

SMCCCD Sports Medicine Medical Information Release Form

(* Athlete completes & signs form. Parent/Legal Guardian must sign as well if student is under 18 years of age)

Print Full Name: _____ G# _____ Sport: _____

I, (print name) _____, give permission to the San Mateo Community College District's Sports Medicine staff (including the athletic trainer, athletic training interns and team doctors), Sports Medicine staff at another school where I am competing, or emergency medical personnel (including paramedics, nurses, and doctors) to use the information from my (son's/daughter's) medical history, athletic screening exam, injury evaluations, rehabilitation reports and/or doctor's reports, in order to provide me with the best possible medical care should I become sick or injured while participating as an intercollegiate athlete.

Signature: _____ Date: _____
(Athlete)

Signature: _____ Date: _____
(Parent/Guardian's signature if athlete is under 18)

I give my consent to release information as may be requested from my (son's/daughter's) medical records, medical history, athletic screening exam, injury evaluations, rehabilitation reports and/or doctor's reports, in regards to any injuries or illnesses suffered during my participation as an athlete to the following individuals as indicated by the checked box and my **initials** in each category below:

Category 1: **To (Sports Medicine Staff) Athletic Trainers or Athletic Training Interns:**
for the purpose of providing appropriate medical treatment to me for my injuries/illnesses and/or to let those who are concerned about me know how I am doing.
 Yes No _____ **Initial**

Category 2: **To the Press or Media:**
for the purpose of using the information to let others in the sports world and in the community, who are concerned about me, know how I am doing and/or to educate the public about my condition.
 Yes No _____ **Initial**

Category 3: **To SMCCCD Administrators:**
for the purpose of using the information in dealing with issues regarding school insurance, billing, or litigation, and/or to let those who are concerned about me know how I am doing.
 Yes No _____ **Initial**

Category 4: **To College Instructors or Coaches:**
for the purpose of using the information to update them in regard to my status as a student/athlete, as related to my ability to attend academic classes or to finish the semester, and/or my ability to safely participate in athletic practices or competition without further harm to my medical condition or injury and/or to let those who are concerned about me know how I am doing.
 Yes No _____ **Initial**

Category 5: **To My Teammates on the Sport Team indicated at the top of this form:**
for the purpose of using the information to let those who are concerned about me know how I am doing.
 Yes No _____ **Initial**

The San Mateo Community College District (SMCCD) maintains physical and procedural safeguards that comply with federal standards to protect your personal information. SMCCD does not use or disclose your information for any fundraising, marketing nor research activities. The information provided will only be used to help provide for prompt medical attention for the above named athlete.

I understand that a record will be kept of all individuals requesting such information and the date of the request. I also understand that this information may be used for only those purposes specifically indicated above. This information is confidential and will not be released except as provided in this Release Form. This Release Form remains valid until revoked by me in writing.

I hereby certify that all the information given on these forms is truthful and accurate. I understand that if this information is found to be untruthful and inaccurate, the SMCCD cannot be held liable for any consequences resulting from medical care given to me (my son/daughter) as a result of inaccurate information.

Signature: _____ Date: _____
(Athlete)

Signature: _____ Date: _____
(Parent/Guardian's signature if athlete is under 18)