

SUMTER HIGH SCHOOL
ATHLETIC TRAINING ROOM
2580 MCCRAYS MILL ROAD
SUMTER, SOUTH CAROLINA 29150

I, _____, while participating in
(ATHLETE'S NAME)
the athletic program at SUMTER HIGH SCHOOL, hereby give my consent to
the team physician, athletic trainer and/or coach of my sport consent
to disclose complete information to any college/university,
professional sports organizations, and news media concerning
injuries, medical findings, and any treatment I might undergo while
participating in the interscholastic athletic program at Sumter High
School. I understand that this information may be released after I no
longer am participating in the interscholastic athletic programs at
Sumter High School and shall remain effective until one (1) year
after my graduation date.

A photostatic copy of this authorization shall be considered as
effective and valid as the original.

ATHLETE: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

EXPECTED YEAR OF GRADUATION: _____

OFFICE USE ONLY -- ACTUAL GRADUATION DATE _____