

**Consent to Treat and HIPAA/FERPA Release**

**Consent to Treat:** As a result of athletic participation, injuries frequently occur. In the event that an injury does occur, I consent to allow Mid-Columbia Medical Center's Certified Athletic Trainers to evaluate, treat, and manage any injuries, and activate emergency care as indicated within their scope of practice for my child. In the event of a serious injury, I understand that an attempt to contact me in the most expeditious manner possible will occur. In the event that I cannot be reached, the treatment or necessary referral for the best interest of my child will be given. I also give consent to MCMC Certified Athletic Trainers to instruct my child in performance enhancing or corrective exercise.

**Parental Authorization for the Use and Disclosure of Medical Information (HIPAA):** I hereby authorize the Sports Medicine Staff (Athletic Trainers and Team Physicians) to share appropriate information (medical and/or other) concerning my child that is relevant to participation/activities with coaches, other healthcare professionals (as determined by parent) and other school personnel as deemed necessary. I understand that I may revoke this authorization in writing and present my written revocation to the School Athletic Director. Unless revoked, this authorization is in effect for the entire school year.

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Name of Student Athlete

Year of Graduation

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Parent/Guardian Signature

Date

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Name of Parent/Guardian (Print)

Relation to Athlete