

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

Student Athlete Medical Information Waiver Authorization

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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