



Saint Ignatius Chicago Rowing
SICR Document #3

Parent/Guardian Consent to Medical Treatment / Consent to Disclose of Protected Health Information

In the event of an emergency, I authorize Saint Ignatius Chicago Rowing to facilitate the provision of emergency and other appropriate medical treatment of any injury or illness my child may sustain and I hereby give permission to qualified medical personnel to provide such treatment to my child as they deem necessary or appropriate including without limitation hospitalization, medical tests, injections, the provision of anesthesia and surgery. I also agree that any of my emergency contacts listed on the SportNgin Emergency Contact list may be notified in an emergency, as needed. I hereby hold harmless Saint Ignatius Chicago Rowing from any losses or liability arising out of Saint Ignatius Chicago Rowing's facilitation of the provision of medical treatment.

I hereby authorize Saint Ignatius Chicago Rowing to release and or obtain information regarding my child's protected health information and any related information relating to any injury or illness while my child is a Saint Ignatius Chicago Rowing athlete. This protected health information may be released by Saint Ignatius Chicago Rowing to health care providers, hospitals, medical clinics, laboratories, coaches, insurance companies and school administrators. To the extent my child's health information may be deemed protected by federal regulations under the Health Insurance Portability and Accountability Act (HIPPA), by signing below, I authorize disclosure of such information under HIPPA.

PLEASE PRINT ROWER'S NAME AND GUARDIAN NAME AND SIGN WHERE INDICATED.

Rowers Name

Guardian's Name

Guardian's Phone Number

Guardian's Signature

Date

******This consent is valid for the 2018/2019 School Year; and includes summer sessions******