Athletic Programs

Permission ~ Medical Consent ~

Waiver of Liability for Participation in Athletics or Sports-Related Activities

I/We hereby given consent for		(stuc	lent's name),
4		A	(school)
in the sport(s) of:			
-	-		
	vance of rules, injuries	I/We acknowledge that even the best coaching, use are still a possibility. On rare occasions these injur	
treatment, and medical or surgical care deepermission to RCPS, relinquishing its ager	emed reasonably necessar nts, servants, and employe	RCPS), its physicians, and/or its certified athletic trainers to y to the health and well being of the above individual. I/Wo sees from liability for damage and injury to the above individual ined as a result of participation in the sport(s) or extracurric	e further grant lual; and hereby
SIGNATURE OF ATHLETE	DATE	SIGNATURE OF PARENT / LEGAL GUARDIAN	DATE
	THORIZATION FOR DI	SCLOSURE OF PROTECTED HEALTH INFORMATION	· · · · · · · · · · · · · · · · · · ·
representing RCPS to release information	ntion regarding the stude	ners, sports medicine staff, and other health care pe dent-athlete's protected health information and relat nt-athlete's training for and participation in athletics school).	ed
health information to an athletic train interscholastic sports. This protected injuries, prognosis, diagnosis, athletic protected health information may be	er, coach, athletic dire health information ma c participation status, a released to other health I insurance coordinato	with the requirements of his/her school and the release ctor, or school official in connection with participative y concern the student-athlete's medical status, medical related personally identifiable health information in care providers, hospitals and/or medical clinics and crs, athletic and/or school administrators, chaplains at tion.	ion in cal condition, n. This
PARENT: I/We, mentioned student, understand that au information is a condition for particip purpose of the undersigned student-at (HIPAA) or for the Family Education without either parent/legal guardian a	uthorization/consent for pation in an interschola thlete to participate in nal Rights and Privacy authorization under HII at once information is	, as parent or guardian or the disclosure of the student-athlete's protected he stic activity with Rockdale County Public Schools feither the Health Information Portability and Account Act of 1974 (the Buckley Amendment), and may no PAA or consent under the Buckley Amendment. As disclosed per authorization or consent, the informat	ealth For the Intability Act Intability to the disclosed the
		evoke this authorization/consent at any time by noting prization/consent expires one year from the date it is	
PRINT NAME OF STUDENT-ATHLETE	DATE	SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
		SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE