

ATHLETIC CONSENTS AND AUTHORIZATION FORMS**DATE:** _____

This document contains (1) a consent for Community Health Network, Inc. (Community) to initiate and provide medical treatment to your student athlete in the event of an injury or illness; (2) an acknowledgement of your and the student's receipt of written information about concussions and head injuries in student athletes; (3) a HIPAA Authorization Form; (4) an acknowledgement of receipt of Community's Notice of Privacy Practices; (5) an Emergency Medical and Contact Information form; and (6) a Student/Parent Certificate and Consent form. It is very important that you read and complete all of these sections and forms thoroughly and **sign all sections/forms separately**. If the student athlete is 18 years old or older, he or she must sign for him/herself, except for parent/guardian acknowledgement of receipt of concussion information. **Parents may not sign for students who are 18 or older. Failure to follow these instructions may result in exclusion of your child from athletic programs.**

CONSENT FOR TREATMENT

I consent to Community initiating any medical or first aid treatment for _____ (name of student athlete) in the event of an accidental injury or an illness. I understand that an attempt will be made to contact me as quickly as possible in such an event. If I cannot be reached, Community may initiate the treatment that Community and its personnel believe to be in the best interest of the above-named student athlete. I acknowledge that I have read this statement, have completed and provided the school with the Emergency Contact Information Sheet, and I hereby give my consent.

Signature of Parent/Guardian: _____ Printed: _____

Relationship to student: _____

ACKNOWLEDGMENT OF CONCUSSION INFORMATION

Prior to participating in interscholastic or intramural sports, a high school student and his/her parent or guardian must be given an information sheet regarding the nature and risk of concussions and head injuries to student athletes, including the risks of continuing to play after concussion or head injury.

I acknowledge that I have received and read the attached information entitled "Heads Up--Concussion in High School Sports—A Fact Sheet for Parents"

Signature of Parent/Guardian (regardless of student age): _____

I acknowledge that I have received and read the attached information entitled "Heads Up--Concussion in High School Sports—A Fact Sheet for Athletes".

Signature of Student Athlete (regardless of age): _____

HIPPA AUTHORIZATION

I hereby authorize Community and its personnel and/or agents, to disclose the protected health information (PHI) of _____ (student's name) (Student) as follows: The PHI of the Student that may be disclosed under this Authorization includes the records of physical examinations performed by Community to determine the Student's eligibility to participate in classroom or other school sponsored activities; records of the evaluation; records and reports regarding the diagnosis and treatment of injuries which the Student incurred while engaged in school sponsored activities, including but not limited to practice sessions, training and competition; and other records as necessary to determine the Student's physical fitness to participate in school sponsored activities.

The Student's PHI may be disclosed to (1) the [MSD Warren Township] School principal or assistant principal, athletic director, coaches, teachers, school nurses or other members of the school's administrative staff or their designees, and (2) emergency medical personnel, hospitals or any other health care professional or provider who evaluates, diagnoses or treats an injury, illness or other condition incurred by the Student while participating in a school sponsored activity, as necessary to:

- Evaluate the Student's eligibility to participate in school sponsored activities, including but not limited to interscholastic or intramural sports programs, physical education classes or other classroom activities;
- Document the sports medicine services provided by Community and evaluate program outcomes;
- Resolve grievances; and
- Evaluate treatment alternatives.

I understand that Community has requested this Authorization to disclose PHI so that the school, together with Community, can make certain decisions about the Student's health and ability to participate in certain classroom and school sponsored activities in accordance with the Health Information Portability and Accountability Act (HIPAA). I also understand that the Student's participation in certain school sponsored activities is conditioned upon my signing this Authorization. I understand that I may revoke this Authorization in writing at any time prior to its expiration date, except to the extent that action has been taken by Community in reliance on this Authorization, by sending a written revocation to the athletic trainer or his/her designee. I understand that the PHI released may be subject to re-disclosure by any recipient and no longer protected by federal and/or state privacy laws. **Expiration of Authorization:** 1 year from date signed.

