



RELEASE OF INFORMATION

PLEASE PRINT LEGIBLY

Athlete's Name: _____

Date of Birth: _____ Graduation Year: _____

Sport(s): _____

This release will be in effect for the period of time I/they participate in sports with (Name of School or Organization) Eldon School District.

I understand that I have the right to revoke this authorization, in writing, at any time, except for information required to meet MSHSAA (Missouri State High School Athletics Association) guidelines/protocols. I understand that a revocation is not effective to the extent that any person as already acted in reliance on my authorization. I understand MU Healthcare will notify the coaches this authorization has been revoked.

I hereby authorize the MU Healthcare - JC Athletic Trainers and/or Team Physicians to release information regarding the health status of myself (if at least 18 years of age) or my son or daughter (if under 18 years of age) to their coaches, athletic directors, and school nurses/student health staff as it relates to their ability to participate in sports and education, including information regarding the care and treatment of their injuries and/or illnesses, their condition, and prognosis. Injury information may also be used for statistical reporting of sports injuries and to meet required MSHSAA guidelines/protocols.

Signature: _____ Date: _____

Permission is also given to submit the athlete's information into the SWAY Concussion app for the purpose of concussion testing, diagnosis, and treatment. Use of the SWAY Concussion app is not required for MUHC to assess or treat injuries.

Signature: _____ Date: _____

Relationship to Student if Signed on Behalf of Student Under the Age of 18