

STUDENT / ATHLETE

Medical Release Form

Alabama Christian Athletic Association

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient.

Student / Athlete: _____

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1) Athletic Director; 2) Coaches; 3) Trainers; 4) School Administration;
- 5) Insurance agent (Planned Benefits services)

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

School: Cornerstone Christian Academy, Rainsville, AL

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

Date: _____

(Copy One Form Per Athlete)

MEDICAL RELEASE FORM

Guidelines

Please copy one form per athlete.

The top two signatures are if the parent(s) grants permission for medical information to be discussed with school personnel.

The bottom two signatures are if parent(s) does not grant permission for medical information to be discussed with school personnel.

Keep signed forms on file in the school office.

Give the coaches a copy of each form to keep with them if needed at away games.

If you have any questions, please call the ACAA office.