



Rockdale County Public Schools

954 N. Main Street • Conyers, Georgia 30012 • (770) 483-4713

Athletic Programs

Permission ~ Medical Consent ~

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

SECTION A | PERMISSION STATEMENT

I/We hereby given consent for _____ (student's name), to represent _____ (school) in the sport(s) of: _____

realizing that such activity involves the potential for injury. I/We acknowledge that even the best coaching, use of the most advanced equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be severe and result in total disability, paralysis, or even death.

I/We further grant permission to Rockdale County Public Schools (RCPS), its physicians, and/or its certified athletic trainers to render aid, treatment, and medical or surgical care deemed reasonably necessary to the health and well being of the above individual. I/We further grant permission to RCPS, relinquishing its agents, servants, and employees from liability for damage and injury to the above individual; and hereby accept the full responsibility to any and all damages or injuries sustained as a result of participation in the sport(s) or extracurricular activity named above.

SIGNATURE OF ATHLETE

DATE

SIGNATURE OF ATHLETE

DATE

SECTION B | STUDENT-ATHLETE AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

PARENT: I/We hereby authorize the physicians, athletic trainers, sports medicine staff, and other health care personnel representing RCPS to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for and participation in athletics at _____ (school).

I/We further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to an athletic trainer, coach, athletic director, or school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospitals and/or medical clinics and/or laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, chaplains and/or clergy members, and officials of the Georgia High School Association.

PARENT: I/We, _____, as parent or guardian of the above mentioned student, understand that authorization/consent for the disclosure of the student-athlete's protected health information is a condition for participation in an interscholastic activity with Rockdale County Public Schools for the purpose of the undersigned student-athlete to participate in either the Health Information Portability and Accountability Act (HIPAA) or for the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment), and may not be disclosed without either parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. As the parent/legal guardian, I understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I/We, the parent/legal guardian, understand that I/we may revoke this authorization/consent at any time by notifying in writing a school administrator or the head coach. This authorization/consent expires one year from the date it is signed.

PRINT NAME OF STUDENT-ATHLETE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

SIGNATURE OF ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE