

Authorization for Release of Medical Information

ATHLETES UNDER THE AGE OF 18

I _____, the parent / legal guardian of

_____ (Athlete's Name) a member of the
_____ (Team Name) , authorize Team Staff and
Medical Personnel assigned to this team to release to the team's coaches, and/or managers,
information with regards to my child's health and physical condition including injuries and their
treatment only as it relates to my child's participation as a member of the above-named team.

Parent Name and Signature: _____

Athlete Name and Signature: _____

Date: _____

Authorization for Release of Medical Information

ATHLETES 18 YEARS OF AGE AND OLDER

I _____ (Athlete's name) as a member of the _____
_____ (Team name), authorize Team Staff and Medical
Personnel assigned to this team to release to the team's coaches, and/or managers, information
with regards to my health and physical condition including injuries and their treatment only as it
relates to my participation as a member of the above team.

Signature: _____ Date: _____

Print: _____