

**AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH
INFORMATION FOR STUDENT ATHLETES**

Athlete Name: _____ Age: _____

School Name: _____

Your child has requested to participate in one or more school athletic programs. In order to provide better service for the student athletes and their guardians, it is recommended that certain medical and health information about your child be collected and shared with persons and entities associated with the athletic training program. This authorization is intended to permit the above named school and its employees, agents and affiliates to provide athletic training and other services to the school and your child.

My signature below hereby authorizes the above named school and its employees, agents and affiliates to disclose and receive health information to and from the school, team physicians, hospitals, coaches and other school administrators and agents, my child's physician and other health care providers and my child's medical insurer in connection with providing athletic training and other medical services to my child.

Initials: _____

I understand that this authorization is voluntary, and I may refuse to sign this authorization, however, my child may receive limited services of this authorization is not signed or later revoked.

Initials: _____

I understand that this authorization will expire at the end of this school year.

Initials: _____

I understand that 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 already taken in reliance of my prior authorization.

Initials: _____

A copy of the Notice of Privacy Practices is on file in the school's Athletic Office.

I certify under penalty of perjury, that I am the parent and or guardian of the above-named student athlete and I am authorized to sign this document and permit the disclosure and receipt of my child's medical and health information.

Parent/Guardian Signature: _____ Date: _____

Student Athlete Signature: _____ Date: _____