

Medical Authorization Release Form

The Department of Physical Education and Athletics at Rio Hondo College would like to inform you of your rights as they pertain to treatments, injuries and release of medical information. The sports medicine staff at Rio Hondo College is directly in charge of injury prevention and all health care provisions for the intercollegiate athlete. Under the supervision of Dr. Melvin Coats, the Certified Athletic Trainers' are directly responsible for all phases of health care in the athletic environment.

All medical information is confidential and will be used by authorized medial staff and trustees of the system, which include: Team physician, Head Certified Athletic Trainer, Asst. Certified Athletic Trainer, student athletic trainers, Division Dean, Athletic Director, athletic insurance specialist, asst. athletic specialist, team head coach, team asst. coaches, team equipment attendant. The medical information used or disclosed will be specific to your current injury or overall health status. Only the minimum necessary injury information will be released to accomplish the intended purpose.

This authorization will remain in force and active for the duration of your athletic eligibility or until any outstanding insurance claims have been settled. You, the athlete, have the right to revoke this authorization at any time in writing. If you, the athlete, choose to revoke this authorization you will be unable to continue athletic competition at Rio Hondo College.

Please understand that any information disclosed to any individuals outside this covered entity may be subject to re-disclosure by the recipient and is no longer protected by this rule.

I, _____ authorize the athletic medical staff and trustees of that system to use my medical information for my personal well-being and safety and the safety of others.

Athletes Name (Print)

Athletes Signature

Date

Sport

Parent Sign (under 18)

Media Press Release Authorization

I, _____ hereby authorize the Rio Hondo College athletic medical staff to release an injury briefing to the campus sports information director and the local press. The injury briefing will consist of the minimum necessary information to accomplish the intended purpose. This briefing will include, but is not limited to: Name, injured area, disposition and current status.

This authorization will remain in force and active for the duration of seven days following initial injury. A copy of this authorization shall be considered as effective and valid as the original.

Athletes Name (Print)

Athletes Signature

Date

Parent Sign (under 18)

Sport _____
Coach _____

RIO HONDO COLLEGE
Physical Education Department

ATHLETIC ACTIVITIES, FIELD TRIP PERMISSION WAIVER and
INSURANCE CLAIMS INFORMATION
(Acceptance of Risk, Release and Medical Consent)

Name of Student

Student ID #

TO WHOM IT MAY CONCERN:

The above named student, having been fully advised of the risks and hazards, inherent in athletic activities and field trips, has permission and approval to participate in such activities and field trips conducted by the Physical Education Department, while enrolled as a student at Rio Hondo College.

The student voluntarily assumes such risks and hazards and releases the Rio Hondo College District and its employees and agents from any liability to said student for any injury or death or loss of property in any way arising from enrollment or participation in this class or activity.

In the event of injury or other emergency, the student hereby grants the college authorization for any required medical treatment by professional medical personnel as may be available.

Student Signature (if minor, parent/guardian)

Date

Street address

Home Telephone

City State Zip

Cell Telephone

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name

Telephone

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Insurance Company: _____ Group#: _____

Insured Name: _____ Policy #: _____

OR

If student **does not** have medical insurance please read and sign the following statement:

In accordance with the terms of the Rio Hondo College Athletic Insurance Company requirements, full coverage is only available if **I DO NOT HAVE OTHER INSURANCE IN FORCE** at this time.

Signature of Student (if minor parent/guardian)

Date

Rio Hondo College athletic insurance policy is an "EXCESS-TYPE" policy. Claimant must file claims with his/her primary insurance and excess claims will be covered for the limits covered by the college's excess insurance policy. Medical claims not covered by either policy are the athlete's responsibility. Students (parents/guardians) are responsible for a \$50.00-100.00 deductible per injury with Rio Hondo College Athletic Insurance.