

MEDICAL INFORMATION RELEASE

I HEREBY AUTHORIZE THE ATHLETIC TRAINERS, SPORTS MEDICINE STAFF AND OTHER HEALTH CARE PERSONNEL WORKING WITH CENTRAL BALDWIN MIDDLE SCHOOL TO RELEASE INFORMATION REGARDING THE STUDENT-ATHLETE'S PROTECTED HEALTH INFORMATION AND RELATED INFORMATION REGARDING ANY INJURY OR ILLNESS DURING THE STUDENT-ATHLETE'S PARTICIPATION IN ATHLETICS AT THAT SCHOOL. 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 THE ALABAMA HIGH SCHOOL ATHLETIC ASSOCIATION. THIS RELEASE IS VALID FOR ONE YEAR FROM THE DATE SIGNED OR UNTIL WRITTEN NOTICE IS GIVEN THAT YOU NO LONGER WISH TO HAVE THE MEDICAL INFORMATION SHARED. PLEASE CHECK THE APPROPRIATE BOX.

YES_____

NO_____

SIGNATURE

DATE

MEDICATION RELEASE

I GIVE PERMISSION FOR MY CHILD TO RECEIVE TYLENOL, ADVIL, OR ANY OTHER MEDICATION LISTED FROM THE SCHOOL ATHLETIC TRAINER OR COACHES. ANYTHING OTHER THAN TYLENOL AND ADVIL WILL HAVE TO BE SUPPLIED BY THE ATHLETE AND LISTED BELOW. PLEASE CHECK THE APPROPRIATE BOX.

YES_____

NO_____

OTHER_____

SIGNATURE

DATE

INSURANCE WAIVER

I HEREBY GIVE MY PERMISSION FOR _____ (ATHLETES NAME) TO PARTICIPATE IN THE ATHLETIC PROGRAM AT CENTRAL BALDWIN MIDDLE SCHOOL. I FURTHER ASSUME ALL MEDICAL RESPONSIBILITIES IN CASE MY CHILD RECEIVES AN INJURY. I HAVE AN INSURANCE POLICY THAT WILL COVER ANY INJURY HE/SHE MAY REECEIVE. MY SIGNATURE AT THE CLOSE OF THIS STATEMENT RELIEVES CENTRAL BALDWIN MIDDLE SCHOOL, THE COACHING STAFF, AND ALL MEDICAL PERSONNEL OF ALL MEDICAL RESPONSIBILITIES. A COPY OF THE FRONT AND BACK OF MY INSURANCE CARD IS ATTACHED AS PROOF OF INSURANCE.

INSURANCE COMPANY

SIGNATURE

DATE