



**VERSAILLES SCHOOLS ATHLETIC TRAINING**



**Protecting Health Information**

The Versailles School District Athletic Training Department maintains the confidentiality of protected health information as required by the Health Insurance Portability and Accountability Act (HIPAA), and we will follow the terms of our Notice of Privacy Practices.

**Information Release Authorization**

I, \_\_\_\_\_ hereby give my consent for the team physicians, athletic training staff, current/relevant coaches or other medical personnel of Versailles Schools to release such information regarding my medical history, record of injury or surgery, record of illness, and rehabilitation results to each other in order to coordinate medical care and athletic training services. This information is normally confidential and, except as provided in this RELEASE, will not be otherwise released by the parties in charge of the information. This RELEASE remains valid until revoked in writing by responsible party.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Assumption of Risk**

I, \_\_\_\_\_ understand that there are risks in participating in the sport (s) of \_\_\_\_\_ and I will be liable for any athletic injury that may occur to me. I do understand that there is a small risk of potentially catastrophic injury by participating in interscholastic High School athletics. I assume financial and legal responsibility for any injury or injuries I suffer during tryouts/practices/ games of the sports teams offered by Versailles Schools. I am aware of the risks and assume the responsibilities associated with participation in the sports listed above.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### **Medical Treatment Consent**

I, \_\_\_\_\_ hereby consent to receive medical treatment deemed necessary by the Athletic Training staff at Versailles Schools. Any such treatment in no way confers liability to Versailles Schools. Permission is hereby granted to the attending team physician, athletic training staff, or other medical personnel associated with Versailles Schools to proceed with any medical or minor surgical treatment, x-ray examination and immunizations. In the event of serious illness or injury, I understand that an attempt will be made by the appropriate medical personnel to contact the parents or legal guardian. If medical personnel are not able to communicate with responsible parties the treatment necessary in the best interest of the student athlete may be given.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### **Required Doctor's Notes**

I, \_\_\_\_\_ understand the Versailles Athletic Department policy on the requirement for an athlete to present a Doctor's note stating the: Date of the visit, Why they were seen or diagnosis, and clearance status as of that date or if a follow up visit is warranted. This type of note is required for any type of doctor's visit that an athlete may attend. (i.e. family physician, orthopedic, chiropractor, physical therapist, ER, Urgent Care, or any other specialty doctor.) The Versailles Athletic Department doctors note form can be printed off the school website.

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date