

**William Jewell Athletic Medicine
Student-Athlete Medical Information Release**

I, the undersigned, do hereby authorize the William Jewell Sports Medicine staff to release/discuss, verbally and/or in writing, any information regarding injury or medical conditions to coaches, the team physician,, athletic trainers, and/or any other medical personnel deemed necessary, for all information pertaining to injuries/illnesses that affect my sports participation.

I, _____, of lawful age and being duly sworn on my own oath states as follows:

That I have read the above and foregoing Student-Athlete Medical Information Release and understand the statement therein; that I authorize the William Jewell Sports Medicine staff to release, verbally and/or in writing, any information Regarding injury or medical conditions to coaches, the team physician, athletic Trainers, and/or any other medical personnel deemed necessary, for all information pertaining to injuries/illnesses that affect my sports participation.

Signature of Student-Athlete

Date

Parent/Guardian Signature