

**AUTORIZATION FOR RELEASE OF MEDICAL INFORMATION TO CAMP STAFF**

This authorizes Primetime Cornerback and Wide Receiver Camp physicians, medical personnel and camp sponsors to release information concerning the medical status, medical condition, injuries, prognosis, diagnosis, and related personally identifiable health information of \_\_\_\_\_ (Participant) to camp staff. This information includes injuries or illnesses relevant to participation in the Primetime Cornerback and Wide Receiver Camp.

The reason for this disclosure is to advise camp staff of the nature, diagnosis, prognosis or treatment concerning any medical condition and any injuries or illnesses Participant may have so that they make decisions regarding Participant's ability and suitability to participate in camp activities. I understand that the entities that receive the information are not health care providers or health plans covered by federal privacy regulations, and that the information described above may be redisclosed publicly and that the information will no longer be protected by those regulations.

I understand that Primetime Cornerback and Wide Receiver Camp will not receive compensation for its use/disclosure of the information. I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time by notifying in writing the Primetime Cornerback and Wide Receiver Camp leaders, but if I do, it will not have any effect on actions Primetime Cornerback and Wide Receiver Camp took in reliance on this authorization prior to receiving the revocation. This authorization expires one year from the date it is signed.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(If camper is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Date of Birth:

\_\_\_\_\_  
Camp Name: