Student-Athlete Authorization for Disclosure of Protected Health Information

I, _____ parent or guardian of_____

(Student-Athlete)

hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel representing Huntsville Hospital Therapy and Sports Center/Huntsville Hospital to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for and participation in athletics at _____School (Child's School). 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 health care providers, hospitals and/or school administrators, chaplains and/or clergy members, and officials of the Alabama High School Athletic Association and the Alabama Independent School Association.

I understand that as a parent/legal guardian my authorization/consent to the disclosure of the student-athlete's protected health information is a condition for the student-athlete's participation in interscholastic sports at your 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, but if I do, the School will not allow the student-athlete to participate in interscholastic sports. 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 from the date it is signed.

REQUIRED SIGNATURE FOR PARTICIPATION FOR INTERESCHOLASTIC SPORTS

_____
Print Student-Athlete Name

_____ _____
Signature of Parent / Legal Guardian Date

_____
Parent's E-Mail Address

_____ _____
Witnessed by (School Official, HHT&SC Staff, or Notary Public) Date