

AUTHORIZATION AND CONSENT FOR RELEASE OF HEALTH INFORMATION

I _____, the parent or legal guardian of
_____ (camper/counselor/staff/volunteer),

of Camp St. Bernard, herein known as "Camp," authorize members of the medical community contracted with the Camp formally or informally (contracted via written or spoken agreement), to release information regarding said camper/counselor/staff/volunteer's protected health and related information regarding any injury or illness during their participation at Camp or in participation or transportation to or from a Camp sanctioned event, either on St. Bernard Abbey property or at a venue other than St. Bernard Abbey property. This protected health information may concern the above camper/counselor/staff/volunteer's medical status, medical condition, injuries, prognosis, diagnosis, participation, camp status and related identifiable health information. This protected health information may be released to other health care providers and organizations that provide services to St. Bernard Abbey, St. Bernard Prep School and/or Camp St. Bernard, e.g. health care providers, hospitals, and or medical clinics, laboratories, Director of Camp St. Bernard, medical insurance coordinators, and any person designated by Director of Camp St. Bernard as privileged to receive said information.

I understand that as a parent/legal guardian my consent/authorization to the disclosure of the camper/counselor/staff/volunteer's information is a condition for the camper/counselor/staff/volunteer's participation in the Camp's activities and sanctioned events. I further understand that the camper/counselor/staff/volunteer's protected health information is protected under federal law. I, the parent/legal guardian, understand that once the information is disclosed per consent/authorization, the information is subject to the re-disclosure by the recipient and may no longer be protected under federal law. I, the parent/legal guardian, may refuse to sign this disclosure form, but if I do so, the Camp may not allow the camper/counselor/staff/volunteer to participate in any Camp sanctioned event. I may revoke this authorization at any time by notifying the Director of Camp St. Bernard in writing, but if I do so, it will have no effect on actions taken in reliance upon prior authorization. This authorization will expire one calendar year from the date signed below.

Camper/counselor/staff/volunteer

Parent/Legal Guardian

Date

Date