



PARENTAL PERMISSION FOR RELEASE OF MEDICAL INFORMATION

To the Physician:

Your patient participates in a Fairfax County Public Schools (FCPS) athletic program and thereby has contact with a certified athletic trainer (ATC). The FCPS Athletic Training Program consists of athletic trainers certified by the National Athletic Trainers Association (NATA) Board of Certification (BOC) and the Commonwealth of Virginia's Board of Medicine. ATC's provide injury prevention programs, injury evaluation, treatment, and rehabilitation services to FCPS student athletes.

Sound communication between and among all health care providers is key to providing the best care to an injured athlete. This release is provided to encourage communication between the treating medical physician and the athletic training staff at this athlete's school.

***** RELEASE *****

As parent or legal guardian of _____, I grant permission for the office of _____ to release information pertinent to the health care of my student athlete son/daughter to the athletic training staff at _____ High School.

I understand that the release of information may be in the form of personal communication over the telephone, electronic form, letters or documents, reproductions of originals of written material including X-Ray, MRI, or in person.

Parent/Guardian Signature

Date

Any and all information shared will be considered confidential in nature, every effort will be made to maintain confidentiality.