School Name:

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
CONSENT FOR TREATMENT: U18 Sports Medicine Program

Minor's Name: _____ ("Child") Date of Birth: _____

Please list all the Minor's Medication and Medical Conditions: _____

I/We, _____ the Parent(s), Legal Custodian(s), or Legal Guardian(s) signing below, hereby authorize physicians, nurses, athletic trainers or any other healthcare provider (collectively "Providers") of Memorial Healthcare System ("MHS") to perform medical examinations, medical screenings, diagnostic screenings tests, therapies, modalities and/or any other procedure deemed necessary in order for the above Child to participate in school athletics. As required by F.S. 1014.06 (1), I specifically authorize and give permission to Providers, or someone under direct supervision of Providers, to render to my Child healthcare services should the need arise for such treatment while my Child is participating in school athletics. This consent comprises and is applicable to any kind of sports related injury that may be encountered while my Child is participating in school athletics, including but not limited to Concussion; Sudden Cardiac Arrest; Heat Related Illness; Abrasions & bruises; joint injuries such as fractures, dislocations, sprains and strains, facial injuries inclusive but not limited to nasal, orbital & oral; and rehabilitation services inclusive of post and non-post-surgical injuries. If medical necessity or emergency exists beyond that which can be reasonably dealt with on school grounds, I further authorize and give permission to Providers to arrange for professional medical transport to a medical facility. I understand that efforts will be made to contact us in the case of a medical emergency.

I understand that MHS has both employed and independent contractors who may participate in my Child's care and that these individuals are not always employees or agents of MHS. I also understand that MHS contracts with physicians and physician groups to provide services to patients and that they may be independent contractors and are not necessarily the agents or employees of MHS. I understand that MHS is not legally responsible for the acts and omissions of its independent contractors or these individuals who are not employees or agents of MHS. I acknowledge that no guarantees have been made to me regarding the results of any examination, care, or treatment provided by an MHS employee, agent, or independent contractor.

I authorize the School Board of Broward County to disclose health information from my Child's educational record to MHS. The health information consists of history, physical, examinations, medical screenings, past or present health information, or information pertaining to injury or illness that may have a bearing on my Child's ability to participate in school athletics. I authorize Providers who are employees or independent contractors of MHS to release the health information to the School Board of Broward County and its employees, school officials, coaches, teachers, and agents for the purpose determining my Child's ability to participate in school athletics. I understand that the health information used or disclosed pursuant to this authorization may be subject to re- disclosure by the recipient of the information and may no longer protected by federal confidentiality laws or MHS. I understand that, unless my Child is seen at a MHS facility, my Child is not considered a patient of MHS and no health information will be recorded in any electronic medical record maintained by MHS.

I understand that signing this Authorization is voluntary. I can refuse to sign, and MHS will not condition emergency treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization. I understand that I may revoke my authorization at any time by notifying, in writing, the MHS representative at Child's school. In the event I revoke this authorization, it will not have any effect on actions taken by MHS prior to the revocation. This authorization will be effective until revoked or until Child reaches eighteen (18) or is no longer enrolled in the School Board of Broward County.

The Parties have agreed to accept electronic signatures pursuant to the United States Electronic Signatures in Global and National Commerce Act and the Florida Uniform Electronic Transaction Act, and any document accepted, executed or agreed to in conformity with such law will be binding on both Parties the same as if it were physically executed. The affixing of the Parties of their actual signatures to this Consent, and delivery then by facsimile or scanned copy attached to an email, shall constitute sufficient delivery, communication and record of the formation of this transaction.

PARENTS/GUARDIANS

By: _____ Relationship to Child: _____ Date Signed: _____

Printed Name: _____

By: _____ Relationship to Child: _____ Date Signed: _____

Printed Name: _____