

2009-10



**AUTHORIZATION FOR DISCLOSURE OF PERSONAL AND MEDICAL INFORMATION
AND CONSENT TO TREAT**

To: All Athletic Trainers and Medical Personnel on the Ohio Northern University staff, including full-time, part-time, graduate assistants and athletic training students

From: Below Signed ONU Intercollegiate Athlete

You are authorized to disclose to coaches, University personnel, and University medical personnel, all information concerning my health care, injury, rehabilitation, treatment, and health status related to my participation in ONU intercollegiate athletics. This information is to be used for the purpose of advising persons of my health or injury status related to my participation in ONU intercollegiate athletics.

This is to certify that I give my consent to Ohio Northern University and its medical staff to provide or obtain medical care from any licensed physician, licensed physical therapist, licensed athletic trainer, hospital, or clinic for the below mentioned athlete, for any injury or illness that arises from my participation in intercollegiate athletics.

I understand that this authorization and consent is valid for the current academic year.

I also understand that I may revoke this authorization and consent at any time by notifying Ohio Northern University in writing.

I further understand that if I revoke the authorization to disclose health-related information as specified above, I forfeit my right to participate in intercollegiate athletics at Ohio Northern University.

Please mark (X) one of the spaces provided below:

_____ I **GIVE** Ohio Northern University permission to talk with my parents or guardians about my health status related to my participation in ONU intercollegiate athletics.

_____ I **DO NOT** give Ohio Northern University permission to talk with my parents or guardians about my health status related to my participation in ONU intercollegiate athletics.

PLEASE PRINT ATHLETE'S NAME: (First, Middle & Last)

_____ **Date of Birth:** _____

ATHLETE'S SIGNATURE:

_____ **Date:** _____

If under 18 years of age, please provide:

PARENT'S SIGNATURE:

_____ **Date:** _____