



Release of Medical Records

I hereby request and authorize all my prior physicians and the Westminster College consulting physicians and/or specialist visited for diagnosis and/or treatment, while participating in intercollegiate athletics at Westminster College, to disclose, whenever requested to do so, to Westminster College, it's representing Licensed Athletic Trainer, the coaching staff, or Director of Athletics, any and all information with respect to any injury or illness, medical history, consultation, prescriptions, or treatments, including medical imaging and copies of all hospital and medical records.

Agrees to:

Student-Athlete Signature

Date

If the student-athlete is under 18, parent or legal guardian must sign below.

Parent or Guardian

Date

- This information will be handled in strict accordance with the Family Educational Rights and Privacy Acts of 1974 (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPPA). The student-athlete will be granted a copy of this form upon release of medical information, or upon request at any time.