

**TEXAS LUTHERAN UNIVERISTY
ATHLETIC TRAINING**

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

I, _____ give the Texas Lutheran University Athletic Training staff consent to release any pertinent medical information related to my participation in athletics to team physicians, personal physicians, hospitals, rehabilitative personnel, or other relevant health care professional. I am aware that information released may include, but is not limited to: medical history; record of injury; surgical reports; rehabilitation results; and record of serious illness. I further understand that only medical information relating to my ability to participate in a given athletic program will be released to the coaching staff of that particular program.

I have the option of not signing this release form. In such case, all medical information will be kept within the Texas Lutheran University Athletic Training staff and the team physician.

I understand that this Release remains valid until revoked be me in writing. I have had an opportunity to ask questions regarding this Release and the process by which my medical information may be released. All of my questions have been answered to my satisfaction. Having read and understood the above, I freely sign this Release of Medical Information Authorization.

Signature of Student-Athlete

Date

I, _____, authorize the Texas Lutheran University Athletic Training staff to release medical information to selected members of my family listed below. I understand that if I wish to make additions or deletions from this list, it is my responsibility to inform the Texas Lutheran University Athletic Training staff.

Name: _____

Relation: _____

Name: _____

Relation: _____

Name: _____

Relation: _____

Signature of Student-Athlete

Date