SCHOOL					

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

As (please specify) parent/g	guardian o	of ("the			
Student"), a student at		(the "School") in			
Kentucky, who	desires to	participate in the following extracurricular			
athletic program of the School:		(the "Program"), I understand that in the			
course of competing in the Program	or Program	sponsored events the Student may require			
attention or assistance from an Athletic	Trainer for	illness or injury incurred while participating			
		derstand that the School has arranged for St.			
		assistance during certain Program-sponsored			
events. I, the undersigned, hereby au	thorize St.	Elizabeth Healthcare to release all medical			
information about the Student obtained	in the cou	rse of providing athletic training attention or			
assistance during Program-sponsored e	vents to the	School and its representatives including, but			
not limited to, coaches, for the purpo	ose of mak	ing determinations regarding the continued			
participation of the Student in the Progra	am or Progr	am-sponsored sporting events.			
I understand that I have the rig	ht to revoke	e this authorization at any time except to the			
extent St. Elizabeth Healthcare has already acted as a result of this authorization. I further					
understand that any revocation must be					
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I also understand that when information is used or disclosed based on an authorization;					
		t and no longer protected by the Standards for			
the Privacy of Individually Identifiable	Health Infor	mation.			
This authorization shall expire o	ne year afte	r date signed.			
Lunderstand that I have the right	t to refuse to	o sign this authorization. I further understand			
		ing ineligible to participate in the School's			
sporting activities.		Lance			
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Student's Name		Street/box number			
Student's Date of Birth		City, State, Zip Code			
Student's Signature (required if student is 18 or	over	Student's Telephone Number			
or will turn 18 before season ends)		·			
Name of Parent or Guardian	-	Date			
Name of Latent of Guardian					
G' CD	-				
Signature of Parent or Guardian					

Relationship to Student (Parent, Guardian, etc.)