

# MEMORIAL JUNIOR SCHOOL

## Athletic Release Form 20\_\_-20\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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### Parent's Release of Physical Examination Data to the Coach:

The school nurse in accordance with state regulations will maintain student health information data collected on the Health History Questionnaire and/or the Physical Examination form. Parents may wish to authorize the release of such information about the student athlete that the nurse believes is relevant to preserve the student's health and safety as they participate in the specific sport to the coach. To authorize such a release, please sign the following release authorization:

I hereby authorize the school nurse to release to the respective coach such information as she/he believes relevant to maintain the health and safety of my child in the above sport. This release shall be in effect for the above named school year only.

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_