grant permission for our student to participate in extracurricular school sponsored activities at Brice Christian Academy. We further release the faculty, chaperones and drivers of any and all liability incurred from accidents or injuries resulting from such participation. We understand that these extra curricular activities are voluntary outside the bound of expected school experiences. Participation in extracurricular activities are a privilege, not a right. We grant permission to treat or have our child treated in case of injury or emergency.

I also understand that I have a responsibility to report my child's potential concussion symptoms to coaches, school administrators, and healthcare providers. I understand this may limit my student's participation, but is important for my student's long term health.

Note: This authorization must be signed by a parent or legal guardian to be valid. This authorization is valid for the current school year only (July 1st - June 30th). Students may not participate in any form until this signed release form has been received by the school office.

I authorize my child to participate in the following activities during the current school year (check all that apply):

soccer volleyball basketball winterguard drama / theatre

Parent / Guardian Signature _____ Date _____

Emergency Contact Information

Name: _____

Home # _____ Cell# _____

Medical Conditions to be aware of: _____

Allergies (Please list all): _____

Medications taken: _____

*****Please submit this form directly to the School's Main Office. Please do not give to the coaches or teachers.**

Rcvd: _____