



## School Athletic Program

### Disclosure Authorization for Release of Protected Health Information

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In an effort to provide your child with the best ongoing medical care we would like to ask your permission to share medical information with your child's coaches/trainers. We feel this would allow the best plan of care for your child. This will allow us to have discussions regarding injuries, interventions and proper exercise programs for your child's particular injury. In the interest of time, this agreement would remain in effect until the end of the school year. If you at any time wish to revoke this agreement you may call us or write us a note asking that we not share information with the athletic personnel.

Thank you.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
School

**Yes**, you may discuss my child's plan of care and medical information with his coach/trainer.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**No**, at this time I wish to decline and do not want anyone to discuss my child's injury/medical condition with coaches/trainers.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date