

Mesquite ISD
Authorization For the Release of Medical Information

The Family Education Right to Privacy Act (FERPA) is a federal law that governs the release of a student’s educational records, including personal identifiable information (name, address, social security number, etc.) from those records. Medical information is considered a part of a student athlete’s educational record.

This authorization permits the athletic trainers, team physicians, and athletic staff (including coaches) of the Mesquite ISD to disclose information concerning my medical status, medical condition, injuries, prognosis, diagnosis, and related personal identifiable health information to the authorized parties listed below. This information included injuries or illnesses relevant to past, present, or future participation in athletics.

The purpose of a disclosure is to inform the authorized parties of the nature, diagnosis, prognosis or treatment concerning my medical condition and any injuries or illnesses. I understand once the information is disclosed it is subject to re-disclosure and is no longer protected.

I understand that the Mesquite ISD will not receive compensation for its disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information disclosed under this authorization.

I understand that I may revoke this authorization at any time by providing written notification to the head athletic trainer at the respective high school. I understand revocation will not have any effect on actions Mesquite ISD has taken in reliance on this authorization prior to receiving the revocation. This authorization expires six years from the date it is signed.

Medical information **will be released** to the following unless otherwise specified by the student athlete, parent, or legal guardian. **Initial or sign by the individual/group that you wish to exclude from disclosure.**

	Initials/Signature
Team Physicians and Medical Providers	
Athletic Trainers	
Medical Insurance Coordinators	
Approved Research	
Parents or Guardians	
Coaches and Athletic Staff	
Academic Counselors	
Administrators & School Staff	
College Coaches and Scouts	

Student ID# _____

 Printed Name of Student Athlete

 Signature of Student Athlete

 Date

 Printed Name of Parent/Legal Guardian (If student athlete is under 18 years of age)

 Signature of Parent/Legal Guardian

 Date