TUSCALOOSA CITY SCHOOLS

Student-Athlete Authorization for Disclosure of Protected Health Information

I, _____, parent or guardian of _____, (the student athlete), hereby authorize the physicians, athletic trainers, sports medicine staff and other healthcare personnel representing DCH Healthcare Authority to release information regarding the student-athlete's protected health information and related regarding any injury or illness during the student-athlete's training for and participation in athletics at _____ 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 medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, chaplains and/or clergy members and officials of the Alabama High School Athletic Association and 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 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, the parent/legal guardian, understand that I may refuse to sign 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 IN INTERSCHOLASTIC ATHLETICS

_____ _____

NAME OF STUDENT-ATHLETE NAME OF PARENT/GUARDIAN

_____ _____

SIGNATURE OF ATHLETE SIGNATURE OF PARENT

_____

DATE