Consent for Possession of Medical Records

I, _____, understand that my personal file contains information pertaining to my medical history, condition, and record of immunizations. I hereby authorize the Athletic Training Program Director to review this information for purposes of program admission, and retain these records in my personal file, or in a secure location. I also grant the Athletic Training Program Director permission to release this information to the Committee on Accreditation of Athletic Training Education (CAATE) for purposes of program review.

I have read and understand the above statement regarding release of medical records:

_____ ____/____/____
Signature of Athletic Training Student Date

_____ ____/____/____
Witness Date