



**OHIO NORTHERN UNIVERSITY
RELEASE OF MEDICAL INFORMATION**

I, _____, give my consent for the Ohio Northern University Athletic Training Staff, to release such information regarding my medical history, record of injury, surgery, record of serious illness, and/or rehabilitation.

This information is normally confidential and except as provided in the release will not be otherwise released in charge of the information. This release remains valid until revoked by me in writing.

Sign: _____ Date: _____