



Release of Medical Information Authorization

In accordance with the standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the following provides for the release of medical information to the appropriate listed personnel.

This is to authorize the release of medical information, to or between, Camp Staff and authorized Medical Personnel (including the Health Supervisor, visiting RN, and on-call doctor), hospital staff, food service staff, and Unit Staff concerning medications, illness, limitations, or health conditions relating to _____'s participation in camp activities.

(please print participant's full name)

I understand that by signing this, I authorize these persons to receive my medical information on a need to know basis.

Name of participant – Printed (*required*)

Signature of participant (*required*)

Date (day/month/year)

Parent/Guardian name – Printed (*if under 18 years of age*)

Parent/Guardian Signature (*if under 18 years of age*)

Date (day/month/year)

This form is to be attached to your camper's Health History Form.