



301 Cedar
Orofino, ID 83544
208.476.4555 tel
smh-cvhc.org



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**

School Name: _____

Athlete's Name: _____

Date of Birth: ____/____/____

Grade: _____ Age: _____

Address: _____

Sport(s): _____

I, _____ (print name of parent, legally authorized representative, or athlete if over 18) hereby authorize St. Mary's/Clearwater Valley Health and clinics to administer the above stated student's pre-participation physical examination or copy of this examination to: School Administration, Athletic Directors, Secretaries, Nurses, Coaches, Athletic trainer, and Team Physicians. The information release is to inform the aforementioned administration about the status of the pre-participation physical examinations. I understand that the information contained on the physical form may 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