

Henry Ford Jackson Sports Medicine Services Authorization Form

I understand that signing this authorization form means I give permission to Henry Ford Health (HFH) to use personal information about the student/athlete's health and healthcare to provide sports medicine services. This authorization is good for 1 year after the date of signature.

Student/Athlete Information

Student/Athlete Name (print): _____

Date of Birth: _____ School/Grade Level: _____

Reason for This Authorization

- The school athletic trainer, team doctor, team consultants, and Henry Ford Jackson Hospital may provide any medical services that are needed to the student/athlete named above. This includes, but is not limited to:
 - Preventative care
 - First aid
 - Rehabilitation
 - Emergency care treatment (which includes being sent to the hospital)
- I authorize the disclosure of health information for the student/athlete named above. This is to allow for appropriate communication about the student/athlete's health and participation in athletics.
- This is for all information related to and including all injuries, illnesses, or conditions of the student athlete, and any related medical information that resulted from or is connected with their participation in school athletics.
 - The school athletic trainer, team doctor, team consultants, and Henry Ford Jackson Hospital may **release** information as appropriate for care of the student/athlete.
 - The school athletic trainer, team doctor, team consultants, Henry Ford Jackson Hospital, parents/guardians of the student/athlete, school coaches, and representatives of the school administration may **receive** information as appropriate for care of the student/athlete.
- I understand that I do not have to sign this form for the student/athlete to receive emergency treatment.
- I understand that information used or released based on this authorization may also be released by the person that receives the information.

How to Take Back an Authorization

- I know that I can take back (revoke) this authorization at any time.
- To take back this authorization, I understand I need to put it in writing or email form and give it to the athletic director and sports medicine staff.
- I know that taking back the authorization does not apply to information that has already been released.

I have read and understand the authorization above. I was able to ask all my questions, and they were answered.

Student/Athlete Signature

Date

Time

Parent/Guardian Signature

Date

Time

*Parent/Guardian signature required for all student/athletes under 18 years old

Relationship to student/athlete: _____