



Medical Information Release
University of Northwestern Ohio
2011-2012

Athlete's age: _____ Athlete's sport(s) for '11-'12: _____

I/We, _____, am/are an adult student athlete (18 years or older) **or**
Athlete Name (if 18y.o.) or Parent/Guardian Name(s)
 the parent(s)/legal guardian(s) for a minor student athlete, _____, and
Student Athlete Name
 understand that the university I/my child attend(s) is under contract with St. Rita's Medical Center (SRMC) to provide athletic training services for their athletes.

I/we understand that health information related to me or my/our son/daughter should be protected, but in order to provide the best treatment and the opportunity for a safe and quick return to athletic activities, there may be instances in which the Certified Athletic Trainer (AT) should discuss information with regard to an athlete's condition with others. Therefore, when injuries or medical conditions arise that require the ATs intervention, I/we give my/our permission for any AT from SRMC who is involved in my/our son's/daughter's care to discuss pertinent health information including, but not limited to, the type of injury/condition, treatment, and any participation limitations, with the following individual(s) when the situation warrants: team physician (where applicable), family physician, dentist, emergency medical personnel, coaching staff, athletic director and me/us as noted below. The AT will communicate with the aforementioned individuals on an as needed basis and will use professional discretion and judgment to protect the student's Personal Health Information (PHI). This release shall also provide permission for any health care facility, who is currently treating, or who has treated me/my/our son/daughter, permission to release information directly to the AT as a part of the continuum of care.

I/We understand that should a change be desired in the type of health information to be discussed or with whom it can be shared, the individual who initially signed this release must make the request in writing and contact the AT. (Should a student athlete become 18 years of age during the course of the school year, the now adult student athlete would be able to make these changes.) I/we also understand that verbal approval may be given directly to the AT by the parent, guardian, or adult student athlete **for a specific, single episode of communication** and will be documented by the AT.

Print: Adult Student Athlete _____
or
 Parent/Guardian name(s) _____

Signatures: Adult Student Athlete _____ Date: _____
or
 Parent(s)/Guardian(s) _____ Date: _____

Primary Contact Information:
 Student Athlete contact #(s) _____ cell: _____
 _____ home: _____
 Parent(s)/Guardian(s) contact #(s) _____ cell: _____
 _____ home: _____
 _____ cell: _____
 _____ home: _____

Secondary Contact Information:
 Name & contact #(s) _____ cell: _____
 _____ home: _____