

STUDENT NAME: \_\_\_\_\_

GRADUATION YEAR: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

**PARENT AUTHORIZATION FOR  
RELEASE OF HEALTH INFORMATION**

With the passage of the Federal Health Insurance Portability and Accountability Act (HIPAA) in 2003, Cambridge Schools are required to obtain for each student athlete from the parent or legal guardian, or the student if 18 years or older, an authorization permitting:

- 1. The student to be treated by a licensed athletic trainer.**  
(Contracted between Cambridge School District and Fort HealthCare)
- 2. The disclosure of information related to injuries and treatment between the licensed athletic trainer and the appropriate school district staff, including, but not limited to: physical education teachers, coaches, and administration.**

All records generated through these activities are the property of Fort HealthCare and are subject to state and federal privacy regulations. Information disclosed to the school district or its employees will be the minimum necessary to meet the intended purpose.

I, \_\_\_\_\_ authorize treatment by a licensed  
(Parent/Guardian Printed Name)

athletic trainer for my son/daughter in the case of injury. In addition, I authorize that information regarding any treatment or injury of my son/daughter may be shared between the licensed athletic trainer any the appropriate school district staff when necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date