

This form is valid from August 1, 2009 through May 31, 2010

**MORAVIAN COLLEGE ATHLETIC DEPARTMENT
RELEASE OF MEDICAL INFORMATION / PERMISSION FOR TREATMENT**

With your participation in athletics you must be aware of the potential for injury. These injuries can range from minor cuts and bruises to injuries requiring surgeries and or causing permanent damage or death. In the event of an injury/illness the Sports Medicine / Athletic Training Staff of Moravian College needs to be able to share medical information between the Team Physicians, Athletic Trainers, and Moravian College Health Center. This information will be used to determine your medical eligibility to participate in the Moravian College Athletic Program and to help in the treatment of any injuries or illnesses which may occur during your participation.

By signing this form you are agreeing to the following:

1. The Moravian College Health Center will release a copy of your "Report of Medical History", "Report of Medical Examination", and "Immunization Record" to the Sports Medicine/Athletic Training Department of Moravian College. This information will be secured, in your file, in the Athletic Training office.
2. In the event of an injury/illness, information concerning the injury/illness may be shared between the Team Physicians, Athletic Trainers, Health Center, and your coach. This information will be used to help diagnose the injury/illness, determine a course of treatment, monitor treatment, and determine if and when it is safe for the athlete to return to activity.
3. In the event of an injury you give permission to be treated by the Athletic Training Staff, Team Physicians.

I _____, give permission for a copy of the above
(Print Name)

named medical records to be released to the Moravian College Sports Medicine/

Athletic Training Department by the Moravian College Health Center. **In the event of an**

injury/illness, I give permission for information concerning the injury/illness to be

released to the Team Physicians, Athletic Trainers, Health Center, and my coach. I also give

permission to be treated by the Athletic Training Staff, Team Physicians, and Health Center.

(Student's Signature)

(Date)

If student is under the age of 18 a parent or guardian must also sign.

(Print Name)

(Parent/Guardian Signature)

(Date)

TO BE ELIGIBLE TO PARTICIPATE IN THE ATHLETIC PROGRAMS AT MORAVIAN COLLEGE THIS FORM MUST BE SIGNED AND RETURNED TO THE SPORTS MEDICINE/ATHLETIC TRAINING DEPARTMENT. A COPY OF THIS FORM WILL BE KEPT IN YOUR FILE IN THE ATHLETIC TRAINING OFFICE AND IN THE HEALTH CENTER.

Please list the sports you will be participating in below: