VERNON COLLEGE
VERNON - WICHITA FALLS
www.vernoncollege.edu

Athletics Vernon Campus 4400 College Drive, Vernon, TX 76384 (940) 552-6291 Phone (940) 552-0075 Fax

Athletic Trainer	**Baseball**	**Rodeo**	**Softball**	**Volleyball**
Jason Jenkins	Coach Kevin Lallmann	Coach Chad Smith	Coach Melvin Jenkins	Coach Cole Tallman
Ext. 2289	Ext. 2326	Ext. 2254	Ext. 2262	Ext. 2283

2014-15 AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

I hereby request and authorize that Vernon College Athletic Training release the health information of the individual named below;

Name: __________________________ SSN: _______________ DOB: _______________

Address: ____ Phone: _______________
Street City State Zip

I authorize the health information of the above-named individual to be disclosed to and used by Vernon College, for the purposes of record retention and evaluation with respect to participation and competition in athletic and extracurricular activities sponsored by Vernon College.

The information to be disclosed is that pertaining to any injury sustained during the 2014-15 academic year.

I understand that this authorization will expire, without my express revocation, one (1) year from the date of signing. I further understand that I may revoke this authorization in writing at any time except to the extent that action has been taken based on this authorization. That is, I understand that my revocation will not apply to information that has already been released to the School as specified by this authorization.

I understand that authorization for the disclosure of this health information is voluntary and that I can refuse to sign this authorization. Vernon College cannot condition treatment on the signing of this authorization, except as otherwise permitted by law.

I understand that any disclosure of information pursuant to this authorization carries with it the potential for re-disclosure by Vernon College and that such information may not be protected by federal confidentiality rules.

I understand that Vernon College must document and retain a copy of this authorization.

______________________________ ______________________
SIGNATURE OF STUDENT-ATHLETE DATE

** If student-athlete is still a minor then parent signature is needed.

Vernon College is an Equal Opportunity / Affirmative Action Institution