

Monongalia County Schools

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION and ATHLETIC PERFORMANCE INFORMATION

Student – Athlete Name:

First Middle Initial Last

Date of Birth: ____/____/____ Age: ____

I hereby grant permission to Monongalia County Schools administrators, athletic trainers and coaches to release to the news media the nature of any athletic-related injury or illness and the expected rehabilitation period, if any, for purposes of addressing participation in interscholastic athletic activities.

I also grant permission to Monongalia County Schools administrators, athletic trainers and coaches to release to colleges, universities and scouting agencies information, including the completion of questionnaires and the release of video of athletic performance, relating to an assessment of the student's athletic ability, commitment, work ethic, and character.

I understand that athletic performance information and injury/illness information may be protected by federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act (FERPA) and, if protected, may not be disclosed without either my authorization under HIPAA or my consent under FERPA.

This authorization/consent expires 380 days from the date below, but I have the right to revoke it in writing at any time by sending written notification to the principal of the school. I understand that a revocation is not effective to the extent action has already been taken in reliance on this authorization/consent.

Signature of Student-Athlete

Date

Printed Name of Parent/Legal Guardian (If the student-Athlete is under 18 years of age)

Signature of Parent/Legal Guardian

Date
