

**ALABAMA INDEPENDENT SCHOOL ASSOCIATION
MEDICAL RELEASE FORM**

STUDENT/ATHLETE

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: _____ **Date:** _____

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems:

- 1) Athletic Director(s)
- 2) Coaches
- 3) Trainers
- 4) School Administration
- 5) Insurance Agent (Planned Benefits services)

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____

Lee-Scott Academy

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents or guardians.

Signed: _____ **Relationship:** _____

Signed: _____ **Relationship:** _____