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STUDENT/ATHLETE Medical Release Form

Alabama Independent School 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

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

School: _____

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:** _____