Student Athlete Authorization and Consent Form

I, _____, the parent/ guardian of _____, a student athlete participating in interscholastic athletic sports, understand my child may be injured while participating in athletics. I hereby grant permission to the Certified Athletic Trainer, provided by Chan Soon-Shiong Medical Center at Windber, covering Shanksville Stonycreek School District's athletic events to administer any preventative, first aid or emergency care, to evaluate and examine my child as they deem reasonably necessary to the health and well-being of my child.

I understand and consent to the Certified Athletic Trainer providing advice to my child regarding nutrition, hydration, conditioning and overall health and athletic performance. The Certified Athletic Trainer may also provide athletic training services to my child such as; wound care, athletic taping, massage and manual therapy, therapeutic hot or cold packs, whirlpool treatments and rehabilitation exercises. I authorize and consent for the Athletic Trainer to provide the aforementioned services for my child as the Athletic Trainer deems necessary for my child throughout his/her participation in school sponsored athletics.

I understand communication must occur between health care providers, school and coaching personnel regarding my child's injury status. I understand protected health information will only be released if deemed necessary by the Athletic Trainer as it relates to injury or illness of my child. Protected health information may include the athlete's medical status, medical condition, prognosis, diagnosis, athlete participation and related personally identifiable health information. This information may be released to other healthcare providers, hospital and/or medical clinics, the athlete's coaches, athletic trainers, the athlete's insurance company, athletic and/or school administrators and officials of the athlete's sport.

I understand that my child's protected health information may be protected under the Health Insurance Portability and Accountability Act (HIPAA) and, if so, may not be disclosed without parent/ legal guardian authorization.

I understand as a parent/ legal guardian of the student athlete:

- This authorization/ consent is valid for the duration of the school year unless I rescind my permission in writing to the Shankville Stonycreek School District's Athletic Trainer.
- A revocation will not affect any disclosures or treatment provided prior to the written revocation.
- If requested, I may see a copy of the protected health information described in this form.
- The information that is used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by HIPPA. I have the right to seek assurances from the above-named entities or individuals authorized to receive the information, that they will not re-disclose the received information to any other party without my further authorization.

_____	_____	_____
Student Athlete Name	Student Athlete Signature (if 18)	Date
_____	_____	_____
Parent/ Guardian Name	Parent/ Guardian Signature	Date

Emergency Contact Information Sheet

Athlete's Name:_____Birthdate:_____

Address:_____

Phone: _____

Current Medications: _____
_____

Allergies: _____
_____

Medical Conditions: Asthma Diabetes Cardiac Other
explain_____

Contact lenses: Yes No

Parent/ Guardian Information
Parent 1/ Guardian 1 Name: _____

Parent 1/ Guardian 1 Address: _____

Phone: _____Cell Phone: _____Work Phone:
_____

Parent 2/ Guardian 2 Name: _____

Parent 2/ Guardian 2 Address: _____
Phone: _____Cell Phone: _____Work Phone:
_____

Person to be contacted if parents CANNOT be reached in the event of an emergency

Name: _____Relationship_____

Address: _____

Phone number: _____ Cell phone: _____

Medical Insurance Information

Insurance Company: _____

ID Number: _____Group Number: _____

Family Physician: _____

Family Physician Phone: _____

I hereby authorize consent to provide any and all medical services deemed necessary for the welfare of my child in the event of my absence.

_____ _____ _____
Parent Name Parent Signature Date