

**Disclosure of Protected Health Information  
And Consent for Treatment**

I hereby authorize the athletic trainers, sports medicine staff and other health care personnel working with \_\_\_\_\_ School to release information regarding the student-athlete's protected health information and related information regarding any injury or illness during the student-athlete's training for and participation in athletics at that school. I further understand that it is at my request to comply with the requirements of his/her school official in connection with participation in interscholastic sports. This protected health information may concern the student-athlete's medical status, medical condition, injuries, prognosis, diagnosis, athletic participation status, and related personally identifiable health information. This protected health information may be released to other health care providers, hospital and/or medical clinics and laboratories, athletic coaches, medical insurance coordinators, athletic and /or school administrators, chaplains and/or clergy members, officials of the Alabama High School Athletic Association and the Alabama Independent School Association.

I, \_\_\_\_\_ parent or guardian, of \_\_\_\_\_ (student's name) understand that as a parent/legal guardian give authorization/consent for the disclosure of the student-athlete's protected health information while participating as an interscholastic athlete at \_\_\_\_\_ School. I understand that my protected health information is protected by the federal regulations under either the Health Information Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) and may not be disclosed without either parental/legal guardian authorization under HIPAA or consent under the Buckley Amendment. I the parent/legal guardian understand that once information is disclosed per authorization or consent, the information is subject to re-disclosure and may no longer be protected by HIPAA and/or the Buckley Amendment. I, the parent/legal guardian, understand that I may revoke this authorization/consent at any time by notifying in writing to the school's athletic director, but if I do, it will not have any effect on the actions the school officials took in reliance on this authorization/consent prior to receiving the revocation. I further have been given a copy of the Privacy Notice, which explains my rights under the HIPAA Act. This authorization/consent expires one year from the date it is signed.

I hereby authorize the athletic trainer and sports medicine staff at \_\_\_\_\_ School, to administer treatment and first aid pertaining to school sporting activities as necessary, to \_\_\_\_\_ (student's name).

**REQUIRED SIGNATURE FOR PARTICIPATION FOR INTERSCHOLASTIC SPORTS**

\_\_\_\_\_  
**Print Athlete's Name**

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**



DragonFly MAX is an electronic health record designed to save you time & ensure the athlete is healthy and ready to participate in athletic competition. We focus on the details so you can focus on what matters...safe and healthy athletes.

Follow the easy steps below to get started using DragonFly MAX.

### "I'M A PARENT"

1. Visit [www.dragonflymax.com](http://www.dragonflymax.com), click "Do My Forms" and follow prompts to the sign-up page.
2. On the sign-up page, click "Sign Up for Free".
3. Follow the prompts to create your Parent Account with your email address or phone number.
4. Enter your child's School Code when prompted and confirm this is the correct school.
5. Click "Add A Child" in the DragonFly MAX web site, then follow the prompts to create your child's profile and complete his/her participation forms, including uploading any necessary documents.
6. After completing your child's forms, you can review his/her profile OR add another child's profile.

*Now that you're done, download DragonFly MAX from the App Store or Google Play and sign in.*

### "I'M AN ATHLETE, COACH, OR SCHOOL ADMINISTRATOR."

1. Download the DragonFly MAX app from either the App Store or Google Play.



2. Click "Get Started" and follow the prompts to create your account.
3. Choose your role in the school (i.e. - Athlete, Coach, Administrator, etc).
  - If you are a Coach or Administrator, select whether your school IS or IS NOT already using MAX.  
(Hint: If you have a School Code, then your school IS using MAX)
4. Enter your School Code (shown below) when prompted, then tap "Request" to join the school.

School Name: Blonston Academy  
School Code: 111EDU8R

Now you're all set! You can find out more about additional features at  
[DRAGONFLYMAX.COM](http://DRAGONFLYMAX.COM)