

EVANGEL CHRISTIAN SCHOOL

STUDENT/ATHLETE Medical Release Form

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 IS GRANTED to discuss the medical condition of the above named patient with the following people for all school related health problems:

- ✓ Athletic Director
- ✓ Coaches
- ✓ Trainers
- ✓ School Administration
- ✓ Insurance agent (Planned Benefits services)

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

PERMISSION IS DENIED to discuss the medical condition of the above named patient with any person other than the patient and parents or guardians.

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____

Signed: _____ Relationship: _____