



**MUHLENBERG COLLEGE ATHLETIC TRAINING**

Student Name \_\_\_\_\_ Sport(s) \_\_\_\_\_  
\_\_\_\_\_

**CONSENT FOR RELEASE OF MEDICAL INFORMATION**

If you should refuse to sign, you should cross out the word “give” and insert the word “refuse”. If the form is not signed, it will be interpreted as a refusal of permission.

“I give permission for the release of medical information on my son or daughter or myself between and/or to the Muhlenberg College athletic trainers, physicians, consulting physicians, health center staff, and other athletic personnel and with the Sports Information Department, and various media outlets, and professional team personnel (e.g. scouts, athletic trainers, etc.) concerning illness or injury, during my career at Muhlenberg College, relative to my past, present, or future participation in athletics.”

**This consent may be revoked at any time by sending such request in writing and dated to the athletic training department.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student Athlete

\_\_\_\_\_  
Parent or Guardian  
**(If Student Athlete is under 18 years of age)**