

**STUDENT ATHLETE  
RELEASE OF INFORMATION**

(Please Print)

Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sport or Sports: \_\_\_\_\_

School Grade Level: \_\_\_\_\_

I hereby authorize the Athletic Trainers/Physicians to release information regarding the health status of myself (over 18 years old) or my son or daughter to their coach as it relates to their ability to participate or the care of their injuries/illness. This release will be in effect for the 20\_\_ / 20\_\_ school year or until \_\_\_\_\_, 20\_\_ unless notified in writing to change release information.

I understand that if my child is injured he will not be covered by the school's accident insurance unless I complete the "Notification of Injury" form and have it signed by a school official within 10 days of the injury.

(Please Print)

Parent / Guardian Name: \_\_\_\_\_

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