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Orofino, ID 83544  
208.476.4555 tel  
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701 Lewiston Street  
Cottonwood, ID 83522  
208.962.3251 tel  
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**Authorization for Release  
Of Protected Health Information  
For Athletic Pre-Participation  
Physical Exams**

Athlete's Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Sport(s) \_\_\_\_\_

I, \_\_\_\_\_ (***printed name of parent, legally authorized representative, or athlete if over 18***) hereby authorize St. Mary's Hospital and Clinics to administer the above stated student's pre-participation physical examination and/or I authorize the release of the pre-participation physical examination or copy of this examination to: School Administration, Athletic Directors, Secretaries, Nurses, Coaches, Athletic Trainers, and Team Physicians. The information released is to inform the aforementioned administration about the status of the pre-participation physical examinations. I understand that the information contained on the physical from may also be released by the school to any other EMT, hospital, physician or other health care professional who evaluates, diagnoses, or treats an injury or other condition incurred by the student while participating in school sponsored activities.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_