Signature of Parent/Guardian: _____ Printed: _____

Relationship to student: _____

NOTE: IF STUDENT IS 18 YEARS OR OLDER, HE/SHE MUST SIGN THIS AUTHORIZATION. IF YOUNGER THAN 18, A PARENT OR GUARDIAN MUST SIGN FOR THIS AUTHORIZATION TO BE EFFECTIVE. A STUDENT SHALL NOT BE CLEARED TO PARTICIPATE IN CERTAIN SCHOOL SPONSORED ACTIVITIES (INCLUDING BUT NOT LIMITED TO SPORTS PROGRAMS) IF THIS AUTHORIZATION IS NOT SIGNED OR IF IT IS REVOKED.

NOTICE OF PRIVACY PRACTICES

Community has prepared a detailed NOTICE OF PRIVACY PRACTICES (NPP) to help you better understand its policies in regard to the student's personal health information. You have the right to receive the NPP prior to signing this consent. The current NPP will be posted in the school's health clinic and in the Athletic Director's office, on Community's website, and copies are available upon request by asking the staff of the school health clinic or the athletic trainer.

Signature of Parent/Guardian: _____ Printed: _____

Relationship to student: _____

EMERGENCY MEDICAL AND CONTACT INFORMATION

Student Athlete Information:

Last Name: _____ First Name: _____ MI: ____ Male/Female Date of Birth: _____

Grade: _____ Medical Insurance Company: _____ Policy #: _____ Group #: _____

Physician Name: _____ Physician Phone #: _____

Preferred Hospital (if any): _____ Allergies: _____

Current Medications:	<u>Name of Medication</u>	<u>Dose</u>	<u>Frequency Taken</u>

Does the Student Athlete have any of the following conditions (indicate yes or no): asthma ____; low blood sugar ____; diabetes ____; fainting spells ____; seizures ____; sickle cell anemia ____; others _____

Parent/Guardian Information:

Parent/Guardian #1: Name: _____ Relationship to Student: _____

Street Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Parent/Guardian #2: Name: _____ Relationship to Student: _____

Street Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

Emergency Contacts if Parent/Guardian Cannot Be Reached:

Name	Phone #(s)	Relationship to Student
1. _____		
2. _____		

STUDENT/PARENT CERTIFICATE AND CONSENT

To be read and signed by parent/guardian and student

Students may NOT participate in athletics until this form is on file in the Athletic Office

1. In accordance with the rules of the IHSAA, I hereby give consent for the named student to participate in the athletic programs at MSD Warren Township:
2. I acknowledge that the participant is assuming a certain risk of being injured and that even with the best coaching, use of protective equipment and strict observation of rules, injuries are still a possibility in organized athletics. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.
3. I consent to the disclosure by the school to the IHSAA of all required detailed financial (athletic or otherwise), scholastic and attendance records of the school, including records which may concern or be related to the student, unless the student is emancipated, in which case the student gives such consent.
4. I authorize responsible school personnel or their agents to oversee or provide emergency medical care to the student in the event of serious injury or in the event the parent/guardian cannot be reached in a timely manner.
5. I authorize the school to investigate and obtain information from police agencies, the probation department or any other source regarding events leading up to any arrest or filing of charges for an act which would be in violation of any of the athletic rules published as part of the student handbook.
6. **I have been provided with a copy of the rules and regulations regarding athletic participation or received copies of those rules and regulations in the student handbook. I understand the rules and regulations and will comply with them as stated. I understand that the rules and regulations will be in effect for all athletes as long as they are a student at [MSD Warren Township] and that the rules and regulations may be updated from time to time.**
7. I understand that [MSD Warren Township] Schools has in place a "reasonable suspicion" drug testing policy and that school personnel may order a drug test on the student if reasonable suspicion exists.
8. I authorize [MSD Warren Township] to post results/highlights containing my son's/daughter's name on the [MSD Warren Township] website.

Signature of parent/guardian (if student less than 18): _____ Date: _____

Signature of student (if 18 years old or older): _____ Date: _____

STUDENT CERTIFICATE (to be signed by student regardless of age): I have read the rules and regulations of the Indiana High School Athletic Association (IHSAA) and [MSD Warren Township] and believe that I am eligible to represent my school in athletics. If accepted as a representative, I agree to abide by the rules and regulations of the IHSAA and my school. To the best of my knowledge, I have suffered no injury or illness in the past that would hinder my participation in my chosen sport(s). Student Signature: _____ Date: _____