MEDICAL CONSENT / RELEASE FORM

Appointment of Health Care Representative

As the parent/legal guardian of _____, I request that in my absence the above named CHILD/PLAYER/ or ADULT be treated by and admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and other medical staff, to perform any diagnostic, treatment, and/or operative health care procedures that are medically necessary to the above named individual.

I hereby accept financial responsibility for any and all medically necessary treatment administered to the above named CHILD/PLAYER/ or ADULT in the event of an accident, injury, sickness, etc. to the same extent as if I had personally contracted for such care and services and agree to pay all such charges.

*Any representative of the following organization is designated to act on my behalf as my personal representative during my unavailability or inability to act:*_____

_____

or

The following individual(s) is designated to act on my behalf as my personal representative during my unavailability or inability to act:

_____

_____

These powers shall be effectively immediately and shall not terminate unless revoked by me in writing with notice to all interested parties.

General Release

I understand the above named CHILD/PLAYER/ or ADULT assumes all of the risks associated with the activities in which he or she will be involved. I release all rights and claims for damages which the above named CHILD/PLAYER/ or ADULT, their heirs, executors, and administrators, or I may have against ____ _____, its directors, coaches, officials, teachers or representatives for injuries or damages that occur as a result of their participation.

Date of birth ___/___/___ for the above named individual.

Date of last Tetanus Booster ___/___/___ for the above named individual.

The following is a list of known allergies and allergies to medications of the above named individual:

_____

_____

The above named individual has the following known medical conditions or problems:

_____

The above named individual will be bringing the following prescriptions medications:

_____

Family Physician:_____ Phone Number:_____

Names of Parents/Guardians:_____

Address:_____

City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Person Responsible for charges:_____

Address:_____

City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Other Person to notify if parent/guardian is unavailable:_____

Phone: (H)_____; (W)_____; (Other)_____

Insurance Company:_____ Policy or Group Number:_____

Signature of Parent/Guardian:_____

Date:_____

Signature of Financial Guarantor (required if different):_____

Date:_____

HIPAA Authorization

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as the parent/legal guardian of _____, I am his Personal Representative. As such I appoint and designate _____ _____ as his/her Personal Representative, to serve concurrently and individually. The Health Care Representative shall have the status, power, authority and rights as his Personal Representative(s) for all purposes as provided in HIPAA, with the following limits, special condition or instructions: **None.**

These powers shall be effectively immediately and shall expire on _____ _____ unless earlier revoked by me in writing with notice to all interested parties. I understand that this authorization is voluntary. I understand that I have a right to receive of copy of this authorization.

HIPAA Authorization Signature of Parent/Guardian:_____ _____

Date:_____

This Section For Notary:

STATE OF _____

COUNTY OF _____

On _____, before me,

_____, Notary Public,

personally appeared _____
personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Of Notary:_____