

**Saint Mary's College  
Health and Counseling Center  
Medical Information Release**

I, \_\_\_\_\_ give my permission to the Saint Mary's College Health and Counseling Center to release any information to the Athletic Department (i.e. Athletic Trainers, Coach, Athletic Director) that could have any impact on my ability to practice and compete as a Student Athlete at Saint Mary's College. I also give permission to the Health Center, Athletic Department and Team Physician to collaborate care and cross check my health form with my student athlete form.

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Signature

Date