

**STUDENT-ATHLETE AUTHORIZATION/CONSENT
FOR
DISCLOSURE OF PROTECTED HEALTH INFORMATION**

I hereby authorize the physicians, athletic trainers, sports medicine staff and other health care personnel representing TOSPT/TOC 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 North Florida Christian School. I further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to a coach, athletic director or school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospital and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, chaplains and/or clergy members, officials of Florida High School Activities Association.

I, _____ parent or guardian _____
(name of parent/legal guardian) (name of student athlete)

understand that as a parent/legal guardian give authorization/consent for the disclosure of the student-athlete's protected health information is a condition for participation as an interscholastic athlete at North Florida Christian School for the purpose of the undersigned student-athlete to participate in interscholastic sports. I understand that my Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. I, the parent/legal guardian understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing to the school's athletic director, but if I do, it will not have any effect on the actions the North Florida Christian School officials took in authorization/consent prior to receiving the revocation. This authorization/consent expires one year from the date it is signed.

REQUIRED SIGNATURE FOR PARTICIPATION FOR INTERSCHOLASTIC SPORTS

Print Student-Athlete Name

Signature of Parent/Legal Guardian

Date