



## Statement of Confidentiality and Authorization to Release Information

A complete history and medical record is maintained for each participant in the intercollegiate athletics and club sports programs at Smith College. All medical information is kept confidential and access is restricted to Athletic Training staff members that are responsible for your health care. General injury information and participation status will be released to coaches as needed. Medical history forms will be released to staff members at Health Services for the purpose of granting medical clearance for athletics. Medical information, only as it pertains to your participation, will be shared among the Athletic Training staff, Health Services staff, and the staff at Counseling Services. An Emergency Information Sheet listing your insurance information, emergency contacts, and any medical problems you may have will be given to your coach and brought to all practices and competitions. Any other medical information will not be shared without a written authorization to release. The authorization form must be signed by the athlete, indicating what specific information is to be released, to whom, and for what purpose.

## Medical Clearance Policy

**Pre-Participation Medical Clearance:** All intercollegiate and club sports athletes must be medically cleared prior to participation during each academic year. This process includes the following:

### Intercollegiate Athletics:

1. Participants must have a physical exam, immunization record and medical clearance to participate in sports on file at Health Services. This may be completed by the athlete's own physician, or by a member of the staff at Health Services.
2. Participants must complete a comprehensive medical history form, insurance information form, and supplements/medications form.
3. A written note of medical clearance is required for injuries and/or illnesses that were sustained since the last medical clearance at Smith College.
4. Any athlete who does not participate in an intercollegiate sport for one academic year will be required to have another physical exam before clearance will be granted.
5. The Risk Acknowledgment and Consent to Participate statement, Consent to Treat Statement, Statement of Confidentiality and Authorization to Release Information, and Medical Clearance Policy Statement must be signed, dated and witnessed.

### Club Sports:

1. Participants must complete a medical history form and an emergency information sheet before being eligible to participate.
2. These forms will be reviewed by a member of the athletic training staff. Participants may be required to be seen for medical clearance at Health Services, or provide documentation of medical clearance from their own medical provider. If there is a question about granting medical clearance, Health Services will make the final decision.
3. A written note of medical clearance is required for injuries and/or illnesses that were sustained since the last medical clearance at Smith College.
4. The Risk Acknowledgment and Consent to Participate statement, Consent to Treat Statement, Statement of Confidentiality and Authorization to Release Information, and Medical Clearance Policy Statement must be signed, dated and witnessed.

**Post-Injury/Illness Medical Clearance:** Any athlete who sustains an injury or illness during her season that requires outside medical attention (Emergency Room, off-campus physician, etc.) needs a written letter of medical clearance from the treating practitioner. The athlete will not be medically eligible to participate until the document is presented to the Athletic Training and/or Health Services staff.

My signature below indicates that I have read this entire document and understood in completely.

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\*Parent/Guardian must also execute form if the athlete is under the age of eighteen (18) years.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date