



I, \_\_\_\_\_, give my permission for the Saint Mary's College Director of Health Services to release any medical information to the Director of Sports Medicine that could have any impact on my ability to practice and compete as a student-athlete at Saint Mary's College. I also give the Director of Health Services the right to cross-check my student health form with my student-athlete form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date