

# CONSENT TO THE DISCLOSURE & USE OF PERSONAL HEALTH INFORMATION

*Please Print*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_\_

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_ ( the “student-athlete” ), hereby authorize the physician(s), athletic trainer(s) and/or sports medicine staff representing aaaaaaaaaaaaaaaaaaaaaaaaaa to gather and release information regarding the student-athlete’s protected health information and related information regarding any injury or illness during the student-athlete’s preparation for and participation in athletics at \_\_\_\_\_ ( the “School” ). I/We further authorize the physician(s), athletic trainer(s), and/or sports medicine staff representing aaaaaaaaaaaaaaaaaaaaaaaaaa to inquire on and receive the student-athlete's protected health information from other medical personnel as it relates to his/her care by the sports medicine staff at aaaaaaaaaaaaaaaaaaaaaaaaaa.

This protected health information may concern the student-athlete’s medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related individually identifiable health information. This protected health information may be released to other healthcare providers, hospitals and/or medical clinics and laboratories, athletic trainers, athletic coaches, medical insurance coordinators athletic and/or school administrators and officials of the state's high school athletic association.

I understand that as a parent/legal guardian my authorization/consent to the disclosure of the student-athlete’s protected health information may be a condition for the student-athlete’s participation in interscholastic sports at the School. I understand that the student-athlete’s protected health information is protected under Federal law. I, the parent/legal guardian, understand that once information is disclosed per this authorization, the information is subject to re-disclosure by the recipient and may no longer be protected under federal law. I may revoke this authorization at any time by notifying the school's athletic director in writing, but if I do, it will not have any effect on actions taken in reliance of my prior authorization. This authorization expires one year and ninety days from the date it is signed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_