



**Medical Information Release '11 -'12**

Athlete's grade for '11-'12: 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Athlete's sport(s) for '11-'12: \_\_\_\_\_  
 \_\_\_\_\_

I/We, \_\_\_\_\_, am/are an adult student athlete (18 years or older) **or**  
Parent/Guardian Name(s) or Athlete Name (if 18 y.o.)  
 the parent(s)/legal guardian(s) for a minor student athlete, \_\_\_\_\_, and  
Student Athlete Name

understand that the school I/my child attend(s) is under contract with St. Rita's Medical Center (SRMC) Sports Medicine to provide athletic training services for their student athletes.

I/we understand that health information related to me or my/our son/daughter should be protected, but in order to provide the best treatment and the opportunity for a safe and quick return to athletic activities, there may be instances in which the Certified Athletic Trainer (AT) should discuss information with regard to a student athlete's condition with others. Therefore, when injuries or medical conditions arise that require the AT's intervention, I/we give my/our permission for any AT from SRMC Sports Medicine who is involved in my/our son's/daughter's care to discuss pertinent health information including, but not limited to, the type of injury/condition, treatment, and any participation limitations, with the following individual(s) when the situation warrants: team physician (where applicable), family physician, dentist, emergency medical personnel, coaching staff, athletic director, other AT and me/us as noted below. The AT will communicate with the aforementioned individuals on an as needed basis and will use professional discretion and judgment to protect the student's Personal Health Information (PHI).

I/We understand that should a change be desired in the type of health information to be discussed or with whom it can be shared, the individual who initially signed this release must make the request in writing and contact the AT. (Should a student athlete become 18 years of age during the course of the school year, the now adult student athlete would be able to make these changes.) I/we also understand that verbal approval may be given directly to the AT by the parent, guardian, or adult student athlete **for a specific, single episode of communication** and will be documented by the AT.

**Print:** Adult Student Athlete \_\_\_\_\_  
**or**  
 Parent/Guardian name(s) \_\_\_\_\_

**Signatures:** Adult Student Athlete \_\_\_\_\_ Date: \_\_\_\_\_  
**or**  
 Parent(s)/Guardian(s) \_\_\_\_\_ Date: \_\_\_\_\_

**Primary Contact Information:** \_\_\_\_\_  
 Parent(s)/Guardian(s) contact #(s) cell: \_\_\_\_\_  
 home: \_\_\_\_\_  
 cell: \_\_\_\_\_  
 home: \_\_\_\_\_

**Secondary Contact Information:** \_\_\_\_\_  
 Name(s) & contact #(s) cell: \_\_\_\_\_  
 home: \_\_\_\_\_  
 cell: \_\_\_\_\_  
 home: \_\_\_\_\_