



San Diego City College Athletics

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF MEDICAL INFORMATION

I hereby authorize the San Diego City College athletic training staff to release medical information to the team physician, Student Health Services, COVID-19 lab company (BioCept), and/or athletic coach as indicated below.

Release records and information regarding:

_____	_____	_____
Name of Student-Athlete or Coach	Sport	Birthday (MM/DD/YYYY)
_____		_____
Address		Phone Number

DURATION: This authorization shall become effective immediately and shall remain in effect for one year from the date of signature.

REVOCACTION: This authorization is also subject to written revocation by the undersigned at any time between now and the disclosure of information by the disclosing party. Written revocation will be effective to the extent that the Requester or others have acted in reliance upon this Authorization.

REDISCLASURE: I understand that the requester may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless disclosure is specifically required or permitted by law.

SPECIFY RECORDS: (Check the box and initial which type of information is to be disclosed):
 COVID Results & Management All Medical Information All Laboratory Results

I request that the health information released pursuant to this authorization be used for COVID surveillance testing and associated symptoms that influence athletic participation.

_____	_____
Signature of Student-Athlete or Coach	Date

FOR STUDENT-ATHLETES UNDER 18 (parent / guardian signature is needed)

_____	_____
Signature of Parent/Guardian	Date