



CONSENT FOR RELEASE OF MEDICAL INFORMATION (HIPPA) (2024-2025)

Review and retain for your records. You DO NOT need to submit this form.

By signing page 1 of Brandon Valley's 2024-2025 Physical Form, I agree to and acknowledge the following:

1. I authorize the use or disclosure of my child/student's individual's health information, including the Pre-Participation History and Physical Exam information pertaining to a student's ability to participate in South Dakota High School Activities Association sponsored activities. Such disclosure may be made by any Health Care Provider generating or maintaining such information for the purposes of evaluating, observing, diagnosing and creating treatment plans for injuries that occur during the time period covered by this form, or, from pre-existing conditions that require care plans pertaining to participation during the time period covered by this form.
2. The information identified in point 1 above may be used by or disclosed to the school nurse, athletic trainer, coaches, medical providers, and other school personnel involved in the medical care of this student.
3. This information for which we are authorizing disclosure will be used for the purpose of determining the student's eligibility to participate in extracurricular activities, any limitations on such participation and any treatment needs of the student.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to the school administration. I understand that the revocation will NOT apply to information that has already been released in response to this authorization. I understand that the revocation will NOT apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
5. This authorization will expire on **July 1, 2025.**
6. I understand that once the above information is disclosed, there is potential for it to be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations. Schools, school districts and school personnel are to uphold the bounds of FERPA. As such, disclosure and re-disclosure by schools or school personnel are to uphold the bounds of FERPA. As such, disclosure and re-disclosure by schools or employees must be done in compliance with FERPA guidelines.
7. I understand that authorizing the use or disclosure of the information identified above is voluntary. However, a student's eligibility to participate in extracurricular activities depends on such authorization. I need not sign this form to ensure healthcare treatment.

The student/parent signatures that are REQUIRED on the 2024-2025 Brandon Valley physical form automatically apply to this form. These signatures are required annually and must be available for inspection at the school. If the student/parent used a physical form that is NOT SPECIFIC to Brandon Valley, the student and parent must sign the 2024-2025 Brandon Valley Physical Form.