

**Heritage High School**

**Athletics**

**Heritage High School**

**HIPAA Contact Information Form**

In order to assist you in uploading your child’s health information to Athletic Clearance, please complete this form.

**\_\_\_\_\_\_\_\_\_\_\_**

**Initial** Heritage High School is permitted to share/upload my child’s physical/medical information with Athletic clearance including sensitive information as stipulated by the State of Florida.

Name of Parent (biological or adoptive) or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***By law, we must remind you that Privacy & Security is not assured when sending information over unsecured email. Heritage High School agrees never to sell your information.***

I understand that this authorization is in effect for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

***This authorization is not valid for the request of copies of your child’s medical records.***