



**Melbourne High School
Athletics**

**Melbourne High School
HIPAA Contact Information Form**

In order to assist you in uploading your child's health information to RegisterMyAthlete.com, please complete this form.

_____ Melbourne High School is permitted to share/upload my child's physical/medical
(initial) information with RegisterMyAthlete.com, including sensitive information as stipulated by
the State of Florida.

Name of Parent (biologic or adoptive) or Legal Guardian: _____

Name of Child: _____

Birthdate of Child: _____ Student Number: _____

Bylaw we must remind you that Privacy & Security is not assured when sending information over unsecured email. Melbourne High School agrees never to sell your information

I understand that this authorization is in effect for the _____ school year.

Parent/Guardian Signature

Date

This authorization is not valid for the request of copies of your child's medical records.