

**West Valley College**

**Medical Authorization Release Form**

The Department of Exercise Science and Athletics at West Valley College would like to inform you of your rights as they pertain to treatments, injuries and release of medical information. The Sports Medicine staff at West Valley College is directly in charge of injury prevention and all health care provisions for the intercollegiate athlete. Under the supervision the team physician, Dr. John T. Kao, the Certified Athletic Trainers are directly responsible for all phases of health care in the athletic environment.

All medical information is confidential and will be used by authorized medical staff and trustees of the system, which include: Team physician, Head Athletic Trainer, Assistant Athletic Trainer, Student Athletic Trainers, Division Chair, Athletic Director, Coaches, and Equipment Coordinators. The medical information used or disclosed will be specific to your current injury or overall health status. Only the minimum necessary injury information will be released to accomplish the intended purpose.

This Authorization will remain in force and active for the duration of your athletic eligibility or until any outstanding insurance claims have been settled. You, the student-athlete, have the right to revoke this authorization at any time in writing. If you, the student-athlete, choose to revoke this authorization you will be unable to continue athletic competition at West Valley College.

I, \_\_\_\_\_ authorize the West Valley College Sports Medicine Staff and trustees of that system to use my medical information for my personal well being and safety and the safety of others.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Athlete's Name (Print)**

\_\_\_\_\_  
**Sport/s**

\_\_\_\_\_  
**Athlete's Signature**

\_\_\_\_\_  
**Parent Signature (if under 18)**

\_\_\_\_\_  
**Witness**