VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

Student Athlete Medical Information Waiver Authorization

☐ MC  ☐ OC  ☐ VC

I, _________________________________, hereby authorize disclosure of pertinent medical information between Student Health Center providers, College training/medical staff, appropriate coaching staff, intercollegiate trainers/medical staff, and the athletic administration. Medical information not relevant to my status as a college athlete will remain confidential.

I am aware that I may revoke this authorization at anytime. However, without such authorization, a student athlete may not be released to participate in intercollegiate athletic contests.

WARNING: Medical information disclosure to a third party possesses some risk to the student athlete.

This authorization expires one year from this date.

_________________________________________  __________________________
Athlete’s Signature                          Date

_________________________________________  __________________________
Parent/Guardian’s Name (Print), if athlete is a minor  Relationship

_________________________________________
Parent/Guardian’s Signature, if athlete is a minor  __________________________
Date