

## Disclosure of Medical Information

I understand that my child, by participating in athletics for the \_\_\_\_\_ school year is at risk for sustaining an injury. My child may also have a preexisting medical condition that certain individuals should be aware of in order to ensure their safety. If my child sustains an injury, or a preexisting condition exists, I permit TISD Athletic Staff to release personal medical information concerning the above-mentioned injury or condition to certain parties. The parties who receive this information may include: the physician (including his/her staff), third party insurance companies, and TISD Athletic Director, Athletic Trainers, and Coaches. These parties may need access to this information for many reasons. These include:

- Ensuring the health and safety of the child while involved in athletic activities.
- Evaluating, diagnosing, treating, and rehabilitating the child.
- Notifying other health care providers who may treat the child (example: when the child is traveling and the parents cannot be contacted).
- Processing of medical claims.

I am aware that certain medical information will be required to be on file and maintained by members of Texarkana ISD staff and will only be used to obtain appropriate medical care if needed.

I am aware that student records will be kept private and confidential from other persons, unless specific permission is granted, in writing, at a later date.

I understand that the information is released to the above mentioned parties, any further release or use of this information will be the responsibility of those parties and Texarkana ISD staff will not be held responsible.

By refusing to agree with this release, my child will not be denied treatment for any such injury or condition, which may occur during athletic participation.

I agree \_\_\_\_\_ I disagree \_\_\_\_\_ that this information may be discussed among the above said parties. I also understand that I have the right to withdraw this release, in writing, at any time during the school year.

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

\_\_\_\_\_  
Date