

**STUDENT / ATHLETE**

**Medical Release Form**

**Alabama Christian Education 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 (Planned Benefits services)

**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:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Copy One Form Per Athlete)**