

Today... and ...



in the **Future**

Fort Smith Public Schools

Athletics and Student Activities

3205 Jenny Lind • P.O. Box 1948

Fort Smith, Arkansas 72902-1948

479-785-2501

Fax: 479-709-6090

ATHLETIC DEPARTMENT

Parent/Guardian Authorization for Use and Disclosure of Protected Health Information

By signing this authorization, I authorize medical personnel, including physicians and athletic trainers, to use and/or disclose certain protected health information (PHI) about me to: Fort Smith Arkansas Public Schools. This authorization permits medical personnel to use and/or disclose the following individually identifiable health information about me for the following purpose: AAA required health history and physical exam as well as communication between athlete, athletic trainer, physician and coaching staff regarding evaluation and treatment of injuries or medical conditions during practices or games.

If I refuse to sign this authorization, then the AAA Health Screening will not be completed and my student athlete will be unable to participate in school athletics.

This authorization will expire upon my completion of high school. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may not longer be protected by the federal HIPAA Privacy Rule.

I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization. My written revocation must be submitted to: Athletic Director, Fort Smith Public Schools, 3205 Jenny Lind, Fort Smith, AR 72901.

I/we hereby state that, to the best of my knowledge, the answers to the questions on the attached Health History Form are correct. I/we understand that these limited medical examinations are required by AAA before students may participate in school athletic programs. I/we further understand that these are *screenings only* and a physician should further evaluate any medical concern as a result of these screenings. I/we hereby release medical personnel from any liability which may arise from them.

Signed by: _____

Parent/Guardian

Relationship to Student

Print Name of Parent/Guardian

Student Name

Date

Parent/Guardian is to keep one signed copy of this authorization.