



**Floyd Memorial
Hospital and Health Services**

**Student-Athlete Authorization For
Disclosure of Protected Health Information**

I, _____, the parent or guardian of _____
(the “student athlete”), hereby authorize the certified athletic trainers and/or sports
medicine staff representing Floyd Memorial Hospital and Health Services 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 Clarksville High School (the “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 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 Indiana 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 schools 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.

**REQUIRES SIGNATURE FOR AUTHORIZATION FOR
DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Print Student-Athlete Name

Signature of Parent / Legal Guardian

Date Signed