



Carolinan HealthCare System
Blue Ridge

**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 Carolinas HealthCare System Blue Ridge 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 (name of school) _____ 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, pertinent athletic coaches, medical insurance coordinators, athletic and/or school administrators, chaplains and/or clergy members and officials of the North Carolina 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 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 I may refuse to sign this authorization, but, if I do, the School may 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.

 Printed Student-Athlete Name

 Parent/Legal Guardian Signature Date

 Witnessed by (School Official, SMC Staff or Notary) Date

LEGAL MEDICAL CONSENT

I/we hereby consent for (athletes name) _____ to represent (name of school) _____ in athletics realizing that such activity involves the potential for injury. I/we acknowledge that even with the best coaching, the most advanced equipment, and strict observation of rules, injuries are still possible. On rare occasions, these injuries can be severe and result in total disability, paralysis, or even death. I/we further grant permission to the school, its contracted physicians, and/or athletic trainers to render aid, treatment, medical or surgical care deemed reasonably necessary to the health and well-being of the student athlete named above. I/we further release the school, its agents, contractors, servants, and employees from any liability for damage and injury to the above individual and hereby accept the responsibility for any and all damages or injuries sustained as a result of participation in the sport(s) or extracurricular activities named above.

By the execution of this consent, the student athlete named above and his/her parent(s)/guardian(s) do hereby consent to the screening, examination, and testing of the student athlete during the course of the preparticipation evaluation by those personnel performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comment pertaining to the evaluation of student athlete on the form attached hereto by those practitioners performing the evaluation. The student athlete named above and his/her parent(s)/guardian(s) do also consent to the dissemination of the information compiled from the preparticipation evaluation to the healthcare practitioners providing the service related to the preparticipation evaluation, the student athlete's coach(es) and the appropriate representatives of the school. This evaluation is not intended to replace a complete annual physical, which is recommended to all adolescents and should not be viewed as a substitute. In addition, this exam is not intended to interfere with any parent(s)/physician relationship that currently exists.

 Student Signature Date

 Parent/Guardian Signature Date