

Athletic Programs
Permission ~ Medical Consent ~
Waiver of Liability for Participation in Athletics or Sports-Related Activities
SECTION A | PERMISSION STATEMENT

I, the undersigned, do hereby consent to my child, _____'s (student's name), voluntary participation in athletics or sports-related activities; and in consideration for my child being permitted to participate, I do forever release, discharge, and covenant to hold harmless the Rockdale County Public Schools (RCPS), the Rockdale County Board of Education, and its representatives, officers, employees, agents, and volunteers, from any and all actions, causes of action and claims on account of or in any way growing out of, directly indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent of said minor.

Further, knowing and accepting that in athletic or sports-related activities, there are risks of injury, including but not limited to concussions, head injuries, bodily harm, or death, I do consent to participation by my child. In addition, I understand that participation in athletic or sports-related activities can include possible exposure to infectious diseases, including but not limited to MRSA, influenza, or COVID-19. Furthermore, I give my permission for the provision of medical care in case of injury, accident, or medical emergency involving my child.

SIGNATURE OF ATHLETE	DATE	SIGNATURE OF PARENT / LEGAL GUARDIAN	DATE

SECTION B | INSURANCE CLAUSE

As parent/guardian of the above student, I/we understand that one of the requirements for athletic eligibility is adequate accident insurance coverage against injury while in practice or in play. I hereby represent that my/our child is adequately covered with accident insurance which I/we already carry and will continue to carry for the entire season. I/we understand that RCPS does not carry an insurance policy on its athletes and the responsibility of providing such insurance is solely mine/ours.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE

SECTION C | STUDENT-ATHLETE AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

PARENT: I/We hereby authorize the physicians, athletic trainers, sports medicine staff, and other health care personnel representing RCPS to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for and participation in athletics at _____ (school).

I/We further understand that it is at my request to comply with the requirements of his/her school and the release of protected health information to an athletic trainer, coach, athletic director, or school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospitals and/or medical clinics and/or laboratories, athletic coaches, medical insurance coordinators, athletic and/or school administrators, chaplains and/or clergy members, and officials of the Georgia High School Association.

As parent or guardian of the above mentioned student, understand that authorization/consent for the disclosure of the student-athlete's protected health information is a condition for participation in an interscholastic activity with Rockdale County Public Schools for the purpose of the undersigned student-athlete to participate in either the Health Information Portability and Accountability Act (HIPAA) or for the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment), and may not be disclosed without either parent/legal guardian authorization under HIPAA or consent under the Buckley Amendment. As the parent/legal guardian, I understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment.

I/We, the parent/legal guardian, understand that I/we may revoke this authorization/consent at any time by notifying in writing a school administrator or the head coach. This authorization/consent expires one year from the date it is signed.

PRINT NAME OF STUDENT-ATHLETE	DATE	SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE