

# Flagler College Sports Medicine

## Authorization for Release of Medical Information Form

Please read the following consent form carefully. If you are under 18 years of age, the signature of a parent or legal guardian is required.

(Print) Student-Athlete Name: \_\_\_\_\_

### Authorization for Flagler College to Release Medical Information

I hereby allow the Flagler College Athletic Training Staff to release any medical information regarding the athlete named above. This information can be released to Flagler College Team Physicians and/or their consulting physicians, consulting medical specialists, rehabilitation and diagnostic centers, any insurance company directly involved in student-athlete's claims, and the student-athlete's parent(s)/guardian(s). This can include any information concerning any injury or medical condition related to past, present, or future participation in athletics at Flagler College. These disclosures may be made for purposes related to student athlete healthcare, athletic training, payment and reimbursement of claims, or healthcare operations. The authorization expires twelve months after the athlete is no longer enrolled at Flagler College.

### Release of Information to Flagler College Athletic Training Staff

I hereby allow Flagler College Team Physicians, other physicians, consulting medical specialists, and rehabilitation and diagnostic centers to release any and all medical information concerning the athlete named above to the Athletic Training Staff at Flagler College. This information includes any medical records relating to or affecting participation in athletics at Flagler College. This information may include, but is not limited to, all information within their knowledge, or contained in any records under their control or supervision concerning the student-athlete's physical condition, illness, and/or injuries. This includes, but is not limited to: X-rays, MRIs, results of lab tests, and dictations. I also hereby authorize the Flagler College Athletic Training Staff to receive from insurance companies, medical providers, and employer health plans payment information pertaining to the athlete's injury or illness. This includes, but is not limited to, benefits information, explanation of benefits forms and itemized statements. These disclosures may be made for evaluation and treatment purposes, payment purposes, health care operations purposes, or any other purpose as required by Flagler College. This authorization expires twelve months after the athlete is no longer enrolled at Flagler College.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_/\_\_\_/\_\_\_  
Date

**Photocopies of this form are as binding as is the original and shall remain in effect until revoked in writing.**