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Authorization for Release of Medical Information

I, the undersigned, am the parent/legal guardian of, _____,
a Student-Athlete for _____ High School.

I hereby authorize my child's physician and/or any other treating healthcare provider to share information about the injury assessments and post-injury status as needed with the Safe Sports Athletic Trainer assigned to my child's high school.

Athletic Trainer _____ **Phone** _____

Treating Physician / Healthcare provider _____

Clinic / Facility / Practice _____

Student Athlete Name _____ **Date of Birth** _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature Date _____

Home/Cell Phone _____ **Work phone** _____

NHMI is a 501(c)(3) organization dedicated to the advancement of knowledge in musculoskeletal care and sports medicine and to promoting and providing a safe sports environment for athletes